

Maternity care pathway reports: antenatal care



Survey of women's experiences of maternity services 2015
Mid Essex Hospital Services NHS Trust

The national survey of women's experiences of maternity services 2015 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.



National NHS patient survey programme

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CQC Maternity care pathway reports: antenatal care

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

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To improve the quality of services that the NHS delivers, it is important to understand what service users think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences. Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The 2015 survey of women's experiences of maternity services involved 133 NHS acute trusts in England. We received responses from more than 20,000 service users, a response rate of 41%. Women were eligible for the survey if they had a live birth during February 2015, were aged 16 years or older, gave birth in a hospital, birth centre, maternity unit, or who had a home birth¹. NHS trusts in England took part in the survey if they had a sufficient number of eligible women that give birth at their NHS trust during the sampling time frame.

Similar surveys of maternity services were carried out in 2007, 2010 and 2013. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, outpatient, and A&E services, ambulances, and community mental health services. To find out more about our programme and the results from previous surveys, please see the links in the Further Information section.

This report contains the benchmarked results for the antenatal care section of the questionnaire². When answering questions in the survey about labour and birth, we can be confident that in all cases women were referring to the acute trust from which they were sampled. It is therefore possible to compare the results for labour and birth across all 133 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care, to cover the entire pregnancy and birth for completeness. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. This could be due to one of several reasons, such as: having moved home; having to travel for more specialist care; or due to variation in the provision of services across the country.

We asked trusts to identify which of the women in their sample were likely to have also received

¹Some trusts with a small number of women delivering in February also included women who gave birth in January 2015. For further details on women excluded from the survey, please see the survey instruction manual at: <http://www.nhssurveys.org/surveys/843>

²Please note, responses for question E1 are also included in this report, as although this question features in alongside postnatal questions in the questionnaire, it is actually an antenatal question as it asks about "during your pregnancy".

their antenatal and postnatal care from the same trust at which they gave birth. This attribution exercise was completed for the first time in the 2013 survey. For 2015, 118 trusts that took part in the survey were able to do this for antenatal and postnatal care. The aim was to improve the accuracy with which survey responses are attributed to the care provider and allow trusts to gain better insight to improve services.

The trusts that completed the exercise used either electronic records of antenatal and postnatal care provider, or location information of respondents to identify which women were resident within their boundaries, and responses from those women were used to calculate scores for the antenatal and postnatal survey data for each trust. The scores for postnatal care relating to these trusts have been provided in a separate report. As in 2013, this data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. As the attribution data is provided voluntarily, there is not complete coverage across all trusts. It is not possible to consider it representative for all trusts in the survey – comparisons can only be drawn between trusts that completed the exercise. Trusts are only identified as being 'better' or 'worse' within the subset of trusts that completed the attribution exercise, so it is not a true benchmark for performance across England.
2. The attribution was based on the location of respondents for trusts who do not keep electronic records. There was no means available to identify women who had received care from a different provider for other reasons, such as due to requiring specialist care, or having moved house during pregnancy. So although the attribution exercise improved the data to a considerable degree, it may remain that some respondents are included in the data despite having received care from another trust.
3. Many trusts that used the location of respondents to estimate care provider in 2013 had improved electronic records in 2015 so were able to make use of these. Particular care should therefore be taken when interpreting historical changes in trust results, as it is possible these may be affected by the increased accuracy of the respondent sample.
4. The NHS trusts completed the attribution themselves, and due to the limitations of the process, the Co-ordination Centre were unable to verify the accuracy of the exercise. This means we cannot be certain about the reliability of the attribution of the data, as there were limited opportunities to check for errors.

It is also important to note that not every trust who provided attribution data will be provided with an ante- or postnatal report; this is due to low response rates from women who received either ante- or postnatal care in the trust. It is the policy of the Co-ordination Centre to remove responses from trusts with fewer than 30 responses per question because uncertainty around such results would be too great, and very low numbers would risk respondents being recognised from their responses. As a result, seven trusts who provided antenatal data are not eligible to receive antenatal reports.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The data will be considered by the Care Quality Commission (CQC) to inform its Intelligent Monitoring and will be shared with CQC inspectors. The reports will be published on the Survey Co-ordination Centre website, but should be viewed with caution for the reasons described above.

Interpreting the report

This report shows how a trust scored for each question in the antenatal care section of the survey, compared with the range of results from 110 other trusts. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Section scores are also provided, labelled S1, S2, and S3 in the 'section scores' on page 5. The scores for each question are grouped according to the relevant sections of the questionnaire, which are: 'The start of your care in pregnancy'; 'Antenatal check ups'; and 'During your pregnancy'.

Standardisation

Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because whether a woman has given birth previously (parity) could influence their experiences and could potentially lead to a trust's results appearing

better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity and age of respondent, to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users.

Scoring

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since not all of the questions assess the trusts in some way (demographic questions, for example).

Graphs

The graphs in this report display the range of scores achieved by all trusts taking part in the survey, from the lowest score achieved (left hand side) to the highest score achieved (right hand side).

The black diamond shows the score for your trust. The black diamond (score) is not shown for questions answered by fewer than 30 people because the confidence interval around the trust's question score is considered too large to be meaningful and results are not reported. Additionally, the trust will also not have a section score for the corresponding section; this is because the section data is not comparable with other trusts, as it is made up of fewer questions.

The graph is divided into three sections:

- If your trust score lies in the orange section of the graph, your trust result is 'about the same' as most other trusts in the survey.
- If your trust score lies in the red section of the graph, your trust result is 'worse' compared with most other trusts in the survey.
- If your trust score lies in the green section of the graph, your trust result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text here then your trust is 'about the same'.

You may find that there is no red and/or green area in the charts shown for some questions. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the orange area is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' (the orange section) will be very wide, and so will also cover the highest or lowest scoring trusts for that question.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, this is likely to be a true reflection of all service users that have visited the trust, rather than being unique to those who responded to the survey.

Please note: for question B14, there is a relatively large proportion of trusts that achieve a full 10 score. This means that for all trusts, when using the statistical analysis method described above, the 'expected range' covers the entire 0 to 10 scale so for this question, no trusts are rated as 'better' or 'worse'.³

³For further information, please consult the Quality and Methodology report, published here: <http://www.cqc.org.uk/maternitysurvey>

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs and background information about the service users that responded. Scores from the 2013 survey where comparable are also displayed. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. The column called 'change from 2013' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2013. Significance is tested using a two-sample t-test.

Where a result for 2013 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. As a result, it is not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance.

Comparisons are not shown if your trust has merged with other trusts since the 2013 survey. Please note that comparative data is not shown for the sections as the questions contained in each section can change year on year.

Further information

The full national results for the 2015 survey are on the CQC website, together with an A to Z list to view the results for each trusts labour and birth questions, and the technical document outlining the methodology and the scoring applied to each question:

<http://www.cqc.org.uk/maternitysurvey>

For the trusts who compiled attribution data, the reports for antenatal and postnatal care are available on the NHS surveys website, along with the labour and birth reports for all trusts, at:

<http://www.nhssurveys.org/surveys/876>

The results for the 2007, 2010 and 2013 surveys can be found on the NHS surveys website at:

<http://www.nhssurveys.org/surveys/299>

Full details of the methodology for the survey can be found at:

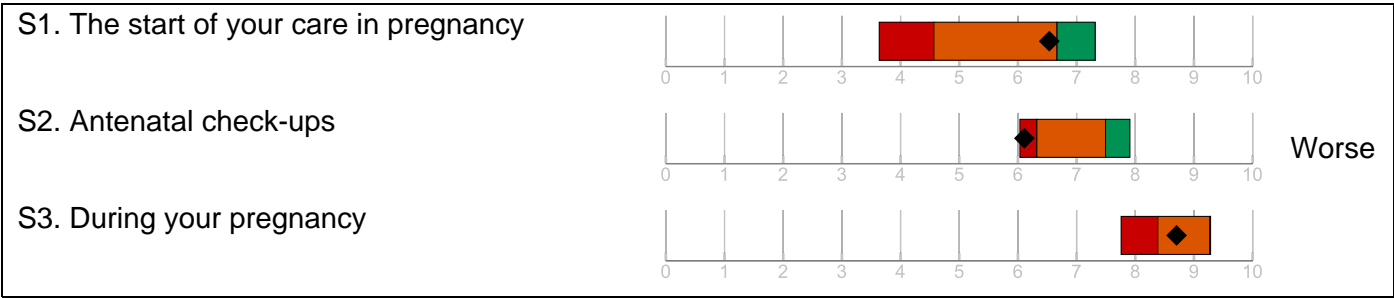
<http://www.nhssurveys.org/surveys/843>

More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

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Section scores

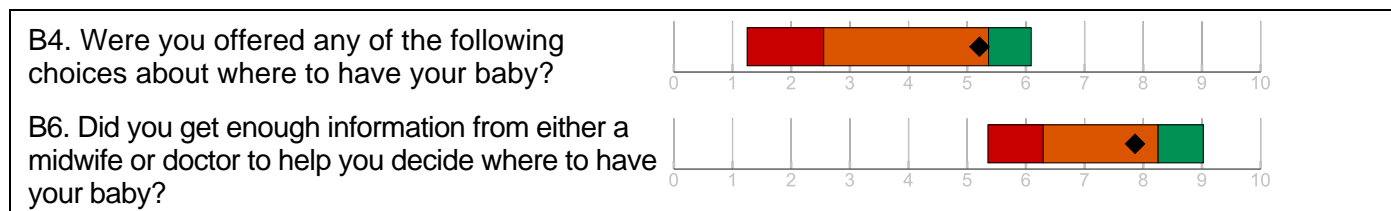


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

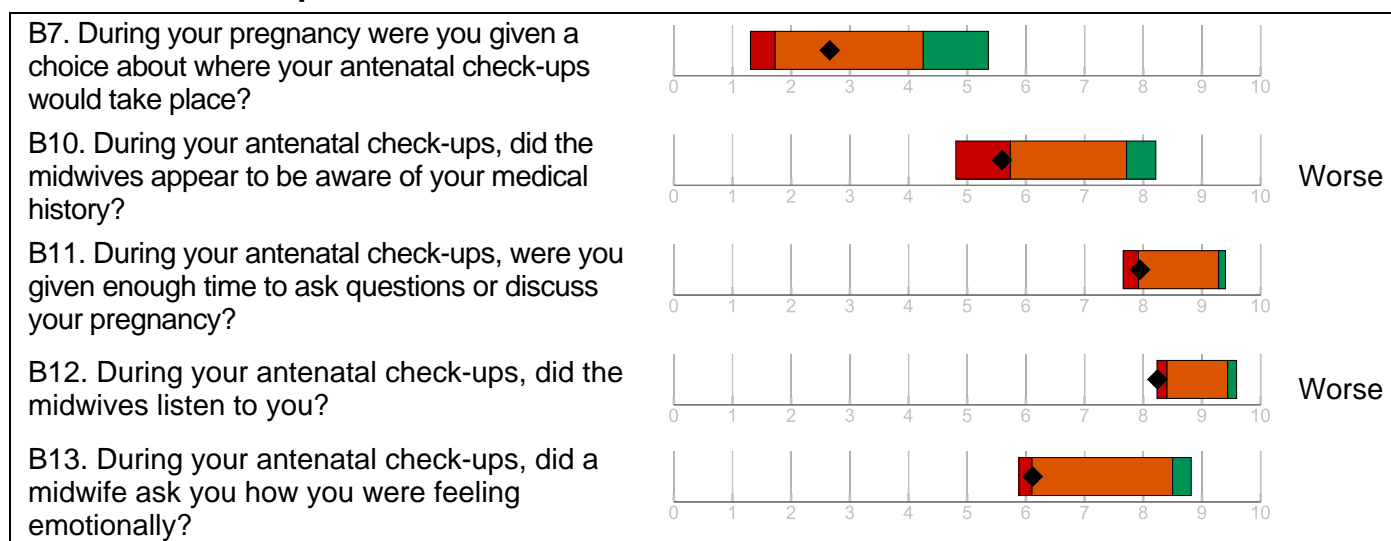
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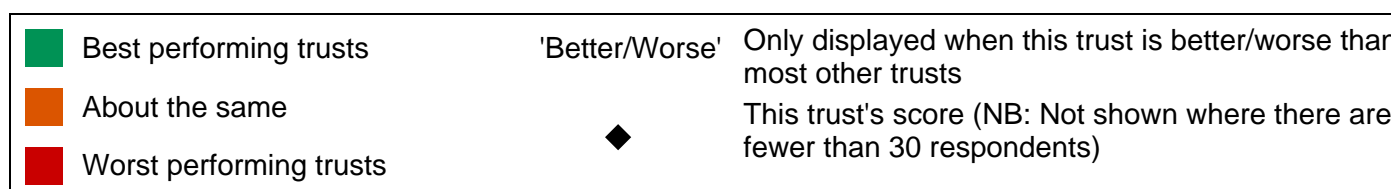
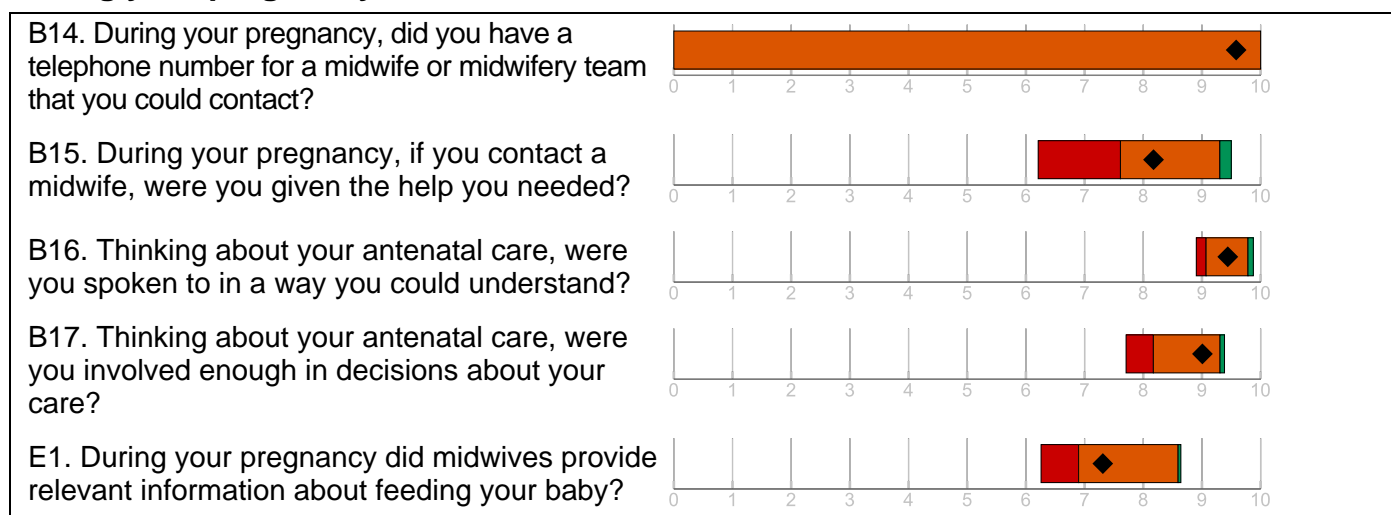
The start of your care in pregnancy



Antenatal check-ups



During your pregnancy



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		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
The start of your care in pregnancy							
S1	Section score	6.5	3.6	7.3			
B4	Were you offered any of the following choices about where to have your baby?	5.2	1.2	6.1	110		
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	7.9	5.4	9.0	97		
Antenatal check-ups							
S2	Section score	6.1	6.0	7.9			
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	2.7	1.3	5.4	128		
B10	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	5.6	4.8	8.2	131		
B11	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	7.9	7.7	9.4	133		
B12	During your antenatal check-ups, did the midwives listen to you?	8.2	8.2	9.6	133		
B13	During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	6.1	5.9	8.8	131		
During your pregnancy							
S3	Section score	8.7	7.8	9.3			
B14	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	9.6	8.8	10.0	130		
B15	During your pregnancy, if you contact a midwife, were you given the help you needed?	8.2	6.2	9.5	103		
B16	Thinking about your antenatal care, were you spoken to in a way you could understand?	9.4	8.9	9.9	132		
B17	Thinking about your antenatal care, were you involved enough in decisions about your care?	9.0	7.7	9.4	126		
E1	During your pregnancy did midwives provide relevant information about feeding your baby?	7.3	6.3	8.6	121		

↑ or ↓

Indicates where 2015 score is significantly higher or lower than 2013 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2013 data is available.