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Working with Leaders in Maternal and Neonatal Health

A Case Study
Alana Killen

Who are the leaders?



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- Health Ministers – Federal and State
- Principal Advisers
- Individual Clinicians
- Organisations
- Hospital

The National Framework for Maternity Services Project



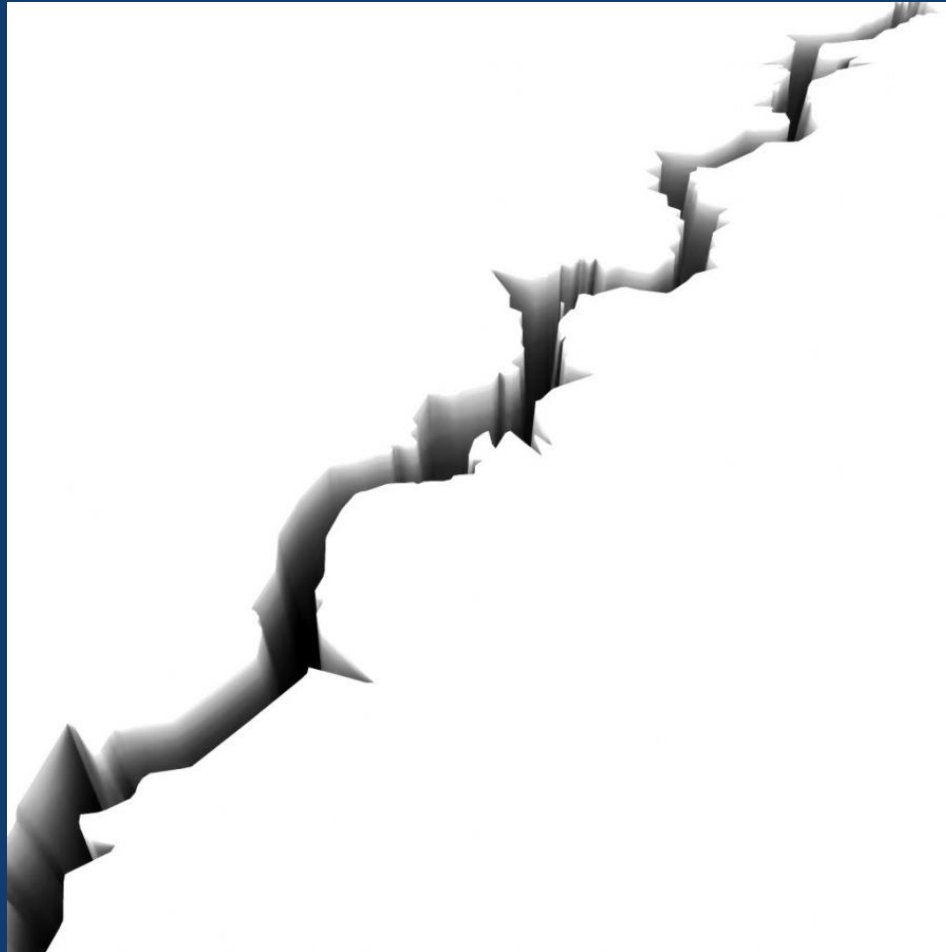
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1. Health Ministers approve the project at the April 2016 COAG Meeting – Delegated to **Community Care and Population Health Principal Committee (CCPHPC) (Queensland)**
2. **Maternity Care Policy Working Group** established – comprising senior government staff (and one paediatrician)
3. Deloitte, an independent consulting company, appointed to conduct a literature review and develop a draft framework following consultation with key stakeholders.
4. Expected completion date – 30 June, 2017

The cracks begin to appear



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Process



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- 2-hour consultation sessions conducted in capital cities around Australia (and Cairns)
- Many people excluded as they were not aware or not invited to meetings
- Concerns raised by attendees regarding the tone, focus and intent of meetings
- Stakeholder groups increasingly concerned and provide feedback to Deloitte and the Queensland Health Department

Issues arising



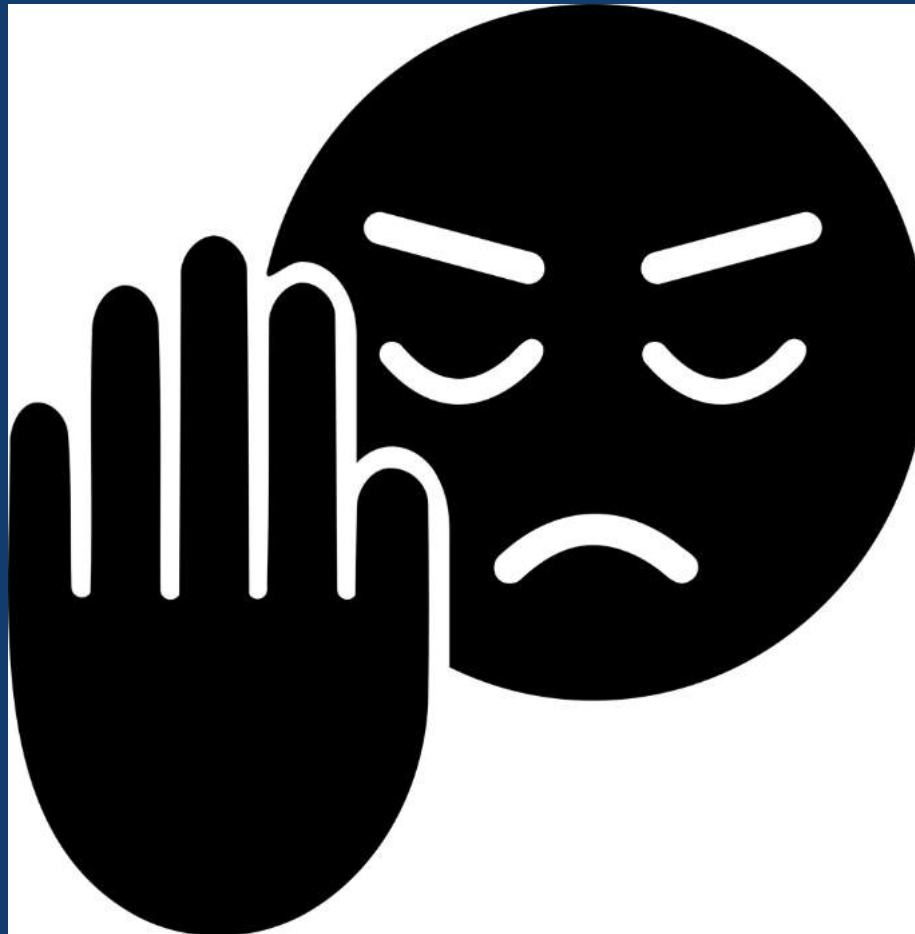
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- Working group composition – almost exclusively government employees
- Failure to evaluate the outcomes of the National Maternity Service Plan
- Lack of meaningful collaboration with consumers, obstetricians, midwives, general practitioners, Aboriginal and Torres Strait Islander organisations and other relevant stakeholders
- Lack of transparency
- Failure to engage rural and remote women and clinicians

Outcome



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Final Consultation Meeting



National Framework for Maternity Services Agenda

Date: Friday, 23 June 2017
Time: 9:30 am - 4:00 pm
Location: ParkRoyal Melbourne Airport

Facilitators: Dr Norman Swan, Norman Swan Medical Communications and
Ms Bronwyn Nardi, Department of Health (Queensland)

Time	Agenda
9:30am-10am	Registration and Coffee
10am-12:30pm	Morning Sessions
	1. Welcome, introductions and scene setting
	2. NPFMS Vision
	3. Features of maternity service
12:30pm - 1:00pm	Lunch
1:00pm - 4:00pm	Afternoon Session
	4. Principles
	5. Enablers
	6. Next steps and close

- Meeting concluded at 12:00 after those present indicated there was a general lack of confidence in the process and belief that the project was 'fatally flawed'

What went wrong?



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- Online survey
- Public consultation
- Invitations were sent to:
 - non-government, organisations, advocacy groups, universities, hospital and health Services, reference, groups, clinical networks, Primary Health Networks, Aboriginal and Torres Strait Islander, health services, peak industry associations, professional colleges and councils as well as to those who participated in the 2016 targeted consultation sessions.

Ultimate success depends on early engagement



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- Clinical engagement has been identified as a key element in health system reform in Australia (Garling, 2008, Clark, 2012) and overseas (NHS, 2011, Darzi, A 2008, Reinersten JL, et. al.2007)
- Failure to engage has been linked to divisions, resistance to change and poor uptake of innovation
- Consensus-building is difficult to achieve, but provides a more sustainable, implementable outcome

References



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