

The Campaigns section

Welcome to the **Campaigns section** of *New Digest*. I'm Elizabeth Somerville, your new Campaigns Involvement Officer, and I'll be your first point of contact for NCT Campaigns and Public Policy team from now on. Help and support for your campaigns can be found on www.nct.org/active or by emailing me at campaigns@nct.org.uk

MSLCs: Maternity service liaison committees should be the place where important decisions about maternity care are made. Is yours like this, or does it just feel more like a talking shop? In this article, Gillian Fletcher discusses ways to ensure that your MSLC is a dynamic and influential forum for change.

Campaigning to your elected representatives: One of the most effective ways to achieve change on the issues that you care about is to influence and affect your local politicians and councillors. Not only will they have much of the power over the decisions made in their constituency, but they will also have useful contacts and can be influential over local public opinion.

I hope you enjoy this issue's Campaigns section; if you have any queries, please drop me a line at the email address above.

Your MSLC:

how to make it a force for change

VOICES Co-ordinator Gillian Fletcher comments on the rhetoric and the reality surrounding maternity service liaison committees...

All national policy on MSLCs says that they should be the place where important decisions are made and that they should look at planning services as well as monitoring them. For example, the *Department of Health National Guidelines for MSLCs*¹ state that an MSLC is *an independent advisory group* to the PCT commissioning maternity care, concerned with all aspects of maternity services and should also advise trusts on the services they provide. *Maternity Matters*² states that MSLCs should be involved in the strategic needs assessment undertaken by PCTs and local authorities by agreeing a common set of objectives and setting the service specification for maternity services and being a local voice for the production of the PCT prospectus. In Scotland, *A Framework for Maternity Services in Scotland* states that public and professional consultation should be fundamental to the planning, development and provision of local maternity services.³ And *Implementing A Framework for Maternity Services in Scotland* goes on to say that MSLCs should offer a vehicle for change and improvement, driven by suggestions coming directly from service-users.⁴

So, your MSLC should not be focussing on everyday problems, but thinking about the long-term.⁵ Nor should the MSLC meeting be an opportunity for the different health professions to tell each other and the lay representatives what is happening and what has been decided elsewhere. Service users should always be represented in the decision-making process!

I meet lots of lay MSLC reps when delivering training, and they often tell me how frustrated they are that their MSLC is not fully involved in decision-making, as the government would like it to be, but instead is simply a 'talking shop' for the health professionals. Well, we have some handy hints that will help make your MSLC a force for positive change!

How can you ensure that your local MSLC is making all the important decisions?

You need to find out whether important decisions are being referred to your MSLC and the best way to find this out is examining the agenda and minutes of the last three meetings:

- *Who decides what goes on the agenda?* It should be the MSLC chair, who can be a lay rep. If they aren't, become their friend.
- *What items appear on the agenda?* Take a look at the box to see what we suggest should be there to make sure you are making all the key decisions.
- *Is a senior commissioner from the PCT always present?* They should be, so that

Suggested agenda items for effective MSLCs

- PCT Local Delivery Plans (LDPs) checking that these reflect the need to implement *Maternity Matters* in 2009
- Healthcare Commission report action plan - are PCTs committing agreed resources?
- Improving the birth environment in the light of Healthcare Commission report
- How are PCTs commissioning and monitoring services to reflect a need to drive up quality, reduce caesarean section rates, introduce a perinatal mental health service etc?
- Offering to be involved in audits against the newly published Standards of Maternity Care or LSA audits and action plans.

With thanks to Cathy Warwick, RCM General Secretary, for her suggestions

they can implement the decisions the MSLC makes.

- You should be able to tell from the minutes whether there was just a reporting of information or whether your MSLC was making recommendations that are taken seriously at the highest levels of the trust. To achieve this there needs to be open and honest debate followed by decision-making that is communicated to both hospital and PCT boards.
- *Do the obstetricians attend regularly?* If not, it may be because all the important decisions are being made elsewhere. If this is the case, write to the PCT chief executive and complain - the trust is in breach of government policy. You could quote this in your letter: National guidelines 3.3 state: 'Each PCT commissioning maternity care needs to look at the ways in which existing MSLCs are working, including their effectiveness, in the light of these guidelines. At the same time the role of other committees that address

similar issues such as the labour ward forum... should be reviewed to ensure close working links and avoid duplication.'

You could also find out whether your hospital trust has a *Maternity Matters* advisory group. Many trusts do have these very important groups, as the deadline for the recommendations in *Maternity Matters* to be implemented is the end of this year. Try to make sure that this group focuses on implementing *Maternity Matters*, and doesn't become the default decision making body for all maternity issues. Find out:

- *What is the remit of that group?* It should be narrower than your MSLC.
- *Who attends those meetings?* If there are more senior staff on this group compared to your MSLC, then all the power is in the wrong place.
- *Are any service users involved?* If not, make a fuss! Lay reps should be involved in implementing *Maternity Matters*' guarantees.

- *What is on the agenda?* Make sure they don't make any key decisions here rather than at your MSLC.
- *How does it link with the work of the MSLC?* Ideally they should have a very close working relationship, with the *Maternity Matters* group reporting up to the MSLC.

References

- 1 Department of Health. *National guidelines for maternity services liaison committees (MSLCs)*. London: Department of Health; 2006.
Available from: http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4128339&chk=t5RJOI
- 2 Department of Health. *Maternity matters: choice, access and continuity of care in a safe service*. London: Department of Health; 2007.
Available from: http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_073312
- 3 Scottish Executive. *A framework for maternity services in Scotland*. Scottish Executive: Edinburgh; 2001.
Available from: <http://www.scotland.gov.uk/library3/health/ffms-00.asp> ;
- 4 Expert Group on Acute Maternity Services. *Implementing a framework for maternity services in Scotland: overview report of the Expert Group on Acute Maternity Services*. 2003.
- 5 Nolan M. Making greater use of user reps. *Pract Midwife* 2006;9(7):22-3.

Contacting your elected representatives

What is campaigning?

Campaigning is the process of effecting change through collective action. The NCT campaigns on many different issues through NCT Active, involving and connecting local activists on the issues that matter to them. The charity also lobbies and engages politicians behind the scenes on the issues that matter to our members.

One way that these two areas of work can be tied together is by making use of NCT Active to share best practise from around the country and using our experienced Campaigns and Public Policy team's expertise in working with politicians to effect change where you live.

What is an elected representative?

An elected representative is someone who has been chosen in a local or national election to speak for the people in your local area. They can belong to a political party or they may be independent.

Elected representatives may be a member of:

- a local authority
- the National Assembly for Wales (Assembly Member – AM)
- the Northern Ireland Assembly (Member of Legislative Assembly – MLA)
- the Scottish Parliament (Member of Scottish Parliament – MSP)
- the UK Parliament (Member of Parliament – MP)
- a regional assembly (such as the London Assembly)
- the European Parliament (Members of European Parliament – MEP).

It is useful to research your elected representative before you make contact (see box 'Useful web resources' below), so that you can find out whether they have voted or publicly commented on an issue before, in order to ensure that you target those who have done so.

What do elected representatives do?

The UK Parliament is responsible for mak-

ing and repealing laws in the UK and for scrutinising the work of the Government. It is the highest legislative authority in the UK and is made up of three parts: the House of Commons (elected MPs), the House of Lords (unelected peers) and the Queen.

Devolution

The UK has a system of devolution. It is asymmetric, meaning that there are different levels of devolved responsibilities and there is no common pattern in Northern Ireland, Scotland, and Wales.

Subjects which are reserved to Westminster include the following:

- Constitutional matters, including the crown
- Foreign policy, defence and relations with the EU
- Macro-economic policy and taxation (apart from the right to vary income tax by 3p in Scotland, and local taxation)
- Overseas trade
- Employment legislation
- Social Security
- Broadcasting.