

# The story of immersing co-production in a perinatal mental health service: Looking at excellence together

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## Aim

To establish a perinatal mental health service user involvement group with a 'virtual platform' to allow for as inclusive and diverse a group as possible.

## Background: Why is this needed?

Public and patient experience and engagement (PPEE) is an approach that puts the people who use services at the heart of care. It involves understanding their experience, empowering them to make decisions and involving them in the design and delivery of care.

NHS England has a legal duty to properly involve patients and the public in its commissioning processes and decisions.

Our approach reflects policy initiatives to involve patients, service users, carers and the public across the NHS and social care. These initiatives include:

Health and Social Care Act (Department of Health, 2012), NHS Constitution (Department of Health, 2012, Putting people at the heart of care (Department of Health, 2009), Essential Standards of Quality and Safety (Care Quality Commission, 2010b), Patient and public participation policy (NHS England 2017)

## Methods: Steps taken to form a group

**Research:** Why they are necessary, what they can achieve, how they can be used

**Prepare and Support :** Who, where ,when, support structures, inclusivity

**Plan/create :** venue, virtual opportunities , date, frequency, funding

**Communicate, be proactive :** Advertisement, use available networks, engagement of clinical staff, patients and public, create a database of interest

**Listen, Assess and respond:** Regularly update people involved, accommodate needs

**Evaluate the information and inform:** plan how you will record and present information to both PPE group, service locally, commissioners, nationally

**Acknowledge, reward, value and empower :** Celebrate good practice.

## Methods: Barriers to overcome?

**Lack of sufficient resources:** A lack of time, money and support can prevent both individuals and organisations from being able to work together.

**Power imbalance, inequality/attitudes and assumptions :** Sharing power can be challenging and 'threatening' for some individuals.

**Competing agendas:** The views, aims and expectations of providers and service users, patients, carers and members of the public may differ.

**Exclusivity/unequal opportunities:** aim to be as inclusive as possible, think of barriers

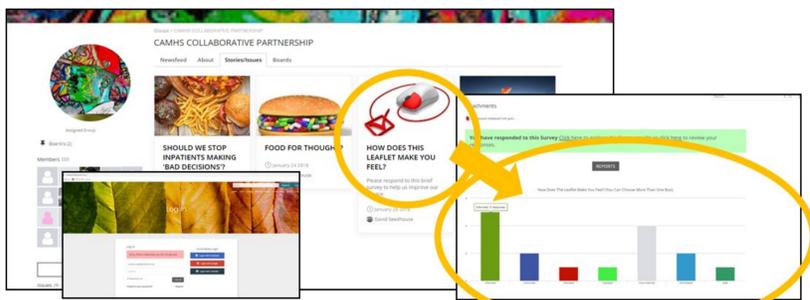
**Confidentiality:** Uncertainty about how information provided will be used and who will have access information can cause anxiety amongst organisations and those involved

**Identifying individuals/recruitment:** Identifying and recruiting individuals and/or organisations can be difficult, as can maintaining interest. The pace can be very gradual and finding purpose can be difficult.

**Evidence of change or abandonment:** This can lead individuals and communities to strongly resist future involvement.

## Results: What have we achieved so far?

- Meetings:** We have met on a bi-monthly basis for the last two years, established aims and ground rules together and selected projects.
- Virtual group:** We have formed a free, secure 'virtual platform'. We considered several options as a group and elected for Deliberative Practice Network (DPN) an online forum as it was the most data secure and less cumbersome than an email thread.



The virtual group allows for sharing of resources and more engaging discussion outside of meetings. It is assessable via phone, has private messaging and a survey function and it is possible to receive alerts to your email.

**Building a Network:** We have had support from charities Open House and Action on Postpartum Psychosis who advertise for us.

**Service development:** Women from the group have represented patient voices at regional commissioning meetings and we have been invited to participate in ongoing discussions about developments in line with the NHS long term plan.

**Resource Library:** We have started co-producing a resource library for women who use the perinatal service and updating literature provided.

**Training:** We are co-producing an online teaching package and have been invited to represent lived experiences at training provided by the perinatal team.



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Looking at feedback and patient experience - together

**Overview**  
We would like to work with the women who have experienced our service along with their family and friends with the aim to improve the care we provide and are keen to help shape and influence the future of the service we provide  
If you would like to be part of a small group of people volunteering their time to look at the feedback the service receives along with providing opinion and thoughts on service change and development then we would love to hear from you.  
The meetings will be 3 monthly and take place at  
Green Haven, Hopewood, Foster Drive, Mansfield Road, Nottingham, NG5 3FE  
and will begin in November 2019. We will also have a virtual group via confidential email system if you are unable to/ do not wish to attend the meetings.  
Children are welcome, there is free parking and if required we can cover travel expenses.

**YOUR VOICE MATTERS!**

If you would like to be involved please contact us on:  
Perinatalinvolvement@notthc.nhs.uk or alternatively if currently under the service please speak to the professional involved in your care

## Conclusions: Importance of co-production in perinatal Mental health services

- This is the beginnings of women having a voice in developing services locally. The group engagement has already led to change in practice.



### NHS Long Term Plan

- By 2023/4 to see an additional 54,000 women each year
- Care from pre-conception to two years after birth rather than one.
- To offer comprehensive assessment to patients partner
- Expanding access to evidence-based psychological therapies to include parent-infant, couple, co-parenting and family interventions.
- Maternal mental health services will join up maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

### Current Discussions

- Long term plan puts emphasise on perinatal mental health service expansion: PPEE representation/reports at commissioning bids
- lots of potential service change: PPEE co-design, resource utilisation and quality assessment of services
- Increased recruitment: PPE representation on interview panels
- Demand to demonstrate outcomes: PPE support and design in this
- Training and education: Support and co-design with undergraduate/ postgraduate and multidisciplinary training
- Fundraising: PPE support for events
- Development of innovative technologies: Perinatal NHS APP