NHS
Oxfordshire
Clinical Commissioning Group

Criteria definitions

Area	Criteria	What do we mean?
Quality of care criteria	1. Clinical outcomes	The service model contributes to the improvement in outcomes in line with Better Births; this includes improvement against the serious outcome measures of: • Stillbirth and perinatal death at term • Significant brain damage to babies born at term • Unexpected admissions of babies born at term to special care units Achieve the aims of the Department of Health mandate to reduce poor maternal and neonatal outcomes by 20% by 2020 and 50% by 2030 to implement recommendations from Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the UK (MBRRACE).
	2. Clinical effectiveness and safety	The service model enables and promotes service delivery in line with guidance from the National Institute for Clinical Excellence (NICE) and interventions which are proven to be effective in improving safety and outcomes. Risk assessment takes place throughout pregnancy to ensure the woman is supported in the right services. Women should be informed of risks and be supported to make decisions which would keep them as safe as possible.
	3. Patient and carer experience	In line with Better Births the service supports personalised care, centred on the woman her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information. This includes: • Every woman should be supported to develop a personalised care plan with her midwife and • other health professionals which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses.

		• Unbiased information should be made available to all women to help them make their decisions and develop their care plan. • Women should be able to make decisions about the support they need during birth and where they would prefer to give birth.
Access criteria	4. Distance and time to access service	Impact on population average travel times (blue light, off-peak car, peak car and public transport) considering both 'planned' journeys and 'transfers' from midwife-led units.
	5. Service operating hours	Ability of model to support seven day working across all sites with flexibility to move staff resources to meet service needs.
	6. Patient choice	Ability to maintain patient choice of location of care. Women should be able to make decisions about the support they need during birth and where they would prefer to give birth whether this is at home, in a midwife-led unit or in an obstetric unit, after full discussion of the benefits and risks associated with each option.
Affordability and value for money criteria	7. Delivery within the current financial envelope	The service can be provided within the national tariff (so as the numbers of pregnancies and births increase, the income received by hospitals increases).
Workforce criteria	8. Rota sustainability	Enough medical and other clinical staff are employed so the rota can be maintained and if gaps occur these can be easily filled on a short term basis by locum staff.
	9. Consultant hours on the labour ward	The model enables the increase of dedicated consultant hours of presence on the obstetric labour ward to facilitate the recommendations of the Each Baby Counts report.
	10. Recruitment and retention	Job plans for medical and other clinical staff are attractive and have a good chance of attracting and retaining suitably qualified candidates.
	11. Supporting early risk assessment	All women are consistently and effectively screened and medically risk-assessed by their GP as early as possible in pregnancy.

Deliverability criteria	12. Ease of delivery	Ease and timeliness of being able to introduce the model, considering factors such as time required for recruitment, any capital development required, impact on other services.
	13. Alignment with other strategies	Alignment with other national and local strategies (eg Better Births, NHS Long Term Plan) and provides a flexible platform for the future.