Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 263

Organisation name: Royal College of Obstetricians and Gynaecologists

Type of response: Online
**Respondent ID:**

263

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Royal College of Obstetricians and Gynaecologists

**Please choose the description below that best fits your organisation’s main role:**

Voluntary/charitable sector

**What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?**

The RCOG, like the other Royal Medical Colleges, has a very significant role to play in identifying, assessing, promoting and disseminating innovation and best practice. RCOG in particular has a long and successful record in developing clinical guidelines and standards for profession. As one of the most international of the Colleges, with Fellows & Members in over 100 countries, the impact of innovation can be felt far outside the UK and as a College that works on global health issues, the innovations of other systems and countries will impact to improve services in the UK.

Maternal mortality is the single biggest worldwide health issue affecting women and has one of the greatest burdens of preventable mortality globally, as recognised in the Millennium Development Goals.

**What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**
Nationally Obstetrics & Gynaecology has accounted for 11,533 CNST claims since 1995 costing NHSLA £4.3 billion. It is the second largest specialty by claim number but the most expensive by a factor of 2.5 with the next most expensive (surgery) costing £1.8 billion. Rapid adoption of innovative practice is urgently needed to reduce these claims and the individual tragedy and national cost that these represent.

Two issues for national consideration are audit of guidelines and standards; and the consultant presence on the labour ward.

Guidelines and Standards. Whether produced by NICE or RCOG these are well respected evidence based documents. What is less clear is the extent to which they are implemented and the change/outcome that occurs as a result? The College, working with the NCB might select 3-5 Guidelines of national/international importance and undertake an audit of good practice against nationally agreed standards.

Consultant presence. The RCOG reports (Safer Childbirth, Future Workforce and the recently published High Quality Women’s Health Care) all promote increasing consultant presence 24/7 so that ALL pregnant women in labour who need a doctor’s presence should have the right skills available. Obstetrics is an emergency specialty with the attendant unpredictability, but births occur more or less equally every day of the week if elective interventions are excluded. Consultant presence should therefore be the norm and not the exception. The difficulty then becomes historical position of labour wards around the country and unit size varies greatly. The implementation of the recommendations of 168/98/60 cover is simply lost due to cost. RCOG could promote a series of pilots with 168-hour presence to assess impact with measurable outcomes and the potential consequences for the work both of NPSA and NHSLA.

The RCOG’s mission is to support and improve women’s health by improving knowledge and standards of clinical practice. Our work on innovation is fundamental to driving up standards of care both in UK and globally.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

An outcomes framework that can identify and reward innovation is likely to have a better chance of creating lasting value than one that is simply driven by a cost-benefit analysis of outcomes.

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes

Do you want to be kept in touch with the next steps in this process?

Yes

Do you want to be included in a wider community of interest?

Yes
What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

The RCOG in its recent report 'High Quality Women's Health Care' advocates a life-course approach to women's health proposing the development of women's health networks; together with a public health approach to women's health care. These would involve patients and public, promote health and disease prevention and choice and empowerment, possibly allowing the trialling of health budgets. One problem is that even with rapid adoption of measures, public health approaches designed to tackle health inequalities have a long-term pay back. However, horizontal pressure with the involvement of other Colleges/Faculties could create the peer group effect and groundswell of professional opinion.