NHS National Services Scotland

Maternity Voices Scotland

September 2021

Lana Cathro

Scottish Perinatal Network MATERNITY

Contents

1. Introduction 3
2. Discussion 3
2.1 Context 3
2.2 Current Approach to Engagement in Scotland 3
2.3 Persistent Challenges 4
2.4 Research Approach 4
3. Findings 5
3.1 Participation and Engagement Approaches 5
3.1.1 Co-production in Maternity Services 5
3.1.2 Northern Ireland 'Maternity Forum' Model 5
3.1.3 Maternity Voices Partnerships (MVP) 6
3.1.4 Perinatal Mental Health and Change Agents Models 6
3.1.5 Third Sector Models 7
3.1.6 Social Medial Models 8
3.1.6.1 Facebook 8
3.1.6.2 Twitter 8
3.1.6.3 YouTube 8
3.1.6.4 Instagram 8
3.2 Possible Models for Scotland 9
3.2.1 Option One – Fully Digital Social Media Approach 9
3.2.2 Option Two – Enhanced Maternity Voices Approach 11
3.3 Added Value 13
4. Recommendations 13
Appendix 1 15
Appendix 2 16
Appendix 3 17

1. Introduction

The Scottish Government's Maternal and Infant Health Team requested that the National Maternity Network (NMN) progress recommendations that emerged from a review of the current status and effectiveness of Maternity Service Liaison Committees (MSLCs) across NHS Scotland. The review was conducted by NHS Healthcare Improvement Scotland's (HIS) Community Engagement Team (previously known as the Scottish Health Council) and the report of findings and recommendations was published on 28th October 2020.

The HIS report highlighted that Boards in Scotland are currently at different stages and facing different challenges around engagement with pregnant women and families. It recommended that the information from the report should be "used by Scottish Government and partner organisations to develop and improve engagement with service users across Scotland."

Therefore, it was agreed that the NMN would take forward a four-month project to further scope participation and engagement approaches being used on the maternity landscape in Scotland, as well as the four UK nations.

This report outlines the findings from the scoping exercise in the form of an options appraisal with recommendations outlining possible effective mechanisms for engaging women and families in maternity services in Scotland.

2. Discussion

2.1 Context

Maternity services provide a spectrum of primary and secondary care to pregnant women, their partners and their families from antenatal through to neonatal care, delivered both in community and hospital settings. Effective engagement with service users is an essential component of how these services are to be delivered.

Women's perinatal experiences, both positive and negative, can affect their mental health and wellbeing. Long-term effects can often impact on other services such as general practice (GP) or community mental health services beyond scope of their engagement with maternity services.

An effective model for engaging maternity and neonatal service users has potential to empower parents to informally seek and receive support and to feel heard, and to mitigate against long-term impacts on maternity, GP, mental health or other services.

2.2 Current Approach to Engagement in Scotland

The challenges with the existing MSLC model in Scotland, as described in the 2020 HIS report, clearly suggest that the status quo is not a viable option for Scotland going forward.

The report identifies that the majority of NHS boards have or have tried to establish an MSLC, but with varying degrees of success and sustainability. Most NHS boards have made changes to the original MSLC model and only six of the 14 NHS Boards

in Scotland still have one or more MSLC groups or committees. At the time of writing the report, two had recently ceased to function. A full breakdown of current approaches is included in section 1.2 of the HIS report.

As a whole, this reflects a national picture of significant variation in the support available to women and families which has potential to contribute to inequalities – as the level and type of support currently depends on where they live.

The HIS report recognised there is "need to engage differently, in a way that is responsive and relevant to modern families, less formal, action focused and not onerous for service users or staff. The majority of areas suggested increased use of social media alongside dedicated webpages on NHS boards' websites".

2.3 Persistent Challenges

The purpose of this scoping exercise was not to analyse current challenges and issues with maternity user engagement in Scotland. These were already well documented in the HIS report linked in section 1 and in previous work as far back as 2007. However, a number of persistent issues were raised again during meetings for this project. In particular, the following challenges were consistently reported:

- Retaining Chairs of MSLCs/MVPs
- Lack of resource
- Engaging and retaining user representatives
- Ensuring a diverse group of user representatives

It is important to recognise these persistent issues when considering a new model for Scotland that would be effective, sustainable and inclusive.

Further themes from the HIS report suggested any future model should:

- be more effective in ensuring the voices of women and families are represented at local, regional and national levels of service provision
- be more broadly visible to service users
- interface with third sector providers of targeted supports
- support women and families to support each other.

2.4 Research Approach

A number of people and organisations were contacted as part of the scoping exercise including partners from both Scotland and across the UK, the HIS Community Engagement Team, NHS Scotland Boards, third sector organisations, and Chairs of existing Maternity Voice Partnerships (MVPs) and MSLCs in Scotland. The full list is attached as Appendix 1.

Meetings took place via Microsoft Teams or by telephone call. The main priorities were to:

- better understand the background and process of developing the HIS report linked in section 1

- learn from experiences and established models for participation and engagement
- understand where a national 'all maternity' approach would overlap and dovetail.

It is important to note that participants in this scoping exercise consistently suggested it would be useful at this time to ask maternity service users how they would like to engage with maternity services going forward, especially given the different communication and engagement approaches that have become widely accepted during the COVID-19 pandemic.

3. Findings

3.1 Participation and Engagement Approaches

This project scoped the following participation and engagement approaches being used in the maternity landscape in Scotland and other UK nations.

3.1.1 Co-production in Maternity Services

The Co-Production Collective defines co-production as "an approach to working together in equal partnership and for equal benefit[1]." The importance of involving women and families in the redesign of maternity services is documented in The Best Start[2] and is, therefore, an essential part of the improvement plan for maternity and neonatal services in Scotland.

There is no doubt from project discussions that the importance of co-production is widely recognised and it is evident that people have strived to implement mechanisms to engage women and families and enable peer support.

For co-production to work effectively, it is necessary to have processes in place to involve service users at all stages of the change process. This includes gathering user feedback but crucially also informing them of the outcome of their feedback, so they see the value of their contribution and are assured that they have been listened to[3]. This is essential for a sustainable user engagement model.

3.1.2 Northern Ireland 'Maternity Forum' Model

The Northern Ireland 'Maternity Forum' community engagement model is overseen by the Maternity and Neonatal Service Manager at NHS Belfast Trust. Please see Appendix 2 for more detail.

Their experiences of using digital and social media platforms (specifically Facebook) to develop a Maternity Forum, underpinned by the third sector organisation Birthwise, were inspiring. It was suggested that beyond initial build and implementation, the platforms were largely self-managed and moderated by

[1] https://www.coproductioncollective.co.uk/what-is-co-production/our-approach
[2] https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/pages/3/
[3] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/User_feedback_maternity_Kings_Fund_Oct_2016.pdf

expectant and new parents, for expectant and new parents; with minimal administrative burden on staff.

The Northern Irish model has 4 pillars:

- Opportunities (for parents to be involved in, for example, reviewing new guidance, joining a short-life working group, participation in surveys or focus groups)
- Peer Support (reciprocal and happens organically)
- Evidence (moderated by group Administrators, so only valid sources are posted)
- Feedback (about or from services or resources; current or proposed).

Strategic oversight of the channels is managed by administrative moderators and, by exception, clinical leads, through robust governance mechanisms. For example, moderators will sometimes intervene, requesting that the user private message them, if something requires clinical guidance. Dedicated administrative resource is integrated within maternity services.

3.1.3 Maternity Voices Partnerships (MVP)

Examples of community engagement models being deployed successfully in maternity and neonatal communities can also be found in other parts of the UK. For example, Maternity Voices Partnerships (MVP) under the strategic oversight of the National Maternity Voices group in England.

National Maternity Voices is a community interest company and the association of MVPs in England. It provides a useful interface between MVPs and NHS England, connecting local MVPs at a national level supported by a website. Meetings of women and families and meetings of MVP Chairs are facilitated to deliver national consistency and sharing of learning.

MVPs in England contribute to recommendations of the 2016 'Better Births' National Maternity Review (2016). Guidance for transitioning previous engagement models into new MVPs are available here and there are many toolkits and resources on the National Maternity Voices website.

Some Scottish Boards (NHS Moray, Highland and Grampian) have already transitioned their MSLCs to become MVPs and a national approach based on the English model could potentially be developed to support consistent adoption.

The Chair of the Grampian MVP contributed to the proposed implementation plan outlined in Appendix 3.

3.1.4 Perinatal Mental Health and Change Agents Models

The Perinatal Metal Health Network (based within NHS National Services Scotland) and the Scottish Government's Perinatal and Infant Mental Health Programme Board has recruited a dedicated Participation and Engagement Officer with remit for

including the voices of women and families with lived experience of perinatal mental health services in Scotland.

The colleague has had a role in developing and maintaining the Maternal Mental Health Scotland Website, Twitter and Facebook pages and a Perinatal Mental Health Network newsletter is under development. The colleague has so far been employed for 14 hours per week and states her own capacity amongst the biggest challenges to the progress it's possible to make.

The model includes an Experts by Experience Reference Group which is hosted by third sector partner Maternal Mental Health Scotland. During 2020, the group had an active role in responding to proposed or actual service developments from the perspective of service users. For example, the deployment of Scottish Government funding and the co-production of resources for professionals, such as the perinatal mental health Curricular Framework and other resources published by NHS Education for Scotland (NES).

As the group matures, the group plans to have a role in:

- Co-producing discussion questions for further information gathering with individuals about their experiences of perinatal mental health care
- Gathering and collating information from discussions
- Developing guidance for NHS Boards to enable them to develop their own strategic approaches to co-production
- Facilitating discussions with organisations working with groups identified by the EQIA (Equality Impact Assessment), and women and families from those groups.

There is opportunity to explore how a universal maternity engagement model for Scotland could dovetail and share learning with models developed to support women and families with lived experience of perinatal mental health services. Potentially, provision of earlier, more effective universal engagement and peer support approaches could have a preventative effect on the number of women becoming ill enough to require specialist mental health services.

3.1.5 Third Sector Models

There are an abundance of third sector partners in Scotland which offer tailored support during pregnancy and parenthood, for example, Bliss, Tommy's, Kindred and NCT, as well as organisations specifically supporting fathers such as Fathers Network and Dads Rock. Approaches through which a national and universal model could seek to dovetail with such third sector tailored support should be explored further as the national approach is being developed.

This research has not identified a third sector partner in Scotland with a remit for universal pregnancy support and which could support direct replication of the Northern Ireland 'Maternity Forum' model and 'host' a community engagement social media platform.

3.1.6 Social Medial Models

3.1.6.1 Facebook

Facebook is a social media platform that allows users to connect and communicate with people through text and photos. It is a versatile platform with features such as live streaming, events and groups.

Facebook is widely used in NHS Scotland. Some Health Boards reported the use of Facebook as a means of connecting with service users to share information and gather feedback in the absence of a MSLC or MVP, which would traditionally be built on an in-person peer support group model. Some have dedicated maternity pages (e.g. NHS Orkney and NHS Fife) and others use their general Health Board page but aspire to have a dedicated maternity page. They reported that the page was simple to set up and a useful tool for gathering feedback for specific pieces of work. This platform is also widely used around the UK for peer support and is likely the best option for NHS Scotland, given that it has already been piloted by some Health Boards successfully.

Therefore, it may not set a precedent if the national model for community engagement in Scotland, based on the Northern Ireland 'Maternity Forum' Facebook model outlined in 3.1.2, was hosted by the NHS.

3.1.6.2 Twitter

Twitter is primarily a text based platform allowing users to send short posts with a maximum of 140 characters. Links to websites and resources can be included in the post and photos can also be added.

Due to the character limit of posts, it is unlikely that Twitter would be the best platform to facilitate peer support. All Health Boards use Twitter and could use their page to enhance reach of the engagement and peer support platform.

Twitter could also have a role in supporting co-ordination of messaging across public and professional audiences.

3.1.6.3 YouTube

YouTube is a video sharing platform and would, therefore, be best used to supplement the engagement and peer support platform as opposed to being the primary tool used for this. YouTube videos could be hosted on, for example, a Facebook page or website and speak to audiences who prefer audio-visual formats.

3.1.6.4 Instagram

Instagram is a free photo-sharing application, acquired by Facebook in 2012. Users can upload photos and short videos to their profile as posts, and their followers can like or comment on these posts. There is also a story feature which allows the sharing of photos and short videos for 24 hours only, after which they will disappear unless saved to a highlight section of their profile for permanent viewing. Among other features, there is a Live function similar to Facebook.

Despite it being a popular social media platform that is being used by some Health Boards in Scotland, the fact it is primarily a visual platform means it may not be the most effective tool for engagement or peer support. However, as with other social media channels, Instagram may be used to enhance reach of the chosen platform.

3.2 Possible Models for Scotland

The evidence gathered as part of this scoping exercise and the 2020 HIS report shows that there are a number of ways in which engagement with pregnant women and their families can be done effectively, including both in-person approaches like MVP/MSLC and fully digital models.

As outlined in section 2, it is also clear that while there are excellent examples of engagement through MLSCs in some Health Boards, it has been difficult to sustain a consistent, Scotland wide approach to maternity user engagement using those approaches. The model going forward needs to balance learning from good practice in Scotland and across the UK to deliver a flexible, user-centred and sustainable solution that goes beyond traditional MSLC approaches.

3.2.1 Option One – Fully Digital Social Media Approach

Key Features

A well-managed Facebook page or group is a fast method of sharing maternity services information and attracting feedback on it. It is also an effective way to connect with a wide and diverse audience which would be ideal for tools such as surveys. There are many different ways to use Facebook depending on the desired outcome. For example, there are public and private page or group options, as well as Facebook Live which involves broadcasting real-time video. Professionals could use this feature as a way to hold live information sessions. Above all else, it could be a place for users to seek support from both professionals and other women and families.

As described in 3.1.6, other social media channels can interface with Facebook to enhance reach and channel mix options for women, families and perinatal professionals.

To ensure it is a trusted source of information, sufficient resource is required to consistently moderate the page or group. Some Boards are considering, or have made progress in, recruiting to an engagement and participation type role. For example, NHS Tayside are exploring this type of role and NHS Highland have recently advertised for a Public Involvement Officer for Maternity and Perinatal Services. These colleagues would have dedicated time to engage with maternity service users and support local maternity service strategies. The roles potentially could expand to incorporate the monitoring of local and national social media platform(s) as part of an engagement model.

As outlined in 3.1.2, the Northern Ireland ‘Maternity Forum’ model uses Facebook extensively, supported by a third sector partnership. Similarly, the Perinatal Mental Health and Change Agents Models outlined in 3.1.4 are supported by Maternal Mental Health Scotland. Third sector support also could be explored further.

Midwives could contribute to the 'trusted' status of the social media channel by introducing it at midwifery booking appointment and throughout pregnancy journeys as a source of peer support and promoting informed choice around whether or how to participate.

This option is fully digital and is based on how some Boards have been operating in the absence of a MVP/MSLC. It could include:

- A national Facebook page linking with local Facebook pages
- Administrators at national and local level to manage/moderate pages. Administrators would need access to clinical or management support and guidance to enable appropriate responses to clinical or complex questions or discussions
- National support and resources (e.g. the manager of the national page provides co-ordination and linkages with managers of local pages, guidance on online etiquette etc.)
- Publicising opportunities for feedback or involvement in specific pieces of work at local and national level, as required
- Facilitating discussions on key topics
- Use of Facebook Lives so users can hear from clinicians.

Pros

- Users may feel more comfortable contributing to discussions online
- Very effective for reaching a wide and diverse audience, including those who might struggle to participate in in-person meetings
- No need for venue hire or user representatives travelling
- If signposted early in the pregnancy journey, this could lead to a sustainable source of engaged pregnant women who may choose to participate in other forums or tailored engagement work during pregnancy and beyond
- Can be a tool for collecting feedback from women in real time during their care
- Inclusive, cost-free platform which can be accessed discreetly and at women's own convenience
- Women could engage flexibly and benefit from information or peer support discussions to the extent they choose.

Cons

- Breaks with existing MVP/MSLC approaches in areas where they have continued to operate well, with a risk of diminishing engagement in those areas (at least during the initial phase of moving to the new digital model)
- Digital / social media platforms may not be suitable for all women and their families and requires devices and a degree of digital literacy

- Lack of in-person interaction, which may be a barrier to some women/families
- Will sometimes rely on the user being willing to provide feedback without prompt
- Requires consistent moderation to ensure discussions are appropriate and based on accurate and reliable information
- Page managers will need to be very proactive in ensuring the pages are useful and engaging for users. This will require significant experience in digital participation and engagement, and dedicated time.

3.2.2 Option Two – Enhanced Maternity Voices Approach

Key Features

This model would continue the existing approach of MVPs/MLSCs, enhanced by an additional element of national digital infrastructure to create a platform for engagement and peer support, similar to digital channels described at option one.

Based on scoping findings, the following would need to be considered for this model to be sustainable:

- It needs to be embedded in maternity service infrastructure and endorsed by staff, so there is no reliance on just one or two people to support it
- The right balance between engagement online and meetings in person would need to be explored, which may need to allow for a degree of flexibility and regional variation, taking into account the differences in geography across Scotland
- Clearly defined roles for those involved (Chair, clinical representative, user representative and administrative support)
- National support and resources (e.g. consistent training for all Chairs and clinical representatives, branding, toolkit etc.)
- National meeting for Chairs from all 14 MVP/MSLCs to share good practice and resources, plus ongoing communication and support via a forum like Facebook (closed group)
- National meeting for Participation and Engagement colleagues from local NHS Boards and other groups or networks, such as Perinatal Mental Health Network, to share good practice and resources, plus ongoing communication and support via a forum like Facebook (closed group)
- Financial support for Chairs
- A channel through which national Chairs can access administrative support with, for example, diary management, secretariat and information governance
- Chair of the group(s) could represent and advocate for women and families in other forums, such as Scottish Perinatal Network Oversight Board, Core Steering Groups or Scottish Government and Best Start groups

- Consider practicalities of having lay Chairs e.g. use of non-NHS email accounts. Having a generic MVP/MSLC NHS email address to allow Chairs to organise Teams meetings could be more efficient
- Facebook page for users to supplement MVP/MSLC. This would help the group to reach a wider, more diverse audience. It would also help promote the group and could support the recruitment of representatives.

Pros

- A familiar model that is being used effectively elsewhere in the UK. Also familiar to NHS Scotland Health Boards, but with some tweaks to ensure sustainability.
- Facilitates the continuation of current good practice in MVP/MSLC in Scotland, maintaining and building on existing relationships and engagement
- Collaborative, national approach
- Opportunities for engagement and peer support through a range of channels
- Structured mechanism for gathering feedback
- A blended approach could provide accessible and consistent engagement options Scotland-wide, with improved scope for inclusion and diversity
- Maintains channels for in person discussions, which can sometimes flow more naturally than online discussions and potentially lead to enhanced insights. This may be particularly true of hard to reach groups, who may prefer to engage in-person within their own communities.
- Flexibility for Health Boards to find a locally sustainable and appropriate blend of in-person and digital engagement channels within a nationally consistent framework.
- Learning could also be drawn from the Perinatal Mental Health Network's Experts by Experience Reference Group and complementary approaches through which the groups could interface could be explored.

Cons

- Investment required to provide the co-ordination and support necessary for both in-person and digital engagement channels to work effectively
- Further exploration needed of how to recruit and retain MVP Chairs. Current MVP / MLSC Chairs have included suggestions for this within their high level implementation plan, attached at Appendix 3
- Will take time to fully implement
- Requires commitment from user representatives during a potentially challenging time in their lives

- Constant recruitment effort required due the transient nature of the pregnant population but if signposted early in the pregnancy journey, steady recruitment of new service user representatives is achievable.

National Maternity Voices England, with input from the Chairs of the Grampian MVP and Lothian MSLC, have produced a high-level implementation plan attached as Appendix 3, summarising how they could support an Enhanced Maternity Voices approach (option two) if it is the preferred option for Scotland. It includes a proposal that National Maternity Voices could facilitate the implementation of this model on a consultancy basis, as outlined here. It is important to note that this is an initial draft proposal, which would need to be explored further.

3.3 Added Value

It is important that the preferred model can demonstrate added value.

Delivery of person centred care via option one is reinforced through the sustainable resourcing of an accessible platform through which women and families can choose whether, how and how much to engage with each other and with maternity service providers.

For option two, the delivery of person centred care will be reinforced through the inclusion of members with a remit to represent, advocate for and strategically influence decision making groups.

4. Recommendations

As discussed in section 2.3, the challenges of implementing a maternity engagement model in Scotland have been consistently documented from around 2007. One possible explanation for these challenges could be that there has previously never been a strategic 'home' with maternity context for any engagement model. As recommended in The Best Start, the NMN for Scotland has now been established and sits under the umbrella of the Scottish Perinatal Network (SPN). Networks are used to bring together stakeholders across traditional professional and geographical boundaries to support a 'Once for Scotland' approach. The NMN could, therefore, provide the national co-ordination needed for the preferred model.

Furthermore, the previous MSLC/MVP model has relied on ongoing goodwill with limited operational support for Chairs. Listening to and learning from the experiences of long-standing user representatives and an adequate support infrastructure will be crucial for the credibility of the new national approach.

It is recommended that:

- the information gathered through this project should be used to progress option two, recognising the need for dedicated resource and capacity to set up and maintain an effective, sustainable infrastructure
- consideration be given to progressing a community engagement exercise to explore what women and families want and need from a national model, so

their views can inform its development and implementation. Appendix 3 outlines a possible approach for this

- Scottish Government liaise with the SPN and NMN to explore the possibility of providing the national co-ordination required for the preferred model. This would involve additional NHS staff resource to provide the required expertise and capacity to build and maintain the national engagement infrastructure
- further work be conducted to explore potential partnerships with third sector organisations, which may provide alternative means of delivering some of the expertise and capacity required to support the preferred model.

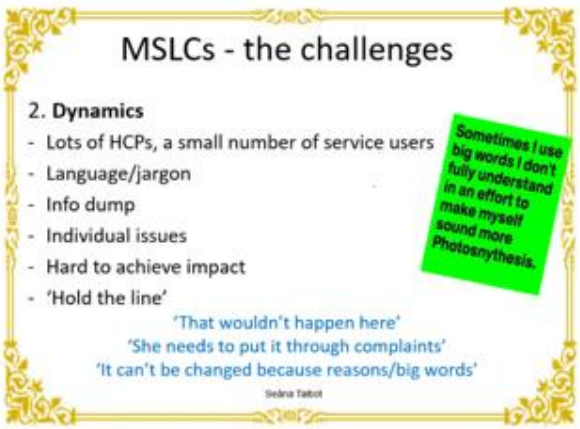
Appendix 1

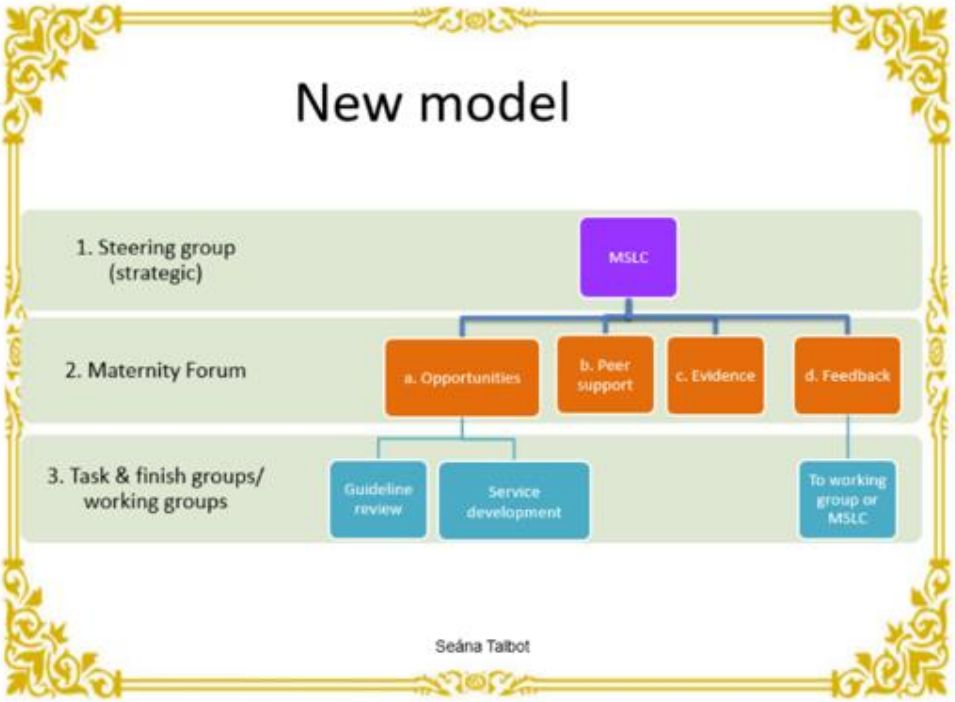
Maternity Voices Scotland Project – Engaged Organisations

- HIS Community Engagement
- Maternal Mental Health Scotland
- Grampian MVP Chair
- Highland MVP Chair
- Lothian MSLC Chair
- Tayside MVP Chair
- NHS Ayrshire and Arran
- NHS Greater Glasgow and Clyde
- National Maternity Voices (England)
- Northern Ireland Maternity Voices
- Birthwise
- NCT (Both UK and Scotland representatives)

Other NHS Health Boards and third sector organisations were contacted but were unable to facilitate meetings during the project timescale.

Appendix 2
Norther Ireland 'Maternity Forum' Model





Appendix 3

Scottish MVPs – Draft Initial Proposal of Development Ideas from National Maternity Voices England, in Collaboration with Grampian MVP and Lothian MSLC Chairs

In this document 'MVP' is used to mean any group similar to a Maternity Voices Partnership or Maternity Services Liaison Committee where service users work with NHS staff to review and improve maternity services.

Current situation

The HIS report (October 20) suggested 6 of the 14 health boards in Scotland had a maternity engagement group, either an MVP or MSLC. Of these, Grampian, Lothian and Highland Chairs have close ties. A social media group for Scottish MVP chairs and service user reps exists but is little used.

Grampian has recently recognised the need for local groups to engage with service users and has created 4 local MVPs based in Aberdeen city, Elgin (Moray), Peterhead and Inverurie where the birth centres are located. This has facilitated 'local people making local changes'. The groups also meet as a Grampian network.

Lothian MSLC is well established and functions relatively well but has no social media presence and struggles to engage directly with a wider range of service users.

In other areas, groups may have existed in the past or may still exist, but the current known MVP chairs are not aware of their existence and have no contact with them.

The Scottish government has commissioned a scoping exercise of participation and engagement approaches by August 2021. Lana Cathro is the project officer based in the National Maternity Network.

Suggested way forward

A meeting is convened where the key features of a new MVP structure and support needed are discussed. Attendees could present what they think is working well and what is missing from current arrangements. Invitees could include:

Current Scottish MVP chairs.

Service user representatives active in other areas nominated by heads of midwifery. The aim being to have representation from all 14 Scottish Health Boards.

Senior Midwives and other NHS staff with experience of service development with service users.

National Maternity Network and Health Improvement Scotland staff.

Such a meeting would be virtual, possibly in 2 parts, and facilitated by an experienced person to enable all to contribute to the discussion. It is suggested that

service user representatives are remunerated to attend. The output would be to identify priorities in the development of:-

1. A national structure/ framework for MVPs in Scotland
2. A national network supporting Scottish MVPs and their lay chairs
3. A national model for the financial support for MVPs and their lay chairs

National Maternity Voices (England) could provide:

Presentation on effective MVP models in England in both rural and urban areas. (e.g. Cumbria, Surrey and Manchester?) including models with remuneration of lay chairs.

Facilitation of the meeting including the use of breakout rooms for small group discussion, virtual white boards and other coproduction techniques e.g. fishbowl as appropriate.

Presentation on the support services available to MVPs in England. (Toolkit documents, ad hoc support, Social media groups, national meetings, training, mentoring)

After the meeting a supportive working relationship could be established with the MVP network in England. The nature of that and the extent to which NMV provides services to Scottish MVPs would be subject to funding.

Written by Louise Griew, National Maternity Voices with input from chairs of Grampian MVP network and Lothian MSLC.