

Response to  
Consultation and EQIA on  
Introduction of Proposed  
Clinical Response Model  
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**The Royal College of Midwives' response to the Northern Ireland Ambulance Service HSCT, Consultation and EQIA on the Introduction of Proposed Clinical Response Model**

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our answers to the consultation topics are set out below. We represent over 95% of practising midwives in Northern Ireland and have consulted widely with our members in formulating our response.

Our response will focus on the potential impact of these proposals on Maternity Services, more particularly in relation to services provided in Free Standing Maternity Units (FMU) and during Home births.

The RCM agrees that it is timely to change the current response model given changes in the demography of the population, the complexity of conditions that people live with and the changes in service configuration throughout the HSC and the Independent Healthcare sector. It is agreed that it is important to provide a more clinically appropriate ambulance response which targets the right resources to the right patients.

The New clinical response model identified in the document is based on extensive data from NHS England and has been independently evaluated on a continual basis by Sheffield University School of Health and Related Research (ScHARR). Whilst the call categories used in the NHS England programme will be used, it will be important that there is continual monitoring and evaluation of how this programme translates to the Northern Ireland context. The aims of the new Clinical Response Model identified in paragraph 3.14 are appropriate.

Engagement with Maternity Services is essential in relation to the additional questions asked as part of the triage software (AMPDS). To ensure the safe and effective use of the system, Midwives would require clarity as to the nature and number of additional questions to be asked and whether they are concise or extensive in nature. It is essential that any additional questions do not add any delay to the dispatch of ambulance support and that cognisance is given to the opinion of the attending midwife. Ongoing mandatory training for FMUs and for Home Birth situations depends on clarity around the processes required when summoning help to an emergency. This training could be enhanced by a multi-professional approach with the NIAS.

We note that in paragraph 5.21 that the intention is to develop 'Ambulance Quality Indicators' which evidence quality of patient care. It will be essential that these are developed using a 'co-production' approach, consulting with Maternity Services, Midwives and the women who access services, particularly those who access the services of FMUs or intend to birth at home.

It is important that definitions of 'serious maternity complications' are shared and discussed with the providers of maternity services to ensure that they are appropriately applied. It would be the view of the RCM that the person best placed to identify the seriousness of the complication would be the midwife attending to the women and requesting ambulance assistance. It would be an expectation that all 'serious maternity complications' would be placed in category 1 with an aimed response time of the 8-19 minutes outlined

**Karen Murray, Director Northern Ireland  
Royal College of Midwives 2019**