Increasing Healthy Start food and vitamin voucher uptake for low income pregnant women

Early Years Collaborative Leith Pioneer Site
Graham Mackenzie(1) and Angela Dougall, NHS Lothian
(1) @gmacscotland on Twitter/ graham.mackenzie@nhslothian.scot.nhs.uk

NHS Lothian

#Quality2016
#VideoPoster
vimeo.com/161217337

From testing to a system

1) We worked with one midwife to understand the process of signing a woman up for Healthy Start by week 10 of pregnancy (Mar 2014)

2) On identifying a simpler process to sign up we surveyed other midwives in the team and neighbouring teams (Apr – May 2014)

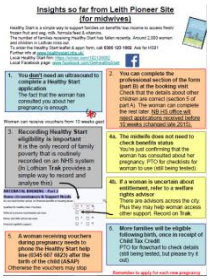
3) We put the lessons into a simple recommendation sheet and flow chart for pregnant women and their midwife (May 2014).

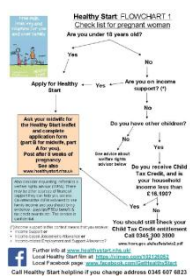
4) We kept testing as we travelled to other teams (May-Nov 2014)

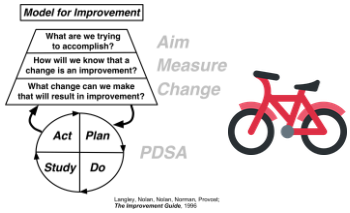
5) We started to produce team level reports, asking teams to look at key drivers (July 2014)

6) We focused on documentation of money worries on the electronic health record

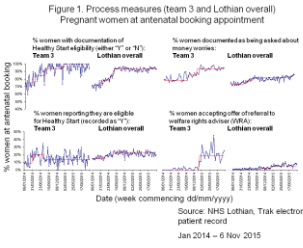
7) We automated referrals to welfare rights advisers in Granton Information Centre

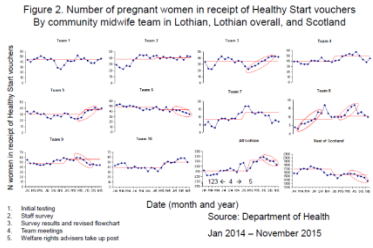


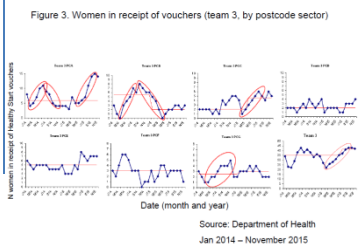


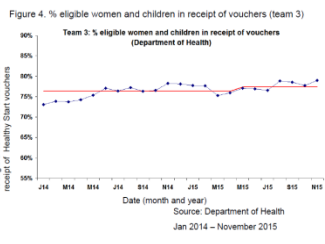


Results









Healthy Start food and vitamin vouchers provide support for low income families across the UK, but at least 25% of eligible women and children miss out. We set out to increase uptake, with an aim of 90% of eligible women and children (n~540 eligible, varying over time) receiving vouchers in the initial team's catchment area by Dec 2015 (team 3 in graphs).

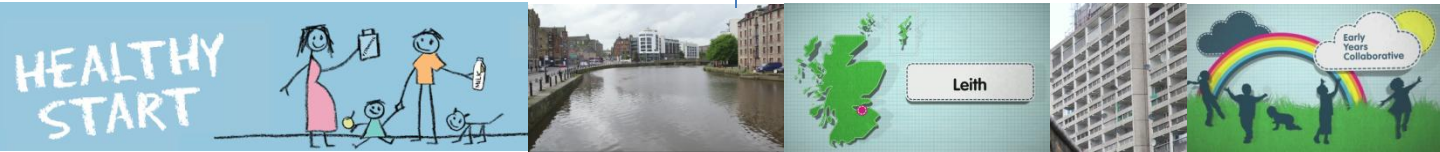
Process measures (documentation, sign up, referral) improved as shown in figure 1.

Outcome measures at team and whole area also improved as shown in figure 2. Comparing medians for Jan-Jun 2014 and Mar-Aug 2015 there was a 13.3% rise in voucher receipt in Lothian (increase from 313 to 355 women), versus an 8.4% decline for the rest of Scotland (fall from 1688 to 1546 women).

Figures varied by team and postcode sector as shown in figures 2 and 3. We identified staff, family and area factors to work on.

The initial aim proved unrealistic, as signing up a woman for vouchers increases both the numerator and denominator. Accordingly, the percentage uptake has not increased at a regional level (remains at 75%); the figure for the initiating team ("team 3" in graphs) has increased from 73.0% (Jan 2014) to 79.0% (Nov 2015) (figure 4).

We have continued testing, achieving recent increases in the number of women referred for welfare rights advice on benefits, tax credits, employment rights, childcare, and debt, securing on average £4,500 per client during 2015/16 (£404k for 89 clients by mid September 2015). Financial gain for families to March 2016 exceeds £1m across Lothian.

This improvement project, part of the Early Years Collaborative in Scotland, has had a measureable impact on pregnant women across Lothian. We have used improvement science to start to tackle the consequences of poverty. Success has relied on testing, an electronic maternity record, rapid dissemination of findings through direct engagement with clinical teams, and persistence. Our findings have relevance across the UK, particularly at a time of worsening finances for many families.

Paper accepted for publication in BMJ Quality Improvement Reports