

INTERVIEW TRANSCRIPT

PARTICIPANT SIX

DATE: 25th May 2016 TIME: 09:50am

Researcher – R

Participant – M (Midiwfe)

/ - speaks at the same time

= - immediate response

[] – non-verbal communication

Beginning on interview

R: So welcome and thank you for agreeing to take part in this research. I'm Naomi Simpson and I'm the researcher for the study, a case study of a maternity service development programme and its influence on maternity services and interagency collaboration. I will be conducting this interview and I would like to confirm for the recording that you've provided consent in writing, and then subsequently you've given me further verbal consent. The current date is the 25th May and the time is 9.50am. You've been allocated the participant number Participant 6. I will start with some general questions and then move on to the use of some vignettes. If you took part in any observational episodes, which you did, of data collection for this research I would encourage you to reflect upon this in your answers, if you can remember anything from that. Also if there are any examples outside of that observation as well. I do have a copy of your observational data here should you wish to see it for prompting. I have to say I haven't had any participants that have used anything for prompting really, sometimes it takes a bit away from the flow of the conversation but. OK, so my first question is what in your experience contributes to good working relations with the professionals in this Children's Centre?

M: Good working relationships. So, communication is obviously really important, they do little meetings that we do so the Children's Centre manager does a little meeting with me every so often, probably two monthly or three monthly where she just gives me a heads up of the groups that are going on here because they change a lot and any information that I might need to know. But equally I can ask and clarify things. The health visitors being next door is really good because weekly we get access to them and sometimes it's easier to pop round with your case folder as opposed to ringing them. Anything else?

1 R: Yes, so how would you describe your overall, your working relations with the professionals in this centre at
2 the moment?

3
4 M: Good. I think it's effective, yes. The only downside is there is no GP access, I don't ever go to the GP surgery
5 so from the health point of view that's missing a bit. So like the postnatal side of things with the health visitors
6 and the Children's Centre and the groups is good but antenatal side of things it's harder to contact the GP and
7 sort those little bits and bobs out.

8
9 R: OK, so what sort of bits and bobs would you need sorting out then?

10
11 M: So, the lady if she comes to you and she needs iron it's instead of like if you are in a GP surgery you could just
12 pop next door and say this lady needs iron and they could do it there and then and it's sorted. You have to get
13 the lady either ring up the GP surgery, can we get some iron and get put through to different people to different
14 people, you speak to other GPs who don't know anything about you and you have to confirm who you are – it's
15 just a little bit difficult. And the mental health side of things as well, there are a lot of ladies on my caseload that
16 have got quite a few different mental health issues and again liaising with the GPs is quite difficult sometimes,
17 we do it over emails, sometimes we do it over phone call but if we are on the same site it's so much easier to
18 pass them in the corridor and have a quick chat. So that's my only.

19
20 R: So have you, while you've been a community midwife have you ever worked within GP surgeries?

21
22 M: No.

23
24 R: OK.

25
26 M: Only covering a clinic of somebody else a couple of times. But no I'm always here.

27
28 R: You've never had an experience so you don't know, you haven't had a comparison where you've worked
29 within the Centres? I'm just wondering, yes.

30
31 M: Oh, yes, to see, hmm.

32
33 R: It would make sense to make that obviously more accessible the GPs if you are actually in the surgeries.

34
35 M: Yes. But then we've coped because we've got around it. There are ways it's just a bit harder, but yes [4 mins
36 30 secs].

1 R: OK. So you are talking a bit about communication and accessibility with the health visitors, can you give me
2 an example from your experience where you feel that that interagency working has been particularly effective,
3 so have you had any examples where actually you think the you're working the flow between working, you
4 know, you've got things done efficiently for a woman or you've had good outcomes?

5
6 M: Yes, so I picked up a booking and she was already 36 weeks, no 34 weeks when I found out about her and
7 she'd come from, did she come from another country or somewhere else, she hadn't had any previous
8 antenatal care and I picked her up at 34 weeks, it happened to be the day they were next door so I know first
9 baby that they seem them at about 34 weeks so I could just take all of her stuff straight next door and say, look
10 I've picked up this lady, obviously you guys are going to need her quite soon and I could give her all the history
11 that I knew, so that was quite a good handover and then obviously they were able to contact that lady that day
12 as well and sort things out, so she had things sorted quite quickly. Whereas I suppose if we weren't here it
13 would have been a voicemail left on a phone and then is it a week until that's picked up, so that was quite good.
14 She got carer sooner.

15
16 R: OK, that's good. So I know there are a number of midwives that work from this centre aren't there, so do they
17 all have their clinics, sorry re-phrase. So when all of you have your clinics do all of you have accessibility to
18 health visitors?

19
20 M: No, only me!

21
22 R: Oh, right, OK.

23
24 M: Because they do their clinic on the Wednesday afternoon. They do the odd one so you might get a random
25 health visitor in but they might if it's not their woman they'll just pass on the message, whereas there are a
26 good three or four in there, so somebody will be able.

27
28 R: So that's quite helpful. Can we elaborate a little bit about, also you were talking a bit about the
29 communication side, so you obviously have direct face to face communication with the manager occasionally –
30 can you elaborate on how else you think the communication might help your working with anybody within the
31 Centre? I mean think about the communication you do use and then maybe talk a little bit about that for me.
32 Does that make sense?

33
34 M: Like what? No.

35
36 R: OK, so different forms of communication, what different forms of communication do you use with anybody in
37 the Centre?

1 M: It's probably only face to face. I don't ring them, have I ever rung them? They've rung me actually no they
2 have rung me, no they have. So, they've got my mobile when they've got concerns.

3

4 R: So they, would that be the health visitors or the Centre themselves?

5

6 M: No, the, I'm trying to think what [CFP ROLE] role.

7

8 R: So she's a child and family practitioner, isn't she?

9

10 M: Yes, so she has phoned me a couple of times to talk to me about clients that have come into see her and
11 she's thought oh I'm not very happy about that, I'm a bit worried and phoned me. So I suppose phone call is
12 another one.

13

14 R: But you don't tend to, or do you tend to use emails at all?

15

16 M: No, not with the Children's Centre. It never occurred to me.

17

18 R: Well no but then if you are not needing to you don't do you.

19

20 M: I don't think I do because I'm here weekly and if it's urgent they've got my numbers so they can shout
21 sooner if they need to.

22

23 R: So it does tend to be face to face communication?

24

25 M: Yes, yes.

26

27 R: I don't want to lead questioning but that seems to be then sufficient enough for you but you are not having
28 to use any other means of communication?

29

30 M: It works, it works.

31

32 R: OK, good. That's great. So, how about the documentation you use? So, I just want you to think about the sort
33 of documentation you do use in your every-day working and if you were to need to potentially refer anybody
34 such as interagency referrals, single assessment frameworks, things like that. Does that help contribute towards
35 a good communication link between those others that would use those forms?

36

37 M: I don't know. The interagency form for social care, so that I always complete on the computer and send it off
38 to wherever it needs to go but I, but PARTRIDGE CITY Social Care aren't very good with their communication. I

1 don't find you can get hold of who you need to and messages are left and nothing happens and you still email
2 them and that doesn't work, and you phone and you write and that's not good. So midwife to social care is poor,
3 I would say that's really poor communication.

4
5 R: What's the implications of that then?

6
7 M: So meetings might be missed, so if I do a referral – so I'm worried about somebody and I do a referral, our
8 PARTRIDGE CITY Safeguarding team know about it, in a couple of weeks' time I phoned to chase it up I get told,
9 oh, yes, it's gone to such and such a team, and I'm like OK can you put me through to that team? And the they
10 eventually do and then they go, oh no it's so and so they're not working today, and it's like OK, can I speak to
11 the duty or whoever is dealing with it. Oh, well there's limited information and we don't know we can only see
12 what's on our system and then it's sort of like, OK. So then you say, can they call me back and then they don't,
13 so then a few days later you are chasing it. Then meetings sometimes they get missed – I remember they did, I
14 can't remember what a meeting type, but you know like the core groups or the TACs, something was missed
15 and they were like you didn't come to it and I said well I didn't know anything about it. I did phone several times
16 to find out what the result was but nobody informed me that was happening.

17
18 R: So does the documentation you use itself, what are your thoughts about how user friendly it is?

19
20 M: Yes, I'm quite happy with the form and how to do it and emailing it off I think is great, that's really easy. It's
21 easy to get the information there but my difficulty is getting it back.

22
23 R: OK. Is there any other documentation you use, is there anything that will cross over between you and the
24 health visitors?

25
26 M: No, because we do that with our monthly meetings but the dieticians we refer to them, so again that's done
27 via their community email link, goes to somewhere and then they write to the women. Where else do we go
28 that's out of the, the smoking referral that's out of hospital and something else, the physio that's now out of
29 hospital isn't it, down at St Mary's.

30
31 R: Yes, I think it has changed hasn't it for outpatients, yes.

32
33 M: Is that what you mean?

34
35 R: Well I'm talking more about referrals within the Centre still, so what happens if you would want to refer
36 anybody to any of the?

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38 M: Have a bit more support?

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R: Yes, yes, the Centre staff.

M: So that was quite interesting because the forms I was given were about three years out of date apparently.

R: Oh, really?

M: So I filled one of those in and handed it into the girlies here for some extra support with one of the parenting groups and bits and bobs that they do, and then found out that wasn't the right form so then I got the correct form but then found out that it doesn't get handed in here it needs to be sent to somewhere else like a head of the Children's Centre or something. And then they then dish it out to whoever needs to know about it, so I think it then comes back here which I was like well that's really.

R: Doesn't make sense.

M: Yes, and then sometimes they don't meet the threshold for the things and you are kind of like but I think they do!

R: So are there clear guidelines about what thresholds need to be met to refer then or is it quite grey?

M: I don't know. That might be me just not knowing about it but I haven't seen any.

R: OK. Could you suggest any ways in which the paperwork you use the referral forms, general documentation, you use could help to improve communication?

M: It might be nice to have a little flow chart to tell you what to do, where to send it, that would be nice, what form to fill in, who to give it to or where to post it to. But then why if it's here I don't see why it's got to go off somewhere else and come back, that seems really strange. Could you it not be dealt with here? The woman's address is here then it's going to come here so I don't.

R: You say overall they're generally user friendly so they are designed so you can fill them out OK?

M: Yes, they're alright.

R: And terminology, there is no issues with any potential terminology cross between any?

M: No.

1 R: No, great, OK. So, talking a little bit about your role as a midwife, so in your experience how do other people,
2 so when I'm talking about people it is primarily again the staff that work here, so the core Centre staff, health
3 visitors, social workers – how do they perceive and understand your role and responsibilities in terms of caring?

4
5 M: I really don't think they have a clue!

6
7 R: Oh, really.

8
9 M: That sounds horrible.

10
11 R: No.

12
13 M: But I really think that they think that we do Monday to Friday 9am – 5pm and when they can't get hold of us
14 sometimes the messages it's kind of like, I don't work every day.

15
16 R: Right, yes.

17
18 M: Or it's like I've been trying to get hold of you for three days and it's like actually I've been on nightshifts and
19 weekend work. So that's quite hard.

20
21 R: Can you give me an example of that then, so?

22
23 M: A little while ago there was a health visitor left me an urgent message about safeguarding on my phone. My
24 phone does have, if it's important please phone this number, but that was ignored and I picked up this message
25 about they'd done the referral or there was something going on and anyway they phoned me back and said it's
26 been three days, what's going on, what's happening and I was like I haven't been here to know what's
27 happening. I remember explaining at the time, we don't do Monday to Friday 9am to 5pm we work a whole load
28 of shifts. But another example is a lady was due to deliver and it was just discovered that there were loads of
29 things going on so they wanted a CAF assessment that's now a SAF assessment, isn't it?

30
31 R: Yes.

32
33 M: And one of the health visitors was trying to get me to do it and I was kind of like, she's 38 weeks and she's
34 going to deliver and you are already in her care now and you've seen her and she's on your books and you are
35 looking after other children with her, I think you would be more appropriate because I'm only going to see her
36 for a couple of weeks and you are going to see her for the next two years. Also, I think that they do have a bit
37 more time to do things whereas with a majorly full clinic you can't just like the next week suddenly block
38 something out, it's all got to be lots and lots of planning, so that was a bit interesting. But then there's another

1 health visitor that will do them and will sometimes do some of ours, she'll take them over a little bit early
2 because she knows they're coming through the door and she's more than happy to do that because she says
3 that she's got more time to do it and she does it in their house environment, whereas we don't do home visits
4 antenatally so they've got that advantage that they can see a slightly bigger picture I think of what's going on.

5
6 R: So, the first health visitor you were saying you asked them to do it, so did they take over and do that SAF?

7
8 M: No, I think we had to do it. I did it. I got taken off something and we did it with the safeguarding team came
9 and did it with me. Then she promptly delivered and it was like well she's, there you go.

10
11 R: Yes, there you go.

12
13 M: It was very strange, and then of course they kind of then do like another sort of one because then that
14 health visitor needs to know what I've done and said and the woman is like well I've just told [MIDWIFE] this,
15 why have I got to go and tell you the same thing. And it was like, well we kind of said that's why you should do it,
16 but, hmm.

17
18 R: OK. How about, so you mentioned a little bit about when people, you feel there's a misunderstanding around
19 actual practicalities like your working hours how about the role and your involvement in care itself? Do you the
20 people you work with have a grasp of your scope of practice with their service users?

21
22 M: I don't know.

23
24 R: Yes, well, no if you.

25
26 M: I don't know what they know. I don't know.

27
28 R: No. How about what about do you think you've got a good grasp of the roles of others then in the Centre, in
29 contrast?

30
31 M: I think I should have a better grasp because it's limited but I don't know if that's a time thing because you
32 chat and asking about what you are doing and what goes on but no I don't think I know completely what
33 happens.

34
35 R: So, do you think that would have an impact on potentially then if you wanted to refer to somebody?

1 M: Yes, because then you wouldn't know exactly where you were going, would you? Maybe that's why I was
2 having difficulties of trying to hand the letter in to them thinking oh well it's the Children's Centre and then not
3 because it's going somewhere else.

4
5 R: But it's not made particularly clear, do you think, other people's roles? Do you think anything could be done
6 so that each other had a greater understanding of different professional roles or do you think actually it's not
7 realistic?

8
9 M: It would be useful but I don't know how that would happen.

10
11 R: Yes. OK. We'll move on to another question, so to what extent has working within the nurture programme
12 helped others understand your role? So when I'm talking about the nurture programme I'm talking about
13 changes in configuration, basically moving midwives in Children's Centres, so I know you've not necessarily been
14 working in GP centres but do you think being located within the Centre has impacted on how others see your
15 role?

16
17 M: Others see my role.

18
19 R: Or do you think if they've actually got a limited understanding of your role anyway do you think well that's
20 still the case?

21
22 M: Yes, but it's hard isn't it because I suppose I haven't done the other side of it. I think they see you as health,
23 you are health, classed as health so we're all sort of under the same bracket like the health visitors, midwives
24 and very much sort of health, so you must know everything about everything and it's kind of a few times we've
25 explained no the midwife not a nurse, not a doctor, that's not my role. So, yes, maybe they don't know roles,
26 that kind of links with that doesn't it.

27
28 R: So, what are your thoughts on being viewed as a health professional? Do you think, yes, that fits or actually
29 no, no, you know?

30
31 M: Yes, we are health professionals but very, we're kind of we're women who are well so we're not ill health are
32 we and I think – is that what you mean?

33
34 R: Yes.

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36 M: I think because sometimes we're associated with ill health.

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38 R: Ill health, yes.

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M: And we're not really.

R: OK, how about to what extent do you feel the nurture programme bringing you into the Children's Centre has enabled you to work more effectively with other agencies and professionals?

M: I don't know if this fits with what you are saying but when the women come here it's easier to show them what's available and they are more likely to take it up because if they are actually, they've come here so they know where the classes are and they're kind of like OK I've been there, so that's a familiar place and then they meet some of the staff if they are signing in or they're wandering around and like the posters are up so they can see what's going on so I think it does make them engage more with here. But I don't think that answers what you said, does it? What did you say?

R: So, that's still a really interesting point. So obviously you are saying that being here has helped your women.

M: Yes.

R: Maybe engage more with the services.

M: Those that have got previous children because obviously their little ones are running around.

R: How does being here influence your ability to work with others in the Centre though? So, the health visitors being here.

M: That's good.

R: You are talking a bit about accessibility and actually you can go in so obviously would that happen if you were in GP surgeries?

M: No, because they are here, aren't they?

R: Yes, that's it. So, I'm just thinking has it had a positive or negative influence on how you are able to work with other professionals?

M: Both. So the positive for the health visitor side of things and then the negative for the lack of the GP.

R: Yes. Not having worked in a GP surgery I know you haven't had any experience of a GP but would you preference therefore then be to actually be in a GP surgery or?

1 M: I don't know because I've only known this so I've got round the GP issue through the emailing and the phone
2 calls so I'm quite happy here with my health visitors because I think they, I don't know, no I'm happy here with
3 the health visitors and the Centre staff.

4
5 R: Do you think being here actually enables you to provide the appropriate care for your women?
6

7 M: Yes, definitely.
8

9 R: OK. Can you talk a little bit, so you've talked a bit about working relations and the accessible, so do you see
10 your role as a midwife as a particularly collaborative role?
11

12 M: Do you mean drawing on?
13

14 R: Drawing on other services?
15

16 M: Yes.
17

18 R: Do you think it's a major part of your role?
19

20 M: You have to. Yes, definitely.
21

22 R: So you definitely think it's have to, so you don't think you could do your clinic and really, well get away from
23 direct collaboration? Do you think it's necessary?
24

25 M: You could do it but it wouldn't be effective, the women wouldn't get the care and it wouldn't work, so no,
26 you need, yes be part.
27

28 R: Do you like working within that collaboration?
29

30 M: Yes.
31

32 R: Is it a pain in the backside or is it?
33

34 M: Well, it's hard sometimes like the trying to get the information back from some agencies but I don't mind,
35 I've got quite used to it now.
36

37 R: OK. What we'll do is we'll go on to these, we'll use these scenarios. So I've got three scenarios basically, I
38 want you to have a read of that for me and then we'll go over the questions together.

1

2 M: OK.

3

4 R: So our first question is, what are your views on what inhibits effective communication between professional
5 agencies? Obviously within this scenario GP really would have been potentially helpful if that GP had let the
6 midwife know.

7

8 M: Hmm.

9

10 R: So what do you think inhibits that communication say between you and a GP or you between other
11 professionals?

12

13 M: This has happened to me! So not found out about the mental health. I wonder whether that's the lack of
14 face to face and the GP having never seen who the midwife is don't know who the midwife is and we're kind of
15 not, we're there but they don't know who we are. I don't know how to explain it. So, not that they don't feel
16 important, maybe they don't know who they need to contact because they don't know who it is. And then when
17 we're ringing up why they are a bit unsure of whether to give information because we're just a name, they've
18 never met us maybe?

19

20 R: Yes.

21

22 M: But we've all got our NHS.net so I don't see why they couldn't just ping off an email or phone.

23

24 R: Have you ever found where it's so in this scenario we're trying to get somebody to communicate with us have
25 you ever had it where potentially you've.

26

27 M: The other way around?

28

29 R: Yes.

30

31 M: So they're trying to get something from me?

32

33 R: Yes, and you've been actually well maybe, or that might not have been the case.

34

35 M: Yes, but I tend to, like [GP STAFF] is at the GP and she is my contact and I phone her every week to see what
36 the bookings are and just touch that base really and if there are any safeguarding we share about that.

37 Sometimes she'll ask me about something and I can't do it right now because I don't have the computer or any

38 of that side of things but I can have it there within, sort of like the next time she phones I've got the information.

1 So I suppose she might find that frustrating because she thinks, oh I've got to wait a week now before I find out
2 what's going on, so yes, that does happen doesn't it. Or maybe I don't know the answer.

3
4 R: So do you find not having a computer here a particular problem?

5
6 M: Yes!

7
8 R: Right.

9
10 M: Big time. Big time. Blood results, yes, it's lovely they get sent to us via post but they don't always come on
11 time and the glucose test ones never come to us, we always have to print those off. I would like to think I'm
12 organised but sometimes like the odd one does slip through and they come and you open up the folder and you
13 go on no I haven't got this one, that one. Then it's either phoning the hospital and then they're really busy if you
14 are phoning B5s so then they're like oh we can't do it right now and that's fair enough, they're busy. So then
15 you ring our office and they're like, oh no we're up to our eyeballs as well, we can't do it we'll take a message.
16 And that's fine but then does the woman hang around and wait for that result because I might need to take the
17 blood again if they've rejected it. If I had a computer I could just, da, da, da, and it's done isn't it. Equally with
18 missed appointments, so if they don't turn up I can have a look and see if they've miscarried or if they've
19 delivered and then that cuts down on that awkward phone call of something horrendous has happened and I
20 know now whereas I have my massive list that we tackle when we get back and I just think it's such a waste of
21 time because I could just do these little bits now and get them done and dusted and I'd have more time to do
22 different bits.

23
24 R: Yes, OK. So considering just what we talked about communication there, what are your views on what might
25 make communication easier between different agencies? Is there anything?

26
27 M: All being in the same place! But I don't know if that is possible. Or some sort of, I don't even know if a
28 meeting would work, I don't even know, not everyone would be able to get to that on the same day at the same
29 time. Ideally everybody in the same place with regular meetings but reality I don't think.

30
31 R: I was going to say even with the best will. Do you think it's likely that you are ever able to get everybody in
32 the same place then?

33
34 M: I don't think the GPs will never be able to leave their clinics, will they ever and they're quite a big point,
35 they're quite a big you know with the mental health and the iron and I don't know if they've got other things
36 going on and the safeguarding, it would be really good to sit down with them and say I've got this lady, got that
37 lady and da, da, but I don't think that will ever happen.

1 R: OK. Alright, let's go on to number two. There you go, have a read of that for me.

2

3 M: Hmm.

4

5 R: OK, so to what extent do you consider that you are able to meet the health and social care needs of this
6 family?

7

8 M: So, this is housing isn't it?

9

10 R: Yes, so they're a couple who are both potentially vulnerable, the housing itself is one of the vulnerabilities but
11 yes, but she's still pregnant, she's still under your care at the moment. To what extent are you able to meet
12 their needs?

13

14 M: So, that would be the social care referral, you can't go straight to housing, they don't want to know it's got to
15 be through social care because potentially she's going to be homeless with a baby and that's not good. So are
16 social care refusing to acknowledge?

17

18 R: Yes, they're saying she's no longer in our care.

19

20 M: So, in that case I would get the safeguarding team to really fight my corner because they shouldn't ignore
21 that. So really we can only refer really and fight your corner, you can't, that's it.

22

23 R: So just talk maybe about your role, your role is you are normal midwifery care obviously for this lady.

24

25 M: Yes.

26

27 R: But then all the social, so you think you would refer to social care but then if they're not interested go to your
28 safeguarding team?

29

30 M: Yes.

31

32 R: Yes, completely. So, what's your understanding, I mean we've gone over this a little bit so it is a little bit of
33 repetition but your understanding about the agencies professionals, so knowing a little bit about their role and
34 who to refer to so you think, do you feel your understanding is good enough that you know that you would
35 definitely have to refer to social care?

36

37 M: Yes. Yes, so it would be definitely social care but you could – have they got other children? They haven't.

38

1 R: I don't think so, I think I omitted that just for generalisation.

2

3 M: Yes, so social care would be the main ones because then they would get their core group meetings and draw,
4 they would get the housing in and anybody else that needed to be there. Then once little one is here they would
5 probably benefit from some groups that go on here to keep them involved and to keep them, so yes.

6

7 R: I was going to say would you refer them to the Centre staff as well?

8

9 M: Yes.

10

11 R: Yes, OK. Are there any challenges that you would anticipate in achieving the appropriate level of care for the
12 family? So obviously we say there are going to be challenges getting social care involved in the first place – any
13 other challenges you perceive that you might come across?

14

15 M: No, I wouldn't, no, I don't think.

16

17 R: That's OK, absolutely fine.

18

19 M: Antenatal would be fine. No, it would just be social care.

20

21 R: OK, no worries. I tell you what let's move on to our third and final, there you go, have a look at that for me.

22

23 M: Uh-huh.

24

25 R: OK, so in your experience what are the advantages of being colocated with other agency professionals in the
26 same building?

27

28 M: It's easier to hand over the information and share it. There was, I had a lady who had a learning disability
29 nurse because of her learning difficulties but at the time she didn't want anything to do with her but actually
30 after finding out where they are because I had no idea where the learning disability team was or how to contact
31 them, and then after bringing them together the woman actually realised that, yes, she would like that input.
32 That's not the question though.

33

34 R: No, no, that's, it's good to use examples.

35

36 M: So are you meaning just together?

37

38 R: Yes, so the advantages of you being located here.

1

2 M: Oh, so we've.

3

4 R: We've talked a little bit about accessibility and that as well, so.

5

6 M: Yes, I think I'd just be repeating the same.

7

8 R: So all just about being easily accessible with the other professionals?

9

10 M: Yes.

11

12 R: Again, so I know you've said about in your experience are there any limitations to collocated working, you've
13 talked about obviously the limitation is that you are not there with your GP.

14

15 M: Yes, not everybody is there.

16

17 R: Any other limitations, any other problems you find that being here? Thinking about the computer.

18

19 M: Lack of computer.

20

21 R: Thinking about equipment as well, paperwork, do you have everything here?

22

23 M: No, I have to carry everything. I've got my little cupboard with a few little bits and bobs in it but this
24 particular room is not really a very good clinic room and the couch is not particularly very clinical either, I can't
25 raise it up or down it's at one level. There's no worktop or anything so I've got a makeshift box that I put my [36
26 mins 34 secs] and everything on and I always have to bend, there is a little thing on the floor, like bending down
27 to get that. Actually the table, you know that long thing that was there last time, that sideboard?

28

29 R: Yes.

30

31 M: See, that's where I weigh babies, that's my scales and changing thing, so I haven't got one of those now.

32

33 R: I was going to say what's happened then?

34

35 M: I don't know, they are having a re-change. The creche is now next door. I have said I kind of need that back
36 because if I need to weigh a baby where am I doing it?

37

38 R: You've got no surfaces.

1

2 M: So yes, I've worked in Children's Centres that have a proper clinic room and it's so much better. You've got
3 the proper taps and proper everything going on. I have a tap and a sink but it's not as great as it could be.

4

5 R: What about other resources within the Centre? Do you think there's a good amount of resources for finding
6 out info or for passing onto women or is that a bit of a pain?

7

8 M: They have leaflets and posters around which, photocopier I can use that, that's good. That saves a job when I
9 get back but, yes.

10

11 R: OK. OK, well that's awesome. I mean we've pretty much speed through quite a lot of stuff here and I
12 apologise but it's probably due to my fuzzy head that I'm not questioning you as much. OK, well is there
13 anything because we've actually gone through most of our questions here, is there anything else about your
14 thoughts or opinions on your collaboration for your women? I know how you said that you obviously feel it's
15 essential for women to get their care, so you've obviously got quite positive thoughts about that. Anything else
16 that you want to say that we haven't mentioned?

17

18 M: No, just that if you are wanting the midwives in the Children's Centre to have a proper clinic room with lots
19 of space and worktop to do what we need to do would be fabulous. I've kind of got the GP thing sorted but you
20 need to establish a bit of a GP thing really.

21

22 R: So you feel that establishing that GP link is essential?

23

24 M: Yes, but social care aren't here. I've never, never, never met a social worker here.

25

26 R: So, have you never had any sort of team TAC meetings here?

27

28 M: Yes, I have.

29

30 R: Yes, OK, but the social workers haven't.

31

32 M: No, because it was lower level so it was TAC so they weren't, they were aware but they don't attend them.
33 We've had to fight to get the meetings here as opposed to, because down at the Civic is where they like to do
34 them but I had a lady that it was impossible for her to get down here so we did actually arrange for her to come
35 here but that was quite tough and I was like well it's the woman, why can't, you are the only one down in the
36 city, we're all up here why don't you come up here to us.

37

38 R: Be a little bit accommodating.

1

2 M: Yes, because we have a room, so, yes, they could be a little bit more nicer and come up here a bit more.

3

4 R: Do you feel that you've got, have you got quite a bit of social care involvement with your caseload?

5

6 M: Oh, yes.

7

8 R: So it's not like oh just one or two ladies?

9

10 M: Oh, no, no. It's lots.

11

12 R: OK. What else do you think might make it better to work here apart from a proper clinic room?

13

14 M: A proper clinic room.

15

16 R: Computer.

17

18 M: Computer with access to ICE and everything.

19

20 R: Is that likely?

21

22 M: That wouldn't happen, that would not happen.

23

24 R: I was going to say because that would still have to have hospital passwords and everything wouldn't it?

25

26 M: Yes, so that wouldn't happen.

27

28 R: Is there any way you could get better links to find out blood results and things like that? Because have you
29 got your phone, are they suitable for like emailing should you need to email?

30

31 M: I've still got my Blackberry and emails have now gone. I've had a message to say the iPhone is ready but
32 some girls get their emails some girls don't, so I don't know how effective that is. But even then if you are
33 pinging off an email someone might not answer it.

34

35 R: Yes, true. You say you don't particularly use emails a lot anyway, do you?

36

37 M: I do with social care to document what I've done because it's sort of a paper trail isn't it but no, health
38 visitors and that I'll ring them.

1

2 R: Yes, but nothing else you can think of that might make working easier?

3

4 M: To be able to park on site with all our equipment! But no, not like.

5

6 R: Not like with the working.

7

8 M: No because we do like little meetings don't we, we discussed the kind of get to know each other's job roles

9 but then how is, when is that and how is that going to happen. No I can't think of anything.

10

11 R: No, that's fine. OK, well I'll tell you what let's wrap up there. We've reached a suitable stage to now end the

12 interview, I'd like to take the opportunity to thank you for taking part in this research, thank you very much.

13

14 **End of Interview**