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**TO WHAT EXTENT IS MARKETING ESSENTIAL  
TO THE SUSTAINABILITY OF MATERNITY  
SERVICES WITHIN EAST CHESHIRE**

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I would like to thank my family, especially my husband Paul who encouraged me to undertake this MBA and who has continued to support me throughout.

Also a big thank you to those lecturers at Chester University who have inspired me to be and do more...

## ABSTRACT

The research undertaken by the author will address the question **“To what extent is marketing essential to the sustainability of Maternity Services within East Cheshire?”**

The aim(s) of the research are:

- To understand contemporary literature on marketing within the National Health Service (NHS)
- To critically analyse the concept of marketing maternity services
- To investigate a strategic marketing pathway in relation to the sustainability of maternity services within East Cheshire
- To draw conclusions and make recommendations for future marketing strategies to ensure the sustainability of maternity services within East Cheshire

Marketing within the NHS and specifically maternity services is not common place in a traditional sense although perhaps the concepts and strategies outlined by academics such as Porter, Kottler and Ansoff can be transferred to this area with a beneficial effect.

This piece of work is guided by the research aims and looks to seek out relevant information regarding the selling of products in the market place and attempts to analyse its effectiveness within the NHS and maternity. By the author’s involvement in the real time implementation of a private midwifery service within an existing maternity service, a combination of deductive and inductive techniques are used demonstrating a phenomenological approach to the research. Through personal interviews and completion of a questionnaire, the author gained insight into the current practice within the organisation’s geographical area, essential in the decision making process of where to begin the implementation of the new service.

Following implementation of the private midwifery service, the author evaluates the process utilised during the change management, discussing lessons learned and providing recommendations transferrable for future projects. Key findings in the provision of care, however, provide minimal data after one month as the private midwifery service is yet to

become fully functional due to delays in its implementation. Uptake, however, is good and two women are enrolled in the service due to success in marketing the new service.

**Declaration of Own Work**

This work is original and has not been submitted previously for any academic purpose. All secondary sources are acknowledged.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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# CHAPTER ONE

## 1. Introduction

### 1.1. Background to the Research

#### *Outline of maternity services at East Cheshire*

The maternity service at East Cheshire has approximately 2000 births per year, it is a NHS organization which currently celebrates one to one care in labour, high breastfeeding rates and advocates midwifery led care for low risk women. The philosophy of providing family centered care is designed to meet the client's individual needs and wishes throughout pregnancy, childbirth and the early days of parenthood. Ensuring women have access to supportive, high quality maternity services which are designed around their individual needs (DH, 2004) is a priority as the Maternity Matters framework highlights the Governments continuing commitment to developing high quality, safe and accessible maternity services, (DH, 2007).

Corporate objectives set by East Cheshire Trust include the achievement of financial sustainability with the vision of an integrated health service for the local population (East Cheshire NHS Trust, 2012). In support of this agenda, the maternity unit must develop a strategy which demonstrates introspection of the service it provides, displaying opportunities for improvement and business acumen, and highlighting the strategic direction which will increase market share and showcase innovation in midwifery/obstetric care. Added to this is the challenge that in the current economic climate there are plans to reconfigure maternity services within Greater Manchester (DH, 2007b), which if they come to fruition will result in maternity services at East Cheshire vying for the same market share as large "supercentre" hospitals as well as with the private enterprises which currently exist offering packages of personalised maternity care.

Unable to make cost savings from procurement or staffing due to previous implementation of lean working, maternity services at East Cheshire has considered diversification into private enterprise to be the key to the generation of extra income. With private institutions already offering packages to women who would prefer to pay for an individualised service

and continuity of carer, it is proposed that a similar practice could be facilitated at East Cheshire with only a minimal cost to the current service and with no disruption to the high standard of midwifery care already provided at the author's hospital.

Supported by research, continuity of care enables a midwife to build a meaningful relationship with a woman she cares for (Anderson, 2002), with midwives who work this way empowered to practice to their full potential, thus increasing job satisfaction and self esteem (Godfrey, 2002). With caseload practice the best way to ensure continuity of carer (Warren, 2003), maternity services at East Cheshire will be aiming to capitalise on this pathway by offering this private service to low risk women.

## **1.2. Research Question**

Although developing a new service is essential in ensuring financial sustainability for East Cheshire Trust, the author acknowledges that any strategy will need to incorporate how it intends to sell the service to its stakeholders; begging the question as to what extent would marketing play in the success of any strategic venture.

In view of this, the aim(s) of the research are:

- To understand contemporary literature on marketing within the National Health Service (NHS)
- To critically analyse the concept of marketing maternity services
- To investigate a strategic marketing pathway in relation to the sustainability of maternity services within East Cheshire
- To draw conclusions and make recommendations for future marketing strategies to ensure the sustainability of maternity services within East Cheshire

## **1.3. Justification for the Research**

The research literature review is a systematic, explicit, and reproducible method for identifying, evaluating, and synthesising the existing body of completed and recorded work produced by researchers, scholars and practitioners (Fink, 2005). Undertaking the review of contemporary literature on marketing within the NHS, the author will build knowledge and

provide an intellectual context in which to base any strategic advancement. Benchmarking other similar organisations within the country will enable the identification of the contribution that maternity services can offer women in East Cheshire and provide innovative ideas in the sharing of good practice.

Critical analysis, a persistent effort to examine any belief or supposed form of knowledge in the light of the evidence that supports it and the further conclusions to which it tends (Glaser, 1941) will allow the author to reflect on current marketing strategies within East Cheshire Trust and other organisations. In determining their effectiveness at marketing, the author can look to implement a strategy within maternity that will ensure financial sustainability and be aligned to corporate strategy within East Cheshire Trust, acknowledging the importance of marketing in any strategic success.

#### **1.4. Methodology**

By adopting an induction research approach the author will define the research aims as above, collect data on the subject (literature review), make sense of the data and contextualise the findings with what is already known and understood. This approach has been selected so that following analysis of the data, the author can compare and contrast the findings with theory and archival research and make relevant and robust conclusions, with recommendations for future improvements.

Descriptive in nature, the aims of the research will examine the elements of marketing already utilised within East Cheshire by the use of a semi-structured interview and 5 questions, advocating a qualitative approach due to the non-numerical nature of the questions. Not suitable for this research, a quantitative method of approach would limit any deep understanding or exploration of the concept of marketing, supported by Alderson (2001) who advises that through the inductive, interactional and holistic goals of qualitative research, people's views and experiences can be further explored.

## **1.5. Outline of the Research**

### *Literature Review*

This section outlines the literature search that was undertaken to increase the author's knowledge base in relation to marketing within the public sector.

### *Methodology*

This section considers the methodology of the research approach and discusses in detail the justification for the induction method chosen to answer the research question.

### *Findings*

To answer the research question the author will be utilising elements of both primary and secondary data retrieval. This section will present the analysis of the data collected and seeks to relate the relevance to the research question and aims.

### *Conclusions and Implications*

This section considers the findings for each of the research aims and attempts to present the conclusions.

### *Recommendations*

This section seeks to provide recommendations for consideration based on the conclusions found in the previous chapter.

## **1.6. Summary**

This chapter re-introduces the research problem and aims set by the author. An overview of the methodology, research findings, conclusions and implications are discussed with clarification of any pertinent issues. An outline of the final report and any limitations of the research are explained and the research is then justified by the presentation of the literature review; definitions are presented for clarification, and the chosen phenomenological methodology is briefly explained.

## CHAPTER TWO

### 2. Literature Review

#### 2.1. Introduction

This chapter will demonstrate research that pertains to marketing within the NHS and more succinctly within maternity services. The literature review that was undertaken in order to answer the question posed by the author, required a systematic and rigorous approach of the research topic in order to view marketing from all perspectives.

#### 2.2. Marketing within the National Health Service

##### *Marketing within the NHS*

In relation to sourcing evidence regarding marketing methods within the NHS, the author utilised databases such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCO and Pubmed. This was expanded to include relevant midwifery journals to find information regarding marketing within maternity services. Both private and NHS organisational websites were viewed in order to ascertain their approaches to marketing and provide a benchmark with similar size institutions, on where maternity services at East Cheshire sat. Keywords were used to narrow the search including “marketing”, “sustainability”, “patient choice” and “National Health Service”.

With strategic marketing being a relatively new concept within the NHS, research was obtained from within a ten year time frame. With the United Kingdom government only announcing the development of its first social marketing strategy for all aspects of health within the last six years (DH, 2007c), contemporary literature demonstrated evidence of confusion as to how marketing fitted into the NHS business model and culture (McCartney, 2006; Kong, 2008). Publications by the Chartered Institute of Marketing (Chartered Institute of Marketing, CIM 2008; 2009), however, were pivotal in highlighting the benefits of marketing as well as advocating the appropriate monitoring of any marketing activity.

Both of these White Papers published by the CIM were examined in detail during the literature review, in order to consider the extent that marketing plays in the sustainability of public services. Demonstrating an understanding of NHS culture, they discussed the vision

of a patient-led service, advising that in 1993, Owens and McGill had explored how successful organisations served the needs of customers but explained that there was still a need to remain true to the founding values of the NHS.

With words alluding to patient choice alongside words such as market share, the CIM documents advised that in real terms marketing would reduce costs by enabling healthcare providers to segment their customers into smaller groups with clear identifiable needs, in order to allocate spend where needed (CIM, 2006). In this way marketers could ensure that NHS organisations delivered value for money by making use of valuable resources and reducing unnecessary expense. The transition of marketing into healthcare appears simple but healthcare marketers are often promoting a service that is complicated, expensive and even frightening (Shaw, 2008). This is especially true in maternity services as pregnancy can be a daunting prospect for most women.

Internet companies such as Doctor Foster which provide patient demographics and denote market trends play an expanding role in current marketing with most families having access to the internet. Shifting the control of health care from the provider to the consumer, this fresh approach to marketing recognizes the participant's role in the delivery of care and the promotion of health education and wellness (Calhoun, Banaszak-Holl & Hearld, 2006). Quality is at the core of this process with the emphasis on quality playing a major part in customer or user retention (Conway and Willcocks, 2000).

This electronic marketing tool is explored in more detail by the author in a future chapter, and has been utilized to view the services offered by other "competitive" organizations in both the private and public sector. Similar to the use of "online business cards", online browsing is also useful for managers to determine the current status of their service and to identify areas where marketing can be improved. Challenges of developing "face time" with consumers through this media, however, are that there is limited control over the consistency of messages with advertised claims being easily verified and electronic sources provide a sounding board for disgruntled consumers to voice their dissatisfaction (Rooney, 2009). This has changed from the previous approach to competition between healthcare providers which was led by an aura of secrecy over their activities (Downey, 1994) with more transparency and openness now required from all organisations.

Although patient care and quality are the most important factors in public healthcare, in reality competition appears to ultimately be about providers competing for patients, supported by a financial system in which money follows the provision of their care. This has been reinforced by major policy reforms such as the NHS Plan (Department of Health, 2000), the white paper, *Our Health, Our Care, Our Say* (Department of Health, 2006), and *Our NHS, Our Future* (Department of Health, 2007b).

For a NHS organization, internal marketing looks to be the key to successful selling of your product. With the focus on the patient, both clinicians and managers must work together in creating a more motivating environment for employees (CIM, 2006). The CIM also propose a pay structure that rewards effective and efficient work rather than long service, bonuses and the creation of more flexibility for good employees to be promoted within the system.

### **2.3. Strategic Marketing Pathways**

In order to explore the fundamental basics of marketing by key authors including Kottler, Porter and Ansoff, the author expanded the time frame and by utilizing resources including Emerald and Proquest was able to examine each of their defined pathways, using their respective marketing tools to draw comparisons between selling services in both the private and the public sector.

Kottler & Levy (1969), proposed that marketing was relevant to all organisations that had a customer group and added that he saw marketing as a disciplined task of creating and offering values to others for the purpose of achieving a desired response (Kottler, 1972). Considering the hospital as an institution, he posed the scenario that a marketing-minded person would want to know where the patients came from, why they appeared at that particular hospital and how they felt about the hospital care and services. Further research advises that seeking inspiration from beyond the constraints of the healthcare industry is far from novel as patient safety and quality have both been improved by borrowing best practices from other industries (Shaw, 2008). Factory principles have contributed to streamlining hospital operations, the airline industry has provided models to improve

communication and enhance safety, and Disney has had a profound effect on the way healthcare organizations engage consumers (Lee, 2004).

Kotler advised that the marketer must be skilled in two basic analytical tasks- market and product analysis. He added the importance of identifying the market size and location, the needs and wants, and perceptions and values and the identification of products currently available to the target segment. This information is still relevant in contemporary literature, as Wanlass & McManaway in 2006 advised the requirement of a rich understanding of the organisation's quality ratings in relation to outcomes from other institutions in order to serve as a starting point for developing a marketing campaign. This was important to the author as it could be applied to maternity with the product potentially being the innovative implementation of private midwifery care. Within maternity, offering choice, access of services and the provision of continuity of care had become the nationwide focus following Department of Health publications such as *Changing Childbirth* (DH, 1993) and *Maternity Matters* (DH, 2007) which advised women to have a voice regarding the care that they receive.

Discussing marketing in more detail, Kotler's article published in 1972 examined the debate in marketing at that time which was concerned with whether its substance belonged in the business arena or whether it truly was applicable to all areas in which organisations attempted to relate to customers. He devised the concept of the "marketing mix", still utilized in the current climate (figure 1). Within the NHS, however, there is an integration of seven P's required to drive a Trust's strategic direction and allow it to become a market orientated entity, product (service), place, price (tariff/cost), promotion (communications including physical evidence), people (clinical and non-clinical staff) and politics (lobbying and local political environment) (Kong, 2008), with additions being added by Gilligan & Lowe in 1997.

Luck (1969), a critic of this work, responded by acknowledging that Kotler's marketing concepts and tools could be useful; but that he felt that these were extracurricular applications of an intrinsic business technology. Stating that the concept of marketing had gone too far-in reality, it is arguable that the proposals of Kotler had not gone far enough. In support of this, further research demonstrated that the dilemma of promoting a brand



versus customer needs muddied the healthcare waters to the point that, by 1991, only 20 per cent of hospitals demonstrated a high degree of marketing orientation (White, Thompson & Patel, 2001).

**Figure 1**

Another key concept in marketing include the factors that influence the competition and Porter (1985) saw competition in an industry being governed by five different sets of forces (Figure 2).

During the literature review it was identified that competition in an industry was more intense if there were many comparable rivals trying to satisfy the wants and needs of the same customers in the same market or market segment (Proctor, 2008). The author acknowledged the relevance of this research as in relation to maternity services within East Cheshire, rivalry among competitors is a primary concern with large “specialised” Maternity Units located within close proximity along with the threat of new entrants with the recent ascendance of private birthing centres offering personalised midwifery care. This is supported by studies that found great variation in the extent to which similar NHS Trusts given comparable training, financial and expert resources have been able to achieve and sustain change (Bevan, Robert, Bate, Maher & Wells, 2007).

## **Figure 2**

As GP fund holders are the group more clearly gaining in influence as well as being the group nearest to the patients and best able to reflect their opinions (Tilley & Salt, 1994), the author recognises that any marketing strategy must be targeted to these new commissioners as well as directly to the public, suggesting a multi-pronged attack and possible differing marketing pathways. Avis (1992) suggests that those most often in need have the weakest voice. Pregnant women are included in a list of the vulnerable, although in current practice the author would strongly disagree, as the public are consulted in all National Institute for Health and Clinical Excellence (NICE) guidance relating to healthcare.

### **2.4. Exploring Marketing Models**

Exploring Porter's model, the author identified that there were certain attributes which included (Grundy, 2006):

- Its simplification of micro-economic theory into just five major influences
- Its effective, and before its time applied "systems thinking"

- Its demonstration of how industry rivalry is a function of the other four forces
- Its focus to managers on the external environment for more than the traditional “SWOT” analysis

There were also limitations of the model when Porter himself recognised that government regulation was often a significant influence in determining the profitability of an organisation (1985; 1992 & 1998). This was especially pertinent to organisations in the public sector, with the author more than aware of current government drivers which often resulted in the application of financial penalties and with the withdrawal of NHS monies, the threat of merger and unit closures. Porter’s model is successful in demonstrating that in the true market place, quantity, demand and price are inextricably linked (Begg, Fischer & Dornbusch, 1991), and with no bar on NHS trusts generating income through private enterprise (Trevelyn, 1994) this can be the key to successfully sustaining services, especially in the midwifery sector.

There was further research that added value to Porter’s model such as work by Grundy (2004) who suggested the use of growth driver analysis to help represent the forces that directly, or indirectly, caused or inhibited market growth over a particular time period. The author recognised that Porter’s primary focus for his model had been on well established firms where the shareholders wielded relatively limited power (Narayanan & Fahey, 2005). This was very different in the current climate and especially in public sector organisations, where as the author had alluded to earlier, the public as stakeholders are very influential. Although a valuable and workable concept, Grundy (2006) argued that Porter’s concept merely scratched the surface of its full potential as due to its highly prescriptive and rigid framework, stating that it proved difficult for managers to adapt to their own workplace.

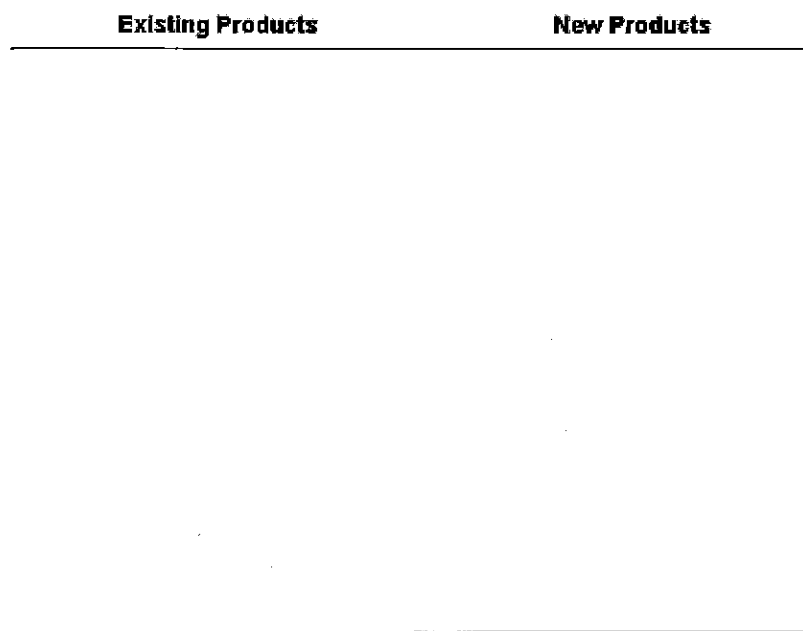
Accepting the limitations, however, utilising Porter’s marketing model still provided a baseline for the author to further explore the competition in relation to maternity services, allowing effective marketing strategies to be considered and developed.

Another marketing model, the Ansoff Matrix, developed in 1965 (Figure 3) provided the basis for the objective setting process of a business, laying down the foundation of

directional policy for its future activities (Bennett, 1994). At the time it was developed, Ansoff was concerned that change was happening so fast that companies had to continually survey the product market environment for new opportunities (Kippenberger, 1998) which is certainly indicative of the current economic climate.

**Figure 3**

**Ansoff Matrix**



Available at: [http://www.tutor2u.net/business/strategy/ansoff\\_matrix.htm](http://www.tutor2u.net/business/strategy/ansoff_matrix.htm)

Research by Curry, Ringland & Young in 2006 advised that marketing strategy should be aligned with corporate strategy and suggested the use of scenario planning which utilised the matrix in three ways:

- First, the matrix could be utilised to assess the risk of each corporate strategy helping then to devise an efficient marketing strategy. The corporate strategy would be used as a framework to identify potential products and markets.
- Second, scenarios could be generated by the marketing function based on market research and competitive trends. These could then be used as frameworks to market alternatives.

- Finally, the matrix could be compiled as intended, with a broad creative view of all product/market alternatives which could then be reduced to manageable groups.

Although the research provided examples where scenario planning was successful for businesses, the author was able to see the potential of transferring the concept to her organisation and more specifically, maternity services. Further work would be required, but Ansoffs work could be potentially critical if successful marketing was to be achieved within East Cheshire.

## **2.5. Clinical Leadership and Marketing**

“The essence of clinical leadership is to motivate, to inspire, to promote the values of the NHS, to empower and to create a consistent focus on the needs of the patients being served”. (DH, 2007d, p.49).

Further research suggested that leadership skills play an important role in organisations by setting the tone for functional strategies (Kohli & Jaworski, 1990), with an imperative recommendation to provide the sales force with a strategic voice (Beverland, Steel & Dapiran, 2006). Mainstream literature centres on personality traits of entrepreneurs as innovative and creative, striving for achievement and autonomy and exhibiting risk-taking behaviour (Benschop & Essers, 2007). Whilst this creates potential spaces for more entrepreneurial styles of management, within the NHS context, the manager is constrained by tight performance indicators (Exton, 2010) which have been found to limit reform strategies for transformational change in health service organisations (Ferlie & McNulty, 2004) and give rise to suggestion that public sector organisations often carry connotations of bureaucracy and inertia (Heracleous & Johnston, 2009), thoughts which are detrimental in the market place.

Research advises that in some circumstances of market change and complexity certain styles of leadership are more effective than other types (Goleman, 2000). Hult Ferrell, Hurley & Giunipero (2000) concur that as market relationships become increasingly

complex in scope, strong leadership could potentially achieve synergy and competitive advantage.

## **2.6. Conceptual Model**

Following the literature review, the author identified key elements thought to be important in the successful marketing of the private midwifery service. In order to consider the evidence in a logical manner which could be utilised more readily by the management team, a conceptual model was developed (Figure 4) based on a framework of work undertaken by Kurt Lewin (1890-1947) which suggested the existence of forces. His research in 1947 identified two dynamic, yet opposing, forces that have an impact on the change process in an environment – driving forces which move toward a positive region and encourage the change to occur and static forces that attempt to maintain the status quo, identified as restraining forces (Lewin, 1975).

Government direction insists that the NHS provides services that are patient led. In undergoing any change, however, there must be evidence to support the new practice and how it will benefit the patient or client. Through evaluation and by word of mouth, the management team within maternity services at the author's hospital recognised that there was an increase in the number of women transferring to providers of private individualised midwifery care. During the literature review, data was collected through the internet of other organisations who promoted this service and their marketing strategies and techniques were analysed. The conceptual model demonstrates the importance of a patient led service and how factors including the need for organisational change to ensure sustainability of maternity services (CIM, 2006), the effect of competition in the market place (Kippenberger, 1998), government directives advocating the consumer as the change agent (Conway and Willcocks, 2000; Calhoun, Banaszak-Holl & Hearld, 2006) and the assurance of providing quality and transparent care (Downey, 1994), all with the power to impact on the implementation of the new service.

In order for the new service to be successful, the author acknowledged that collective engagement was another key factor. The conceptual model draws attention to the importance of this element both internally and external of the organisation, with ensuring

co-operation and communication between stakeholders paramount to ensuring a driving force. Aligning the aims with corporate strategy would also curry favour with the executive board (Curry, Ringland & Young, 2006). Staff involvement in the change process would be beneficial in allowing all opinions, concerns and innovative ideas to be heard, minimising any opposing force especially in relation to strong feelings that the NHS should not be providing private services. Pearcey and Draper (1996) maintain that much of the resistance to change in the NHS may be due to its top down approach; therefore involvement of practitioners on the shop floor would be an advantage.

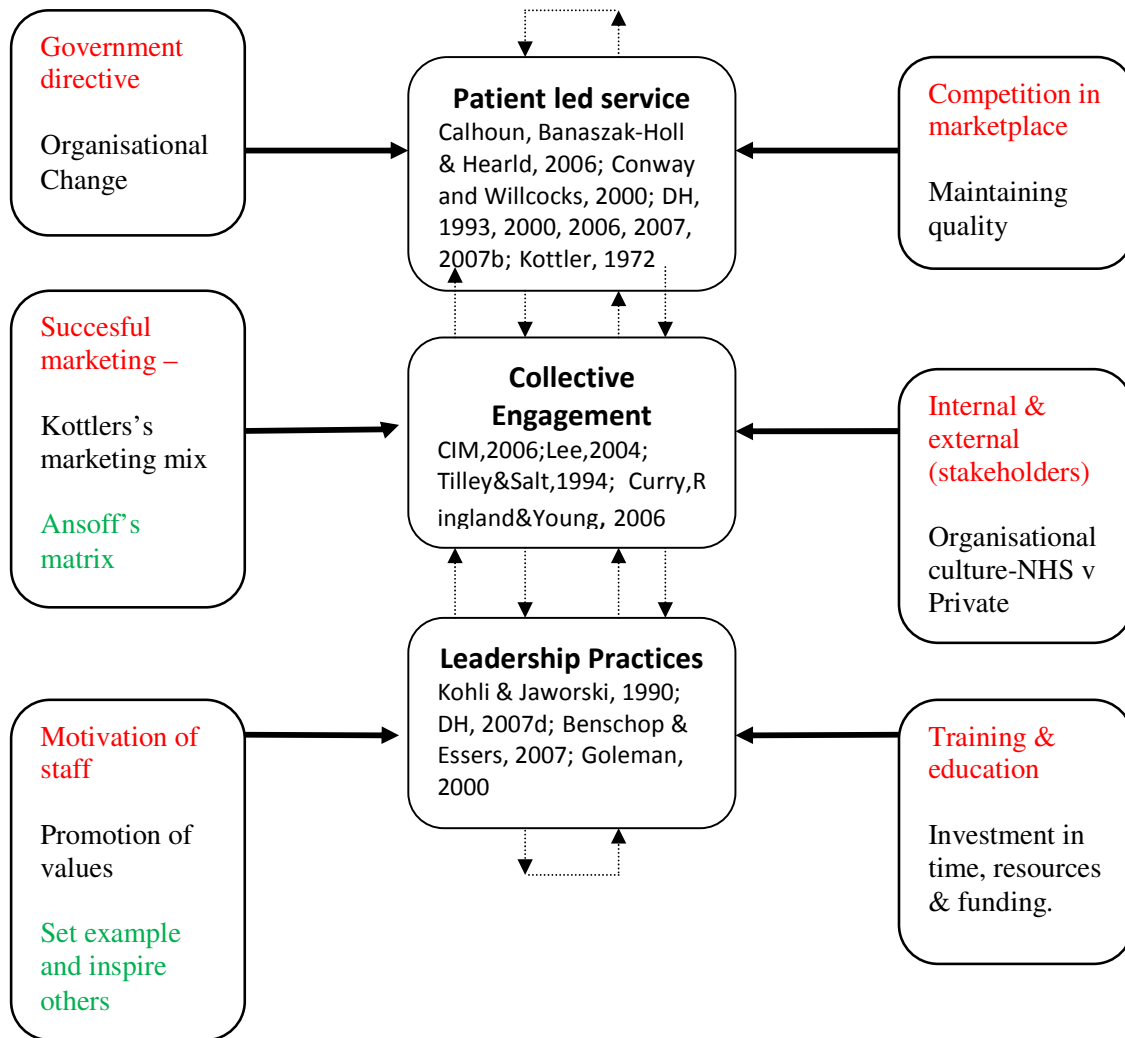
Schein (2004) suggests that organisational culture is an essential element of effective leadership; therefore it can be surmised that the pressure to deliver effective teamwork and collective engagement could be influenced by the culture of the organisation. In view of this, the conceptual model will examine the impact of organisational culture within the NHS in developing effective collective engagement, along with potential cultural barriers which could emanate from undercurrents of antagonism and tension between operational and clinical priorities (Savage & Scott, 2004).

In relation to clinical leadership, the conceptual model highlights the fact that the motivation of staff is a major player in the nature of the force affecting the change. This can be linked with theory as Mastrangelo (2004) advised that leadership behaviours and actions are important determinants of organisational effectiveness and taking inspiration and direction from Herzberg's motivators for change (1966) which included achievement, recognition, responsibility and development understanding that valuing people and their roles within the Maternity Unit is crucial if change is to be successful. Celebration of success is also important (Fenton, 1990; Clegg, 2000) in ensuring that any change in practice is sustainable.

The conceptual model is a proposed logical process/flow pathway concerning the implementation of a private midwifery service and demonstrates the relationship between three key elements and their potential opposing or driving forces. Incorporating factors identified in the literature review which could influence the outcome of the change, the author is hopeful that it has managerial value in that it could potentially identify key areas of concern and areas for practical action. Based on a "loop" concept, the model

demonstrates how the elements are interlinked and will allow the author to formulate a marketing strategy based around the research aims identified in the previous chapter.

**Figure 4: Conceptual Model**





## **2.7. Summary**

This chapter discusses the literature review that the author utilised in order to explore the role of marketing in the sustainability of maternity services in East Cheshire. Embracing the concepts of marketing and utilising its processes to develop marketing strategies to increase additional income and generate more profitable referrals, the use of the archived research undertaken accompanied by any new primary and secondary data collected along with the use of a conceptual model developed by the author will be crucial in the bid to protect the hospital's existing market share from the ambitions of other NHS or local healthcare providers (Kong, 2008).

The literature review has reinforced the author's belief that healthcare organisations operating in this market will be required to gather market intelligence on a range of issues already discussed within this chapter, including the structure of their market; the nature of "customer" demand; market segmentation; the relative strengths and weaknesses of competitors; and a more precise definition of "customer" needs (Willcocks, 2008).

## **CHAPTER THREE**

### **3. Methodology**

#### **3.1. Introduction**

This chapter considers the methodology used to collect data in order to explore the extent to which marketing is essential to the sustainability of maternity services at East Cheshire. The author will consider data collected from both primary and secondary sources.

#### **3.2. Research philosophy and principles**

Research can be defined as a systematic investigation to find answers to a problem (Burns, 2000) or a systemised effort to gain new knowledge (Redman & Morey, 1923). At each operational step in the research process there is a requirement to choose from a multiplicity of methods, procedures and models of research methodology.

The approach adopted by the author is one of induction as data will be collected on the subject (literature review) and contextualised within what is already known and understood in relation to marketing services within the NHS and more specifically maternity . This approach has been selected so that following analysis of the data, the author can compare and contrast the findings with theory and archival research and make relevant and robust conclusions, with recommendations for future improvements.

#### **3.3. Research Strategy**

##### **3.3.1. Justification for the Methodology**

The goals of the research are descriptive in nature as they examine the elements of the phenomenon with the questionnaire advocating a qualitative approach due to the non-numerical nature of some of the questions. Qualitative implies a direct concern with experience as it is “lived” or “felt” or “undergone” ... Qualitative research, then, has the aim of understanding experience as nearly as possible as its participants feel it or live it (Ely, 1991).

The research interview, one of the most important qualitative data collection methods, has been widely used in conducting field studies and ethnographic research (Qu and Dumay, 2011). After extensive research focusing on a range of topics and issues, including different types of interviews (Goldman and McDonald, 1987; McCracken, 1988), strengths and limitations of the method, and various techniques and general advice in conducting “effective” interviews (Douglas, 1985; Fontana and Frey, 1998; Kvale, 2007), the author decided on individual interviews as a form of data collection.

Undertaking individual interviews with the team leaders currently working in the community, the author intended to gain an understanding into the market for private midwifery care, and also any staff perceptions as to the extent of current marketing strategies in their specific geographical areas of work. This is highlighted in the conceptual model with the key element of a “patient led service” demonstrating that in this instance, the implementation of private, individualised maternity care has the potential to be affected by competition in the market place. Information retrieved during this data collection could be interpreted as either an opposing or driving force depending on the view of the researcher. As a negative, there could be a saturation of organisations already offering the service resulting in the possibility of only obtaining a small financial yield or on a positive note, it would demonstrate the need for the service as organisations already existed and their marketing ideas could be shared. Either way, information was required by the author, as a manager, to determine whether this private service was required and in what area it should be implemented to ensure most success.

Established communication and rapport between the author and the team leaders was utilised to generate data and gain a deeper understanding of the nature of the research problem (Saunders et al, 2007) - in this case marketing within the author’s maternity service. Although this stream of research offers great benefits for qualitative researchers, there is a danger of simplifying and idealising the interview situation based on the assumption that interviewees are competent and moral truth tellers (Alvesson, 2003). An interview conducted in a casual manner with little preparation could also lead to disappointing results, presenting a wasted opportunity to gain valuable insight (Hannabuss, 1996). In contrast, Denzin and Lincoln (1998) support the view of the research interview as conversation and if undertaken successfully become an enriching experience for

interviewees, who through dyadic interplay with the interviewer, will obtain new insights into their life world and the research theme (Kvale, 1996).

In terms of the interview design process, there are many decisions that must be carefully considered, such as who to interview, how many interviewees will be required, what type of interview to conduct, and how the interview data will be analyzed (Doyle, 2004). The author decided on a semi-structured approach with the questions allowing insight into the exploration of individual knowledge and experiences and encouraged discussion of innovative ideas to increase market share. The author shared the views of Rubin and Rubin (1995) in that interviewing required respect for and curiosity about what people say, and a systematic effort to really hear and understand what people tell you. In light of these beliefs the concept of formulating focus groups was dismissed allowing thoughts, feelings and perceptions to be aired in private. There was also a difficulty in arranging for all of the team leaders to be present at one time due to the limited time frame.

The semi-structured interview enjoys its popularity because it is flexible, accessible and intelligible and, more important, capable of disclosing important and often hidden facets of human and organizational behaviour (Qu and Dumay, 2011). Favoured by the author, it is thought to be the most effective and convenient means of gathering information (Kvale and Brinkmann, 2009) and has been utilised in other recent effective change management programmes undertaken within maternity services.

For it to be effective, however, the author, as interviewer, considered five important interviewing skills advocated by Hannabuss (1996, p. 26) and Shensul *et al.* (1999, p. 141).

- To gain rapport with the interviewees. As a manager within maternity services, the team leaders were already known to the interviewer and an open and honest relationship was already established.
- To ensure that the discussion flows by avoiding questions which dampen the discourse by one word answers or confusion from complicated questioning.
- Know when to interrupt and focus and pace the interview.
- Adopt a non-judgmental attitude and foster patience so that moments of silence work on the interviewer's behalf, encouraging more lucid and constructed feedback.

- Avoid bias and remain open minded.

When undertaking the interviews, the author acknowledged that adopting these skills ensured that the method of obtaining qualitative research produced raw data from the “field” rather than data that was “manufactured”, a concern previously voiced by Silverman (2007) when using contemporary focus groups and questionnaires.

### 3.3.2. Limitations of the Methodology

A qualitative perspective was adopted as the author acknowledged that a quantitative approach would not be suitable due to a difficulty to provide any in depth understanding or exploration of the phenomena. A fact supported by Alderson (2001) who advised that through the inductive, interactional and holistic goals of qualitative research, people’s views and experiences could be further explored.

The choice of strategy was influenced by the amount of time to complete the research although the author is confident that the information gained was pivotal to the successful implementation of the private midwifery care package and the subsequent marketing of the new product. Utilising electronic databases and organisational websites allowed insight into current marketing strategies employed by other establishments vying for the same market share although the limitation of benchmarking against other similar organisations was also recognised as a limitation of the chosen methodology.

### 3.3.3. Validity, Reliability and Triangulation of the Data

To ensure validity and reliability of the interview, a number of factors have been considered in the research design; a pilot study of the questions was provided to the Head of Midwifery, to ensure that any ambiguity was identified at an early stage. All of the questions related to the research and was in language used and understood by all staff and to ensure a fair reflection of all geographical areas within the author’s maternity service, all team leaders were invited to participate in the interviews. The author is aware of limitations to the use of qualitative methods of research- qualitative research can be seen as being low on reliability as the results cannot often be generalised. The participants involved may also

respond differently when re-questioned as answers may be influenced by the mood on an individual day making it difficult to test for reliability.

In recognition that motivation and staff morale may affect the responses to the questionnaire, the team leaders were utilised not only for their extensive knowledge and experience, crucial in the implementation of the change, but they were also recognised as inspirational leaders within the organisation. To ensure full representation and a good response rate, individual interviews were set up in the diary.

Using a multi-method qualitative approach will ensure triangulation of the data and increase validity in preparation for findings to be analysed. Data collection from both primary and secondary sources will ensure that the research is beneficial and fit for purpose with all areas of research related back to the conceptual model and literature review.

### **3.4. Construction of the Methodology**

Primary data collection will be in the form of a semi-structured interview arranged for each of the 3 team leaders. This is a cost effective method of collecting data and the author will use indirect questioning in an open-ended form to provide the opportunity for the interviewees to elaborate on things that they see as important and meaningful to their life (McCracken, 1988).

Secondary data collection will be in the form of internet searches of other NHS organisations and private birth centres, to gather information regarding their marketing strategies. Secondary data will also be collected from relevant articles, journals and books on the subject matter, some authors of which have been previously mentioned in the proposal.

Confidentiality was a key factor in collecting data due to the nature of the organisation. Early discussion with the Head of Midwifery ensured that there would be no concerns expressed at a later date regarding the information retrieved during the research from Trust employees. Permission was granted as the subject of marketing within maternity services

was not deemed to be sensitive or controversial in nature with findings pivotal to the implementation of an improved service, meeting the needs of the service users.

Time factors were influential in ensuring that individual interviews and completion of the questionnaires were undertaken within the period of one month and meetings were set aside to ensure dedicated time to consider and reflect on any answers. A positive contribution was expected due to the purposive sampling undertaken by the author.

#### 3.4.1. Interview Design

A purposeful sample of the 3 team leaders will be utilised for primary data collection. The interview will be semi-structured in nature with open questions allowing the author to be confident of the intelligence that will determine the optimum geographical area to implement a private midwifery care package (Appendix A). Selecting team leaders will ensure comprehensive feedback due to the experience and knowledge of the senior staff in their geographical areas of practice. Their dedication and commitment to improving maternity services and meeting the needs of their clients will ensure that any answers they provide will be honest and meaningful to the project.

Ensuring separate sessions with each team leader allow each participant to answer any question in a confidential environment with at least 30 minutes allocated for each session. Providing dedicated diary sessions for each team leader will also improve participation in the research, overcoming any organisational barriers including annual leave.

In preparation for the interview, the team leaders will be sent correspondence of their appointment and a copy of the questions to be discussed. This will allow discussion within their team to ensure that full and accurate responses can be elicited during the interview process. A covering letter will also explain the purpose of the meeting along with expectations on them as participants in the research process and the driver for this change in practice including the potential direction of East Cheshire maternity services and reassurance in the preservation of their anonymity (Fisher, 2007).

### 3.4.2. Question Design

The following questions to be used during the interview were constructed in a format appropriate to the information being sought and are in line with the conceptual model already devised by the author in relation to the elements of “patient-led service” and “collective engagement”. Utilising a mixture of open ended questions will provide the author with specific data such as geographical area of practice, whereas multiple choice answers would provide a three to five option range. The questions accompanied by a rating scale would encourage the participants to indicate the nature of their opinion by marking the appropriate place on a scale (Page, 2012).

#### ***1) Please state your current geographical area of midwifery practice?***

The CIM in 2009 produced a document which demonstrated its understanding of the importance of a patient led service. In order to ascertain the geographical area for the implementation of the private midwifery service, the author needs to know the team leader’s current area of work, ensuring that the ensuing data produced via the questionnaire is meaningful.

#### ***2) During the last 12 months, how many women have enquired at booking about the provision of private midwifery care or expressed an interest in continuity of midwifery care?***

***1                      2                      3-5                      5-10                      10 or more***

Both Ansoff (1965) and Porter (1985) advised scrutiny of the current service in order to benchmark practice and ascertain where new developments are required. In addition, to ensure a successful venture, the literature review suggests that companies have to continually survey the product market environment for new opportunities (Kippenberger, 1998) especially in the current financial climate.

The answer to this question could also support research by Tilley & Salt (1994) who suggest that GP fund holders are the group more clearly gaining in influence as well as



being the group nearest to the patients and best able to reflect their opinions. In matters relating to midwifery, GPs are vocal and often refer women to private institutions before the midwife can see them at first point of contact.

3) *How would you rate the potential uptake of a private midwifery service within your geographical area of practice?*

|                  |          |          |          |             |
|------------------|----------|----------|----------|-------------|
| <i>Excellent</i> |          |          |          | <i>Poor</i> |
| <i>1</i>         | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i>    |

This question is again related to research by Ansoff and Porter and is important in establishing a picture of the current service and may display correlation to the social standing and financial status of the clients in the area. Porter's model is successful in demonstrating that in the true market place, quantity, demand and price are inextricably linked (Begg, Fischer & Dornbusch, 1991),

4) *Please advise of any current or potential private midwifery service in your geographical area?*

Ascertaining the knowledge of the expert midwife working in that area will provide invaluable information although the author will also establish the encampment of any private organization by secondary data collection. During the literature review it was identified that competition in an industry is more intense if there are many comparable rivals trying to satisfy the wants and needs of the same customers in the same market or market segment (Proctor, 2008).

5) *Please discuss marketing strategies that would be successful in your geographical area of practice?*

Pearcey and Draper (1996) identified the importance of a "bottom up" approach to ensure sustainable change management. In view of this, the author is interested in the views of the staff and in this instance was able to discuss marketing strategies with the team leaders.

Although Kottler & Levy (1969) proposed that marketing was relevant to all organisations that had a customer group, in practice the NHS did not appear comfortable with marketing techniques evidenced in 1991 when only 20 per cent of hospitals demonstrated a high degree of marketing orientation (White, Thompson & Patel, 2001).

Discussing any useful marketing ideas addressed all three key elements of the conceptual model which in turn correlated with evidence supplied by the literature review (see figure 4).

#### 3.4.3. Secondary Data Collection

Utilising electronic resources such as the internet will allow the author to collect data that is already in the public domain. Already widely used, the use of the internet as a medium and the World Wide Web as an evolving technology has made it less costly and allowed marketers to get information – both of low quality and high quality – more quickly and easily than ever before (McDonald & Adam, 2003).

### **3.5. Ethical Considerations**

Every piece of research has ethical issues and dilemmas-trying to anticipate in advance where these might occur is an important part of research design (Fisher, 2010). Signed consent had been provided by the Head of Midwifery & Women's Services with an acknowledgement that a small range of questions will be asked at interview to deduce the opinions of the 3 team leaders who work in different geographical areas within the footprint of East Cheshire Trust.

The questions when devised will be of a qualitative approach and will not be sensitive in nature. A copy of the questions will be previewed and piloted by the Head of Midwifery & Women's Services prior to its use in order to maximise reliability and validity of the results.

As the data will be collected by the author, in her role as Deputy Head of Midwifery and within her remit within East Cheshire Trust to progress maternity services, the author feels justified that ethics approval will not be required.

### **3.6. Summary**

This chapter provides an overview of the methodology utilised by the author in order to complete the research project. Justifying the use of a qualitative approach, the limitations are discussed along with measures taken to increase the validity of any results.

The construction of the methodology includes information on the interview and question design, accompanied by the 5 questions asked of the participants during the interview. Ethical considerations have also been undertaken.

Finally, secondary data collection allows the author to deduce marketing strategies deployed by other organisations that provide private midwifery care packages and provide a benchmark for marketing maternity services within East Cheshire.

## **CHAPTER FOUR**

### **4. Findings and Analysis of the Data**

#### **4.1. Introduction**

This chapter presents the results and analysis of the research methodology used. The results will then be discussed in depth in Chapter Five.

#### **4.2. Application of the Methodology**

The initial data was gained from information gained from interviews with 3 team leaders within the author's organisation. The questions were answered in a clear way and no ethical concerns were raised during the conduct of the research methodology.

#### **4.3. Evaluation of Team Leader Participation**

During the planning stages of the methodology, the author was aware that the data collected prior to the implementation of a private midwifery service needed to be representative of all geographical areas within East Cheshire. In view of this, all team leaders were invited to participate in an interview answering 5 questions which were qualitative in nature. To ensure a 100% response rate, individual interviews were arranged allowing 30 minutes for reflection and discussion.

From the data collected, analysis and conclusions which will be seen within Chapter Five, the author is confident that the completed questions demonstrated an accurate assessment of current maternity services within the East Cheshire footprint.

#### 4.4. Question Responses from Primary Data Collection

Findings from each interview were collated by individual questions and are presented as such within this Chapter.

Q1. *Please state your current geographical area of midwifery practice?*

##### **Tatton Team**

*Wilmslow*  
*Handforth*  
*Styal*  
*Holmes Chapel*  
*Withington*  
*Prestbury*

##### **Moreton Team**

*Congleton*  
*Biddulph*

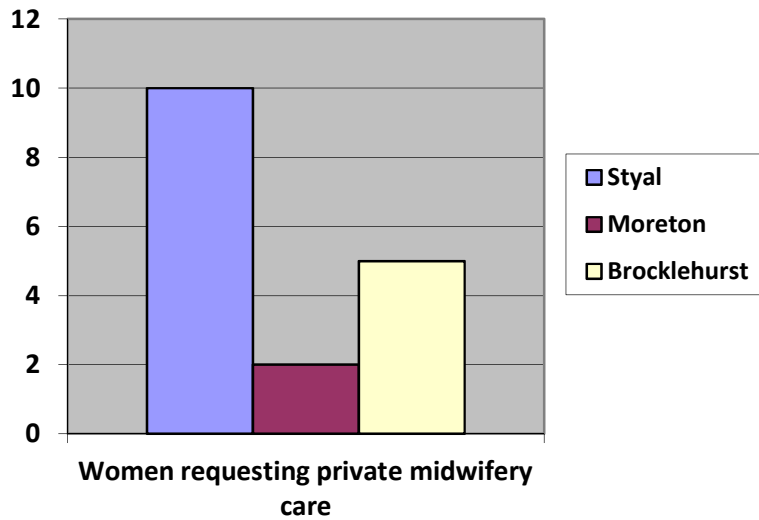
##### **Brocklehurst Team**

*Macclesfield*  
*Bollington*  
*Disley*  
*Chapel En Le Frith*

Q2. *During the last 12 months, how many women have enquired at booking about the provision of private midwifery care or expressed an interest in continuity of midwifery care?*



**Q3. How would you rate the potential uptake of a private midwifery service within your geographical area of practice?**



**Q4. Please advise of any current or potential private midwifery service in your geographical area?**

Private Birth Centre Northwich

Stockport Birth Centre

Information was limited to 2 other providers of private midwifery as stated above. The team leader from the Tatton Team, however, advised that a proportion of women from her geographical area were accessing The Portland in London for their midwifery care although this was outside of the North West.

*Q5. Please discuss marketing strategies that would be successful in your geographical area of practice?*

Information obtained from the team leaders in relation to marketing strategies included:



#### **4.5. Findings from the Secondary Data Collection.**

From the interviews with the team leaders significance was placed on the fact that market share was being reduced in affluent areas by small independent providers of private midwifery care. In order to understand the competition and analyse strategic opportunities and mobility barriers, the author utilized a “strategic group concept” which concentrated on small independent providers as competitors within the strategic group, scrutinising the services provided by birth centres for comparisons and benchmarking.

This was valuable in time resource, as organisations could be targeted with similar strategic characteristics to those coveted and proposed by the author’s organisation, as opposed to all NHS institutions in the neighbouring area and was in line with the thoughts of Brownlie, (1989) who advised that strategic groups offer flexible technology by means of which to study the dynamics of competitive advantage within groups of closely competing firms.

To identify private midwifery services within the North West region, the author used the internet, with “google” as the search engine. Private midwifery care was stated as the search criteria and this produced [www.babycentre.co.uk](http://www.babycentre.co.uk) which listed providers in the area by region. There were 7 birth centres located in the North West which offer a private midwifery service in either an individual establishment or a standalone Midwifery Led Unit (linked to a hospital to enable easy transfer of services when required). Although this was not the concept offered at the author’s hospital, as there was no allocated private midwifery area within the organization, it was beneficial to the project to understand where the competition was based and identify the services that were on offer.

Providers of a private midwifery service included:

- Blackburn Birth Centre
- Helme Chase Midwife Led Unit
- Private Birth Centre –Northwich
- Hope hospital Midwife Led Unit
- Liverpool Women’s Hospital Midwife Led Unit
- Ruth Lancaster James Cottage Hospital
- Stockport Birth Centre



In order to benchmark the service that could be offered by this new scheme, the internet also provided information concerning independent midwifery services. As a prospective client deciding where to have my baby, it was difficult to find websites that displayed pricing with many requiring personal contact by telephone. Although this was not beneficial in collecting data, the author acknowledges that it was a positive marketing ploy to encourage women to make contact, often providing personal details as well as the chance for further discussion on a more personal level. Examples included:

### Twilight Midwifery – Liverpool

Services include:

- Ante-natal checks at clinic (£30 per 30 minute appointment; £60 per 60 minute appointment)
- Ante-natal checks at home (£60 per 60 minute appointment)
- Early pregnancy care
- Parent education classes (2 hours afternoon/evening class £25; 2 hours morning class £15; weekend class 10.00 hours – 16.00 hours £70).
- Post-natal care at clinic (£30 per 30 minute appointment)
- Post-natal care at home (£60 per 60 minute appointment; £20 per 60 minutes after 2 hours)

### Private midwife – North West

Services include:

Package 1

- Seven post- natal visits over 2-3 weeks
- Two nights call out
- One weekend visit
- Twenty-four hours advice

Package 2

- Individual visits charged according to time of day

Package 3

- Individual ante-natal classes in own home

Package 4

- Ante-natal care in clinic

## **CHAPTER FIVE**

### **5. Conclusions and Implications**

#### **5.1. Introduction**

This chapter presents the conclusions against the research results seen in Chapter Four. It also presents an evaluation of the research findings and implications for use within the organisation.

#### **5.2. Critical Evaluation of Adopted Methodology**

Frey and Oishi (1995) define an interview as a purposeful conversation in which one person asks prepared questions and another answers them, undertaken to gain information on a particular topic or a particular area to be researched. By utilising the interview as a data collection tool, the author was able to collect qualitative data using a much smaller sample than would be required implementing a quantitative method. Although the purposive sample contained only 3 participants, the team leaders were extremely knowledgeable and experienced in their areas of practice. Perhaps, considered a limitation of the methodology chosen, the author was more interested in the depth of the research data rather than breadth requiring the interviewer to play an active role in the data collection (Wimmer and Dominick 1997).

Whilst utilising a semi-structured approach with open ended questions allowed for diversity in response, the provision of individual meetings ensured that it was not simply the substance of the answer which was important, but also the form of its expression which constituted its meaning (Morley 1980), the author taking note of non-verbal expressions throughout discussion. The arrangement of individual interviews also ensured a 100% response rate- essential due to the small number of participants interviewed.

The 3 team leaders were contacted by letter and provided with information regarding the purpose of interview, along with a copy of the 5 questions to be asked. Contact details were given with participants encouraged to contact the author if they required more details or wished to discuss any particular aspect of the research process. The potential implementation of private midwifery case-loading had already been discussed in the

management arena; therefore, the author was confident that there would be full co-operation from each participant and an eagerness to drive the change forward.

Limitations and potential difficulties were addressed and identified at the outset by the author. A pilot run of the questions was undertaken with the Head of Midwifery and at that time no concerns or ambiguities were noted. On further consideration, however, the author reflected that the small case load of women actually cared for by the team leaders would not generate full and accurate data. The decision was made, to send the list of questions with the interview letter, allowing time for the team leader to liaise with her midwifery team.

Uptake from the participants was good and preparing dates in advance did assist both the interviewer and interviewee to organise work load. Only one meeting had to be re-scheduled due to sickness within the maternity unit.

### **5.3. Conclusions on Each Research Aim**

The research aims will be considered separately with any conclusions drawn from the data analysis presented in Chapter Four.

#### **5.3.1. To Understand Contemporary Literature on Marketing within the NHS**

The research explored thinking surrounding marketing within the NHS and identified key literature, theories and models of marketing strategies (CIM, 2008; CIM, 2009; Kotler, 1972; Porter, 1985 and Ansoff, 1965) that support the view that effective marketing is essential to organisational success and effectiveness. Critically reviewing the results from question 2 where a low number of women are enquiring about private midwifery care, especially in the Moreton and Brocklehurst areas, appears to be in line with the fact that there is no marketing of individualised care by any other establishment in both of those geographical areas. This is in contrast to the Tatton area as higher numbers are requesting private care at the initial booking interview but are being turned away due to the current inability to provide this service.

The results from question 3 may provide some insight into the reason behind the higher number of women requesting private midwifery in the Tatton area, as a small number of small private establishments have already been set up and are marketing their services. The author is also of the opinion that the affluence of this area could potentially support the concept that women in this area are more informed about the choices available to them and have the finances to have care that exactly meets their individual needs.

### 5.3.2. To Critically Analyse the Concept of Marketing Maternity Services

Quinn (1982) advised that strategy within the public sector should be concerned with change, adaptability and flexibility with Bryson (1995) defining it as a pattern of purposes, policies, programs, actions, decisions and/or resource allocation that defines an organisation, what it does, and why it does it. Using Ansoff's market growth matrix (figure 3), outlined in Chapter 2, maternity services could either penetrate further within its existing market and/or increase its diversity along the two axis by increasing market or product development (Johnson, Whittingham & Scholes, 2011). With opportunities for further penetration into existing markets already underway with the launch of alternative therapies including hypno-birthing and yoga, the digitalisation of service information on the internet and increased promotional marketing to General Practitioners and other relevant commissioners, the author has considered diversification into private enterprise the key to gaining advantage over competitors as well as demonstrating a business that reacts positively to changes in the business environment.

The author was confident that exploring economies of scope would allow efficiency gains through the application of the organisations existing resources to new markets (Teece, 1982), achieved with the implementation of private midwifery as services moving into the market development zone of Ansoff's matrix. To be an effective and successful strategy, however, and in order to plan for future enterprise, it is acknowledged that in the current NHS, patients expect to participate actively in their programme of care and not be treated as passive recipients (Netcare UK, 2006) especially within maternity services with women extremely vocal about the service they receive.

### 5.3.3. To Investigate a Strategic Marketing Pathway in Relation to the Sustainability of Maternity Services within East Cheshire

It is documented that strategy formation has two critical forces acting simultaneously (Mintzberg and Waters, 1985) - one deliberate, anticipating and initiating change (Newman and Logan, 1971) and one emergent, unintended and resulting from a pattern of decisions (Wrap, 1984). To consider a strategic marketing pathway which addressed the business issue of sustainability of maternity services within East Cheshire required encompassing the long term direction of maternity services and the scope for innovative obstetric practice. Although the steps documented by Schendel and Hofer (1979) demonstrated an organized, structured and logical approach which included organisational goal formation, environmental analysis, strategy formation, strategy implementation and strategic control, sustainability of maternity services relies on the long term direction of the organisation as a whole, especially with news of potential mergers with South Manchester and Stockport.

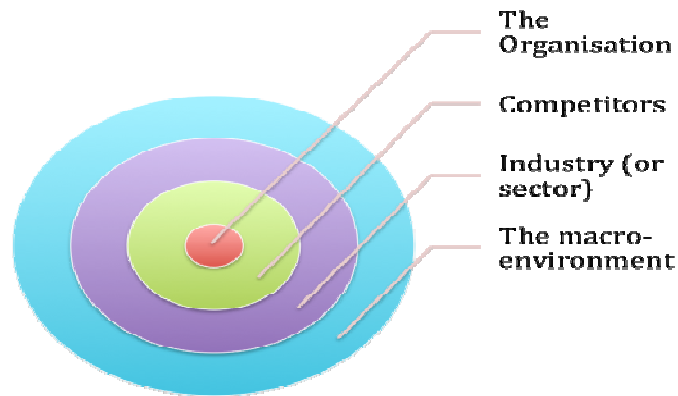
With the success of the Trust application for Foundation status in 2013 imperative to secure the continued provision for obstetric/midwifery led care within the current geographical footprint, remaining financially viable or a profitable business unit within the Trust requires maternity services to increase the scope of current activities and gain advantage over competitors, as in the example of private midwifery care where financially lucrative packages could be implemented at little cost to the current service.

Already discussed at user/commissioner forums, debate has been encouraged on implementation and marketing techniques for the new service. Reducing consultation fatigue (Maddock, 2002), this appeared to be a proactive step in ensuring stakeholder awareness by streamlining communication. With the increasing number of providers who would consider acquiring a financially struggling NHS hospital as a way of increasing their own market share, the author concurred with Kong (2008) who was assured that all stakeholders, given the current economic climate, would be extremely interested in any innovative new service that would increase revenue and improve business sustainability.

In identifying threats and opportunities for the new business venture, several environmental layers were considered to address the issue of sustainability (figure 5). From an organisational perspective, the author already had personnel in place who displayed the

capability and determination to embrace the concept and business plans were formulated to promote both ante-natal and post natal care packages.

**Figure 5**



With continuous monitoring of maternity services the author is aware that NHS hospitals are not the only provider willing to undertake patient care. Evidence suggests that private organisations are now achieving high patient satisfaction by using different service models to bring care closer to the patient (DH, 2006), a fact highlighted in maternity services where private birth centres, independent midwifery and individualised obstetric care are now successfully providing competition for NHS institutions, targeting those women who wished to pay to receive the service they require.

Utilising the PESTLE framework, key drivers for change have been identified including the current successful uptake of private amenity rooms and private parent education within the hospital, the noted middle and upper class demographics within the current geographical footprint of the organisation, and perhaps more influential, the removal of indemnity insurance cover for midwives practicing outside the NHS in 1992 which has resulted in an EU directive in 2013 to make it illegal for midwives to undertake independent midwifery care without insurance. These factors have been useful in creating a meaningful and effective strategy, imperative to communicate with practitioners the reasons for any change in practice and to cultivate a bottom-up approach and encourage ownership by staff on the shop floor.

Strategic opportunities have been identified as being the provision of continuity of care and carer with the “strategic space” of easy transfer to consultant led care for women who may develop problems during their pregnancy and labour. This was deemed to be an attractive prospect to pregnant women who require the provision of a safe service with robust governance mechanisms strictly advocated by public service organisations. The author is aware that from a market segment concept, the pool of women interested in paying for their maternity care is minimal in respect to the overall market share of maternity services at East Cheshire, however, experience gained from the generation of other areas of private income within maternity services, demonstrates a niche for career women who wish to receive individualised care that fits around their work and social commitments.

Identifying mobility barriers in the form of budgetary restraints within the NHS, the private case load would need to start very small with only one or two women taken on at any time. Not too much of a problem from a management perspective at East Cheshire, however, the benefit being that in the initial period only minimal financial outlay is required as the midwives would be working within their current contracted hours.

Management development is also key in helping the organisation meet its future competitive environment (Luoma, 2005). Maddock (2002) advised that “transforming leaders” who could empower others were thin on the ground with too many executives appearing uncertain of their leadership role within the modernisation process. Hambrick and Fredrickson (2001) concurred referring to the lack of strategic awareness among managers as a result of “strategic fragmentation” which affected their ability to reach business targets and contribute to the company’s overall progress. To ensure success, managers within the Maternity Unit can demonstrate strong leader at the head of the department with “good soldiers” who execute the strategy; a clear and compelling vision which gives meaning to the organisation’s vision of sustainability, and as evidence of a dynamic environment (Miles and Snow, 1978) formal strategic planning with extensive policies and procedures are already in place based on interaction and learning.

Executing a strategy is perceived as more difficult than its development and represents a disciplined process or a logical set of connected activities that enables an organisation to



take a strategy and make it work (Hrebiniak 2005). Jacobs (2002) defined change as dependent on champions demonstrating that effective and motivational leadership is essential in tackling cultural and institutional influences. Within our maternity services, this is evidenced by previous change management with the introduction of the innovative practice of midwifery led care in an obstetric unit. With the implementation of private midwifery case loading, both pathways will challenge the historical culture within the Maternity Unit, the previous for transferring the care of low risk women into the sole domain of the midwife, and the latter for introducing private healthcare into a NHS institution. Bolt (1996) suggests that the effective manager should have business mastery, leadership and personal effectiveness in a balanced way whilst determination, self confidence, enthusiasm and energy are all considered markers of positive effect (Watson and Clark, 1994). Ilies et al. concurred advising that positive emotions would positively influence the amplitude of the effort exerted by employees on a specific task (Ilies et al, 2006). Especially relevant in this instance as Mastrangelo (2004) believed that leadership behaviours and actions are important determinants of organisational effectiveness, this being the case the author is aware that the success of private midwifery rests on the shoulders of the midwives who will be marketing the new project and undertaking the care of the women in their home environment.

Positively, in terms of strategic capabilities, the practitioners working within East Cheshire maternity services already demonstrate a set of competencies that if deployed effectively could prove beneficial in increasing the market share of women requesting personalised pregnancy care packages. Currently established within the affluent geographical areas and with an experienced and dedicated work force practicing within robust governance framework and performance management provide a distinct advantage over small institutions and birth centres new to the market place.

#### 5.3.4. To Draw Conclusions and Make Recommendations for Future Marketing Strategies to Ensure the Sustainability of Maternity Services within East Cheshire

Due to the multi-faceted nature of the public sector, it has always been a challenge to develop effective indicators of measure (Peng et al, 2007) especially due to the qualitative nature of health care, a fact also eluded to by Van de Walle (2008) who discussed the

conceptual problem within the public sector being the dilemma of defining its role and the measurement of good performance. Evaluation of this particular strategy would be by a feedback mechanism to include postnatal questionnaires and by verbal discussion with the midwives themselves as these methods have been successful in the past at promoting user involvement in maternity services. Further discussion into the conclusions and recommendations for future marketing strategies will be dealt with in the next section (5.4).

#### **5.4. Conclusions about the Research Question**

For decades, the public sector has been exhorted to learn from and copy private business practices (Heracleous & Johnston, 2009) including the employment of strategic management models, change management processes and management of quality (Ferlie, 2002). Unlike the private sector, however, in the context of the NHS and the delivery of care, there needs to be clarity about the distinction between customer, client, consumer and patient (Hayden, 1993) as managers face the dilemma in distinguishing who has the purchase power, whom the care contract is actually between and who the ultimate beneficiary is in the care process (Bennett, 1994).

In the introduction of private midwifery care, all of the stakeholders are onboard with a remit of ensuring sustainability of maternity services in East Cheshire. With transformational work streams designed within the Trust to co-ordinate and innovate in relation to service redesign, strategic planning and effective marketing of current and prospective services is key to ensuring successful and feasible change management. Collaboration with staff will also result in a partnership and ownership of any new care pathways or innovative practice.

##### **5.4.1. Evaluation of Service after One Month**

Evaluation is a process that critically examines a programme. It involves collecting and analyzing information about a programme's activities, characteristics, and outcomes. Its purpose is to make judgments about a programme, to improve its effectiveness, and/or to inform programming decisions (Patton, 1987) and it is at the heart of efforts to integrate the domains of practice and research (Urban and Trochim, 2009) .

In order to evaluate the process from conception to commencement, a table was used (see figure 6).

**Figure 6**

**Planned proposals for implementation of private midwifery service**

|                                  | January | February | March | April | June Evaluation   |
|----------------------------------|---------|----------|-------|-------|---|
| <b>Task/time</b>                 |         |          |       |       |   |
| <b>Proposal presented</b>        | √       |          |       |       | <b>Proposal of the implementation of a private midwifery service discussed by management team and proposal presented to Trust Board. Validation received. This task went to plan.</b>   |
| <b>Literature review</b>         |         | √        | √     | √     | <b>Literature review commenced and continued throughout project. This task went to plan.</b>  |
| <b>Data collection</b>           |         | √        | √     |       | <b>Primarily data collected from internet and leaflets regarding private midwifery services provided by other organisations. This allowed benchmarking of similar practice and demonstrated the viability of the new service. This task went to plan.</b> |
| <b>Meeting with team leaders</b> |         | √        |       |       | <b>Meeting arranged with team leaders. This was successful as there was 100% compliance due to interviews being arranged in the diary allowing</b>  |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
|  |  |  |   |  | <p>dedicated time to answer questionnaire and any further discussion.</p> <p>This may have been more difficult to arrange for larger groups.</p>  |
| Data analysis                          |  |  | √ |  | <p>The data was analysed successfully.</p> <p>The questions asked were simple and easy to interpret.</p>  |
| Development of marketing strategy      |  |  | √ |  | <p>Marketing strategy was discussed by the management team including the team leader for Styal.</p> <p>This task went to plan.</p>  |
| Pitch service proposal to stakeholders |  |  | √ |  | <p>The marketing strategy was presented to the Trust Board as evidence of task progression. They were pleased with the concept and the proposed financial savings.</p> <p>Two meetings were held to discuss the proposal with clinical staff. These were undertaken a short time prior to implementation. Feedback has been received that staff would have preferred to be involved at the conception stage. In evaluating this stage the author agrees that this would have encouraged more ownership.</p> <p>The concept was discussed at the Maternity Service Liaison Committee with service users present. Further discussion has been tabled after six months to ensure that the quality of</p> |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
|   |  |  |   |   | <b>care for NHS women has not declined.</b>  |
| <b>Interviews for staff post</b>          |  |  | √ |   | <b>The interviews were left till late in the process and the management team underestimated the interest from staff. The initial period of advertisement for post had to be extended from 2 weeks to 4 weeks to allow application. This was a learning curve for the management team and has been taken on board for future reference.</b> |
| <b>Commence private midwifery service</b> |  |  |   | √ | <b>The service was commenced two weeks late due to the delay in interviews. Although the time frame was not met, however, this allowed more time for the circulation of leaflets and further promotion of the new service through GP surgeries and health centres.</b>   |

Although the author acknowledges that the evaluation of the private midwifery led care cannot be undertaken in any meaningful way after such a short period, continuous monitoring is essential as there may be indicators in regard to prevention, quality, and satisfaction with health care (Mainz, 2003). After one month, however, the project has been well received with two women accessing this service. As the initial data collection demonstrated, interest was shown from women in the Wilmslow/Styal/Knutsford area with both clients residing at the same GP practice.

A further, more detailed, evaluation will be undertaken after one year. Regular feedback concerning the service is provided at monthly manager meetings.

### **5.5. Limitations of the Study**

Upon reflection, there were always limitations to this piece of work. Primarily, the research data collected initially regarding the geographical area in which to implement private midwifery case-loading was determined following interview with only 3 participants. Although, this was negated by the experience and seniority of the team leaders chosen to participate, it is acknowledged that the methodology could have been expanded, allowing for more robust and definitive conclusions and recommendations. For example, more time would have allowed for an increase in the number of staff interviewed and perhaps the application of data collected from focus groups.

The strategy adopted by the author in her role as Deputy Head of Midwifery, in choosing team leaders in order to discuss area of implementation could also display bias due to organisational and national politics surrounding the NHS in relation to sustainability in the current financial climate. This limitation would potentially be a problem with any staff utilised due to the fact that participants may or may not be influenced by other colleagues or departmental vision. In support, interviewing the 3 team leaders did provide discussion from a representative from all geographical areas and there was 100% feedback rate.

### **5.6. Opportunities for Further Research**

Until private midwifery case loading is underway it is difficult to make further recommendations for the future. The author, however, has thoughts of expanding the care packages to include not only the antenatal and postnatal periods, but individualised care in labour although there is the recognition that this would require more financial resources and more commitment from the current midwifery team. There may also be the opportunity to expand premises, utilising space within the hospital to provide a private midwifery wing.

Reflecting on the limitations of the study should there be further implementation private midwifery or any similar organisation change, more views could be collected from staff encouraging participation and engagement. Although this was not a problem during this research, there could have been problems which are well known within change management literature. There is a need for future research after one year of implementation when the change in practice is more established within the Maternity Department. This

research would provide more useful data for all stakeholders being shared locally within the organisation and nationally as a research paper.

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**Appendix A**

**Please complete this questionnaire following discussion with your team. This is in preparation for your meeting on**

.....

**Q1. Please state your current geographical area of midwifery practice?**

**Q2. During the last 12 months, how many women have enquired at booking about the provision of private midwifery care or expressed an interest in continuity of midwifery care?**

|   |   |     |      |     |
|---|---|-----|------|-----|
| 1 | 2 | 3-5 | 5-10 | 10+ |
|---|---|-----|------|-----|

**Q3. How would you rate the potential uptake of a private midwifery service within your geographical area of practice?**

**Excellent** **Poor**

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Q4. Please advise of any current or potential private midwifery service in your geographical area?**

**Q5. Please discuss marketing strategies that would be successful in your geographical area of practice?**