Commissioning better maternity services in the new NHS

Mark Davies
Director, Children, Families and Health Inequalities
“Women should receive excellent maternity services that focus on the best outcomes for women and their babies and women’s experience of care.

To help achieve this, we are continuing to make extending choice and continuity of care in maternity services a key priority for the NHS.”
Giving every child the best start in life is crucial to reducing health inequalities across the life course

- Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient

- Ensuring that parents have access to support during pregnancy is particularly important

- An integrated policy framework is needed for early child development to include policies relating to the prenatal period and infancy, leading to the planning and commissioning of maternity, infant and early years family support services as part of a wider multi-agency approach to commissioning children and family services
• While responsibility for commissioning maternity services should sit with GP consortia, we will expect the Board to give particular focus to promoting quality improvement and extending choice for pregnant women.

• The Board will support consortia to work together collaboratively to commission services: consortia will be able to group together, or pool resources with the Board, where this makes most sense.

• The Board will also directly commission specialist neonatal services (i.e. the 10% of babies requiring SCBU)
What does that mean?

- CCGs commission maternity services and transitional care
- NHS Commissioning Board commissions primary care: contraception, preconception and GP involvement in maternity
- Local Authorities commission public health: smoking cessation, weight management, teenage pregnancy and breastfeeding support
- NHS Commissioning Board commissions neonatal services and health visiting
- CCGs commission paediatrics
- Local Authorities commission early years services
Pregnancy to 5 years

**Conception**
- Contact Midwife or GP
- Booking Appointment
- Antenatal checks, screening & scans

**Birth**
- Antenatal education/ prep for parenthood
- New Baby Review
- Postnatal Care
- 6 week check for mother and baby

**School Entry**
- 1 year review
- 2.5 year review
- 5 year review

**Healthy Child Programme**
- Reviews of child development and family health, early identification of family strengths and any risks, parenting support and health promotion

**Maternity and newborn networks**
- Seamless pathway

**Pre-conception information & education**

**Additional support from Health Visiting Team**
- Family Nurse Partnership programme
- Higher level maternity care if needed
- Neonatal Care if needed

**System**
- Maternity and newborn networks
- Health Visitor Implementation Programme – an extra 4,200 HVs and a new service vision for health visiting
- Doubling the places on the FNP programme

**Commissioning – Quality Standards – Outcomes – Payment Systems**
CCG Pathfinder Project on Maternity

• Identify CCGs who would like support to develop maternity commissioning skills and expertise

• Work with them and other stakeholders to identify skills, tools and learning required

• Share that learning amongst the CCG network and Commissioning Support Organisations

• Inform the NHS Commissioning Board in developing its assurance role
The key maternity messages for commissioners

- Birth rate has gone up 22% in last decade
- Complexity and risk factors for women have increased considerably
- Staffing levels in midwifery, obstetrics and sonography in many areas fail to meet national recommendations
- Outcomes are generally good, with considerable local variation and many opportunities for improving clinical outcomes and experience
- Safety is the highest concern, but women’s experience of maternity services impacts longitudinally on health and wellbeing
- It’s a high profile service which excites public and political attention especially around configuration
- Focus tends to be on the birth event rather than the contribution of antenatal/postnatal care to long term health and wellbeing
- Implementing choice, continuity, 1:1 care in labour etc has been patchy and there is still much to do
- There is a good track record of involving users but the voice of GPs has declined over time
Messages from CCGs

- Relationship between primary care and maternity services has been poor – GPs feel excluded
- Many CCGs see the opportunity for integrating maternity within the early years and public health agenda
- Beginning to recognise there is danger of fragmented commissioning (and provision) in that pathway
- Many CCGs not ready to think about maternity yet
- A number open to consider collaborative arrangements for commissioning at scale
- Handling maternity configuration (closures) concerns them
- They are aware of but not confident about ‘scary’ issues such as caesarean section, choice and litigation
- Anxious about lack of robust data to inform commissioning
Clinical Commissioning Groups: Grabbing their Attention

- About 220 pathfinders
- Size range from pop 18,900 to 755,906?
  - Pop 100,000 equates to approx 1400 births
  - Pop 200,000 equates to approx 2800 births
  - Pop 300,000 equates to approx 4000 births
- Average maternity unit delivers around 3-4,000 babies a year
- Low level of GP engagement with maternity services to date
- Direct maternity spend accounts for about 3% of existing PCT budgets
- CCGs will be supported by Commissioning Support Services
  - E.g. in South of England there will be 6 CSS
  - Some are deciding to buy in maternity/children’s expertise
## Making Maternity Relevant to CCGs

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<th>CCG Population</th>
<th>Est Births per Year</th>
<th>Est Maternity Spend</th>
<th>Est births to women &gt;35</th>
<th>Est perinatal mortality</th>
<th>Est Caesarean Sections</th>
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Maternity Challenges that link with CCG interests

• Preconceptual care
  – Fit for pregnancy fit for life
  – Screening/advice to women with LTC
• Perinatal mental health services
  – Who commissions – who provides
  – Identification and referral pathways
• Rising birth rate
  – Increasing closures/suspensions
• Increasing complexity and acuity
  – Supporting high risk pregnancies
• Integration with early years
  – Transitions to health visiting and child health services
What might help CCGs?

Understanding local need
- Example: the WMPI template for conducting needs assessments
- Example: using MSLC to prepare handover report (South West)
- Locally produced JSNA

Benchmarking performance
- Example: using the CHiMat data source
- Example: RCM - questions to ask your provider fact sheet
- Example: LSA MO Reports
- NHS provider data

Outcomes & Standards
- Example: commissioning outcomes framework - application to maternity
- Example: NICE quality standards for maternity - yet to be developed
- Example: PH Operating framework
- Example: local maternity dashboards

Service specifications
- Example: London, South Central and Bolton service specs
- Example: DH/RCM/ROG fact sheet on PbR

Strategy
- Links to all relevant documents
- Proposals around joint commissioning
- Proposals around bringing providers together in networks
Integrating with other services to improve outcomes in the early stages of the life course

Action on inequalities for infant, children and young people’s health is backed by a system of outcome indicators.

The Public Health Outcomes framework seeks to improve and protect the nation’s health, and improve the health of the poorest fastest. Key indicators for infants, children and young people include:

- Children in poverty
- School-readiness
- Low birth weight
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conception
- Child development at 2 - 21/2 years
- Excess weight in 4/5 and 10/11 years old
- Children and young people’s health outcomes strategy to be published in the summer
Commissioning informed by new evidence as well as NICE Clinical and Quality Standards and Outcomes Frameworks

• ‘Birthplace in England’
  – Giving birth is generally very safe - in straightforward, ‘low-risk’ pregnancies, poor outcomes for babies are uncommon regardless of where mothers plan to give birth
  – First-time mothers planning to have a home birth have a significantly increased risk of poor outcomes for the baby
  – Transfers to hospital from other birthplaces are relatively frequent, particularly among first-time mothers where more than a third (36%–45%) of mothers are transferred during labour or immediately after the birth
  – The safety, lower costs and fewer interventions seen in midwifery units could see an increase in their number in future
A new relationship between primary care and maternity services

- Consensus statement by RCGP, RCM, RCOG - The role of the General Practitioner in Maternity Care

The statement acknowledges that GPs have an important role in maternity care and sets out a minimum of seven criteria that they should achieve to demonstrate their competence in this area, including:

- Pre-conception care, especially for those with complex care needs
- Health promotion in early pregnancy, including managing conditions such as bleeding
- Recognising and signposting emergency conditions directly to hospital
- Follow-up care for medical conditions such as diabetes and hypertension
- Provision of postnatal and contraception advice
Maintaining the momentum

• Dissemination of the tools and resources to support commissioning maternity services through the CCG Pathfinder Network and website

• Identify and start to build relationships with Commissioning Support Services – how are they going to access maternity expertise?

• Find common ground between CCGs and maternity services

• Clarify the relationship between GPs and maternity services

• Identifying the opportunities and challenges

• Help shape the role of the NHS Commissioning Board in relation to maternity

• Continue to work with the Professions through the transition