Commissioning and marketisation of maternity services

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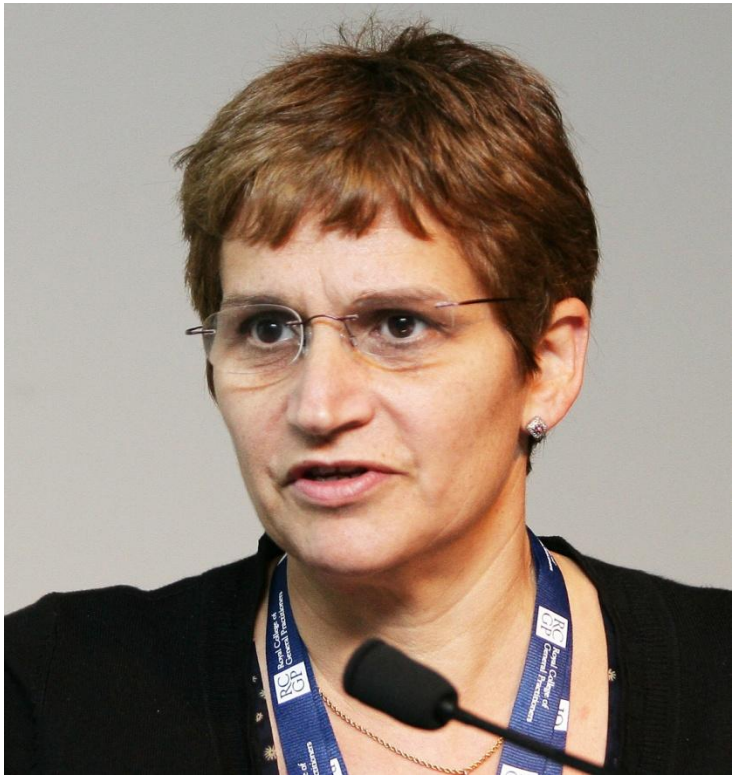


High Quality Women's Health Care:

A Proposal for Change July 2011

Royal College of General Practitioners

Royal College of Obstetricians and Gynaecologists

Bringing to life the best in women's health care

The Royal College of Midwives

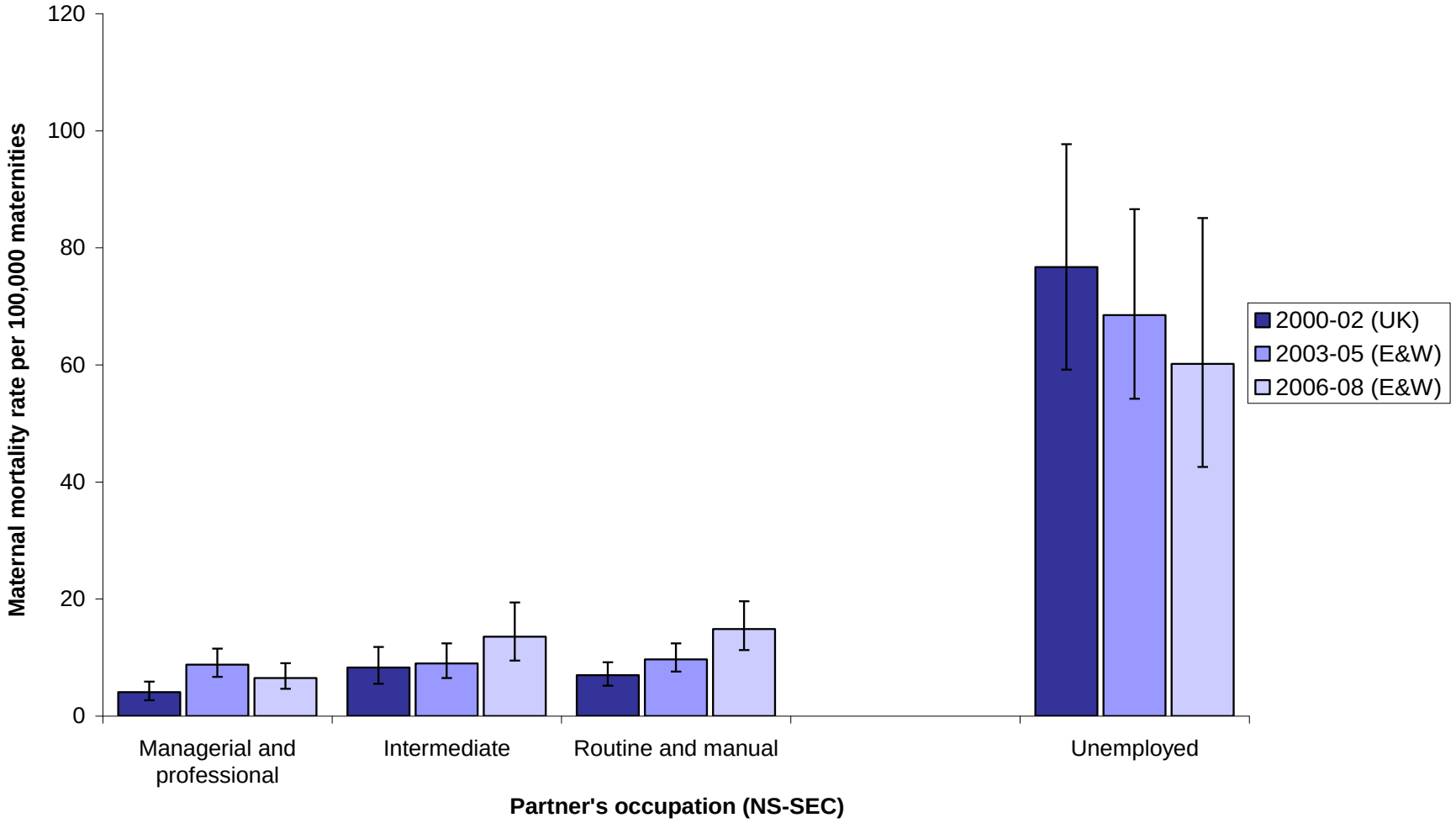
Consensus statement by RCGP, RCM, RCOG

The role of the General Practitioner in Maternity Care 2011

Does the NHS need to change?

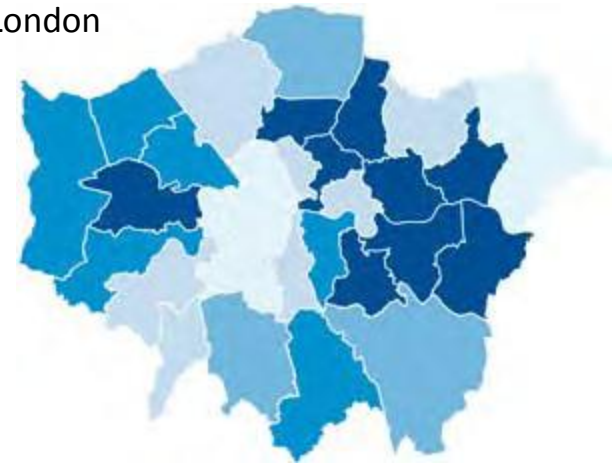
- £20b savings over 4 years (the Nicolson challenge). 4-5% total NHS budget
  - Ageing population
  - Medical complexity
  - Medical technologies
  - Workforce
    - EWTD
    - Midwifery
- Barriers in care
  - Primary-secondary care interface
  - Tariffs-PbR
- Health inequalities
  - Importance of birth and early years

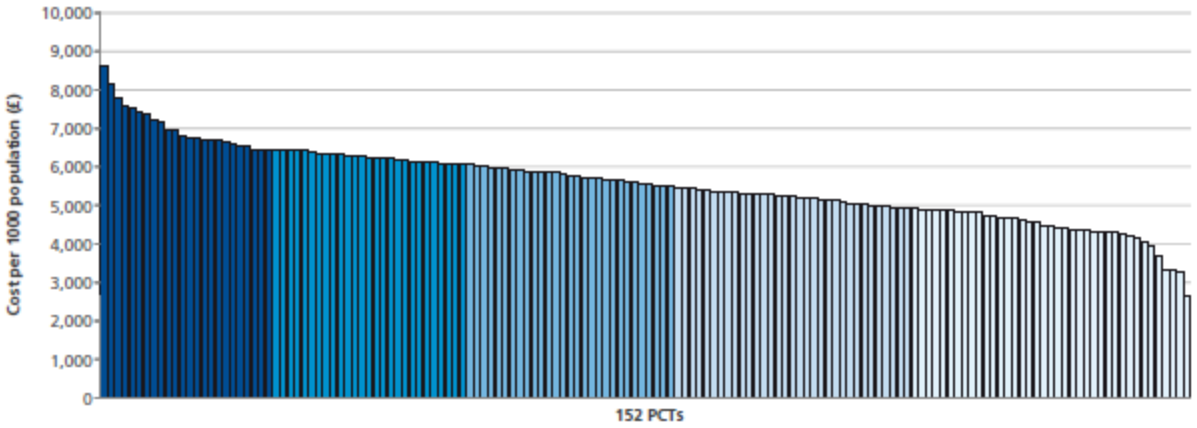
Maternal mortality rates by occupational group E&W: 2003-08.

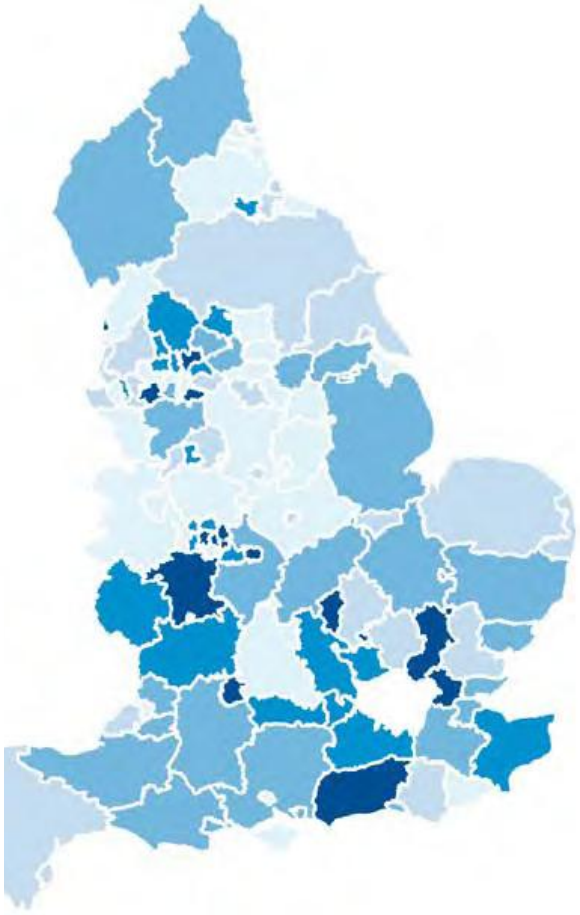


Rate of expenditure on Caesarean section (without complications) per 1000 population by PCT

London







The NHS Atlas of Variation in Healthcare

How does the government propose to do this?

- Patient at centre of their care. **Choice** and **Joint decision making**

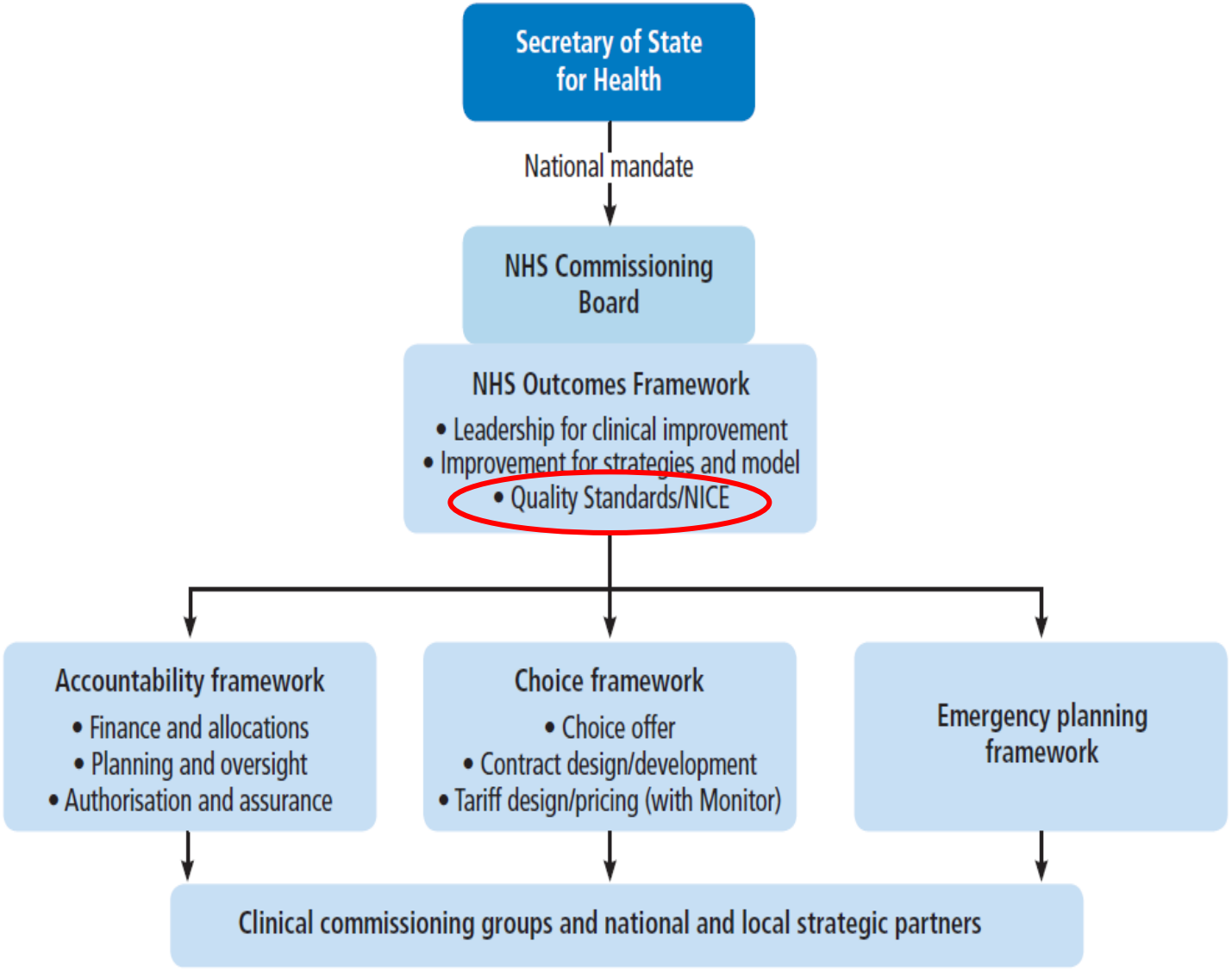
  "No decision about me without me"

- **QIPP** – quality, innovation, productivity, prevention

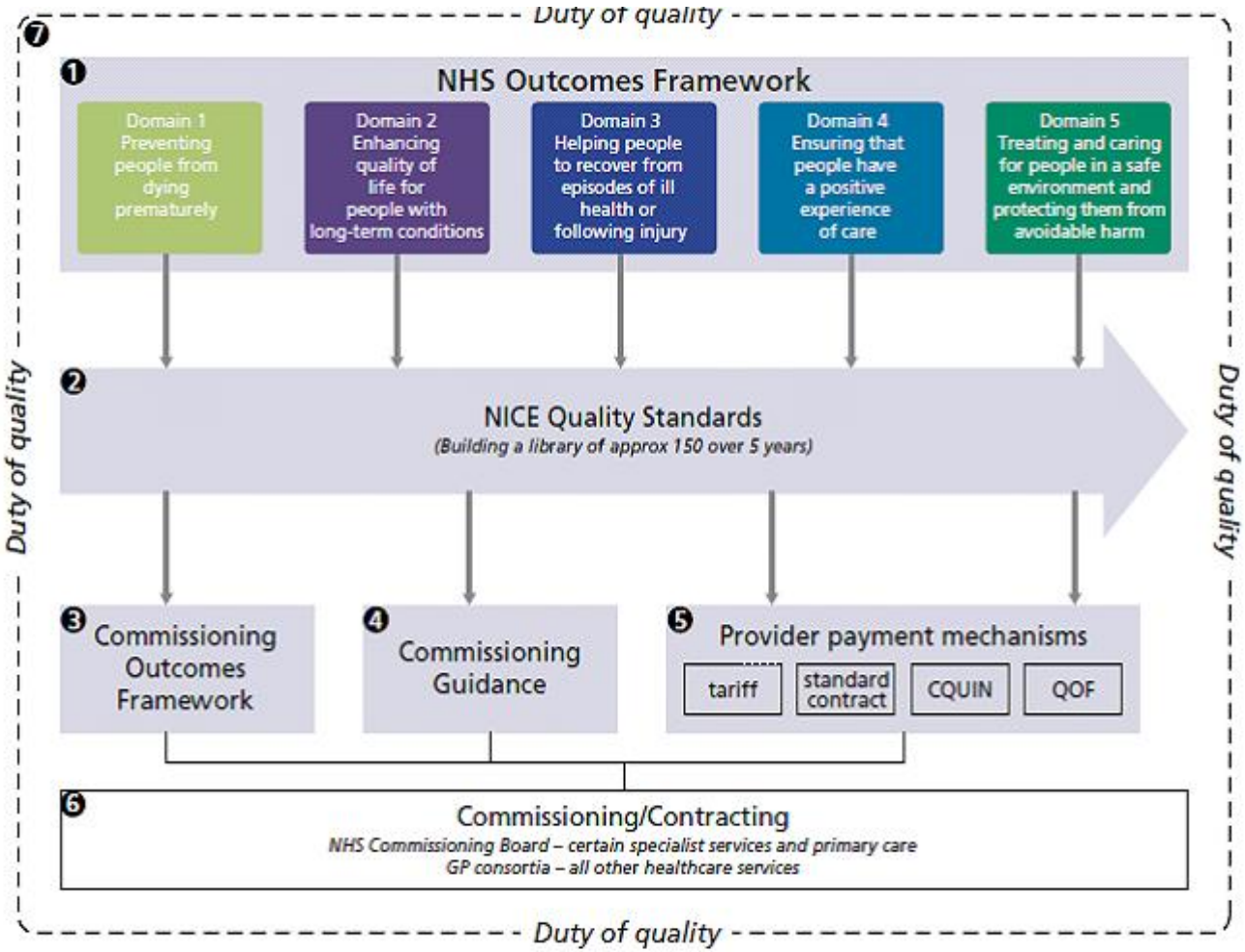
"cannot be delivered through top down targets but by focusing on **outcomes** giving **real power to patients** and devolving power and accountability to the **frontline**."

- By means of **commissioning**

Figure 1: Key frameworks to deliver the work of the NHS Commissioning Board



Quality standards



Choice agenda and maternity services

Choice agenda

- Maternity Matters
  - choice, access and continuity of care in a safe and high quality service
- Personal budgets
- Extending choice
- Joint decision-making

NHS Direct - CVS and Amniocentesis - Windows Internet Explorer

https://www.nhsdirect.nhs.uk/DecisionAids/PDAs/PDA_Amniocentesis_CVS.aspx

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CVS and Amniocentesis

1 Introduction | 2 About you | 3 Your options | 4 Your preferences | 5 Summary

- It's your choice
  - Making the best decision
  - Deciding with a partner
  - Uncertainty and anxiety
- Why CVS or amniocentesis
- Down's syndrome
- Other conditions

It's your choice

Deciding about a CVS or amniocentesis is a very personal decision. No one can make this decision for you. Only you and your partner know what is best for you. You need to decide if you want to have these procedures.

Additional information

This NHS Direct PDA is based on Amniodex, a patient decision support intervention developed by the Decision Laboratory at Cardiff University with funding provided by the Sir Halley Stewart Trust. More information on Amniodex can be found here.

Click here to open a list of references used in authoring this PDA.

Click here for a list of glossary terms.

Continue/Add to Summary

I decided to have a test

I decided not to have a test

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But

"choice may have to be influenced by the availability of services. Choice needs to be aligned to the level of complexity and risk. Women will be expected to make informed choice based on the best care available"

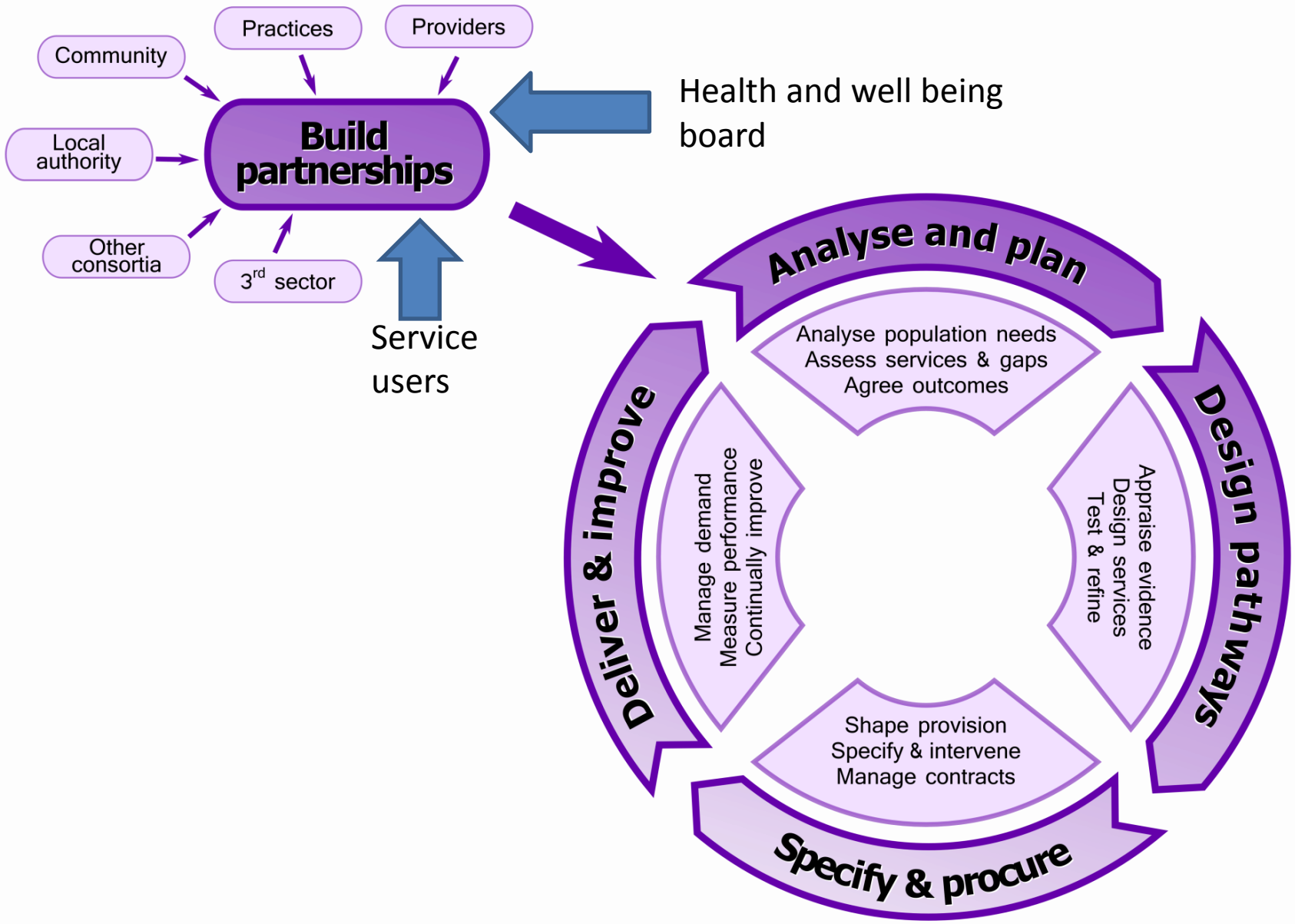
- What if more women choose to have a Caesarean?

Clinical commissioning groups

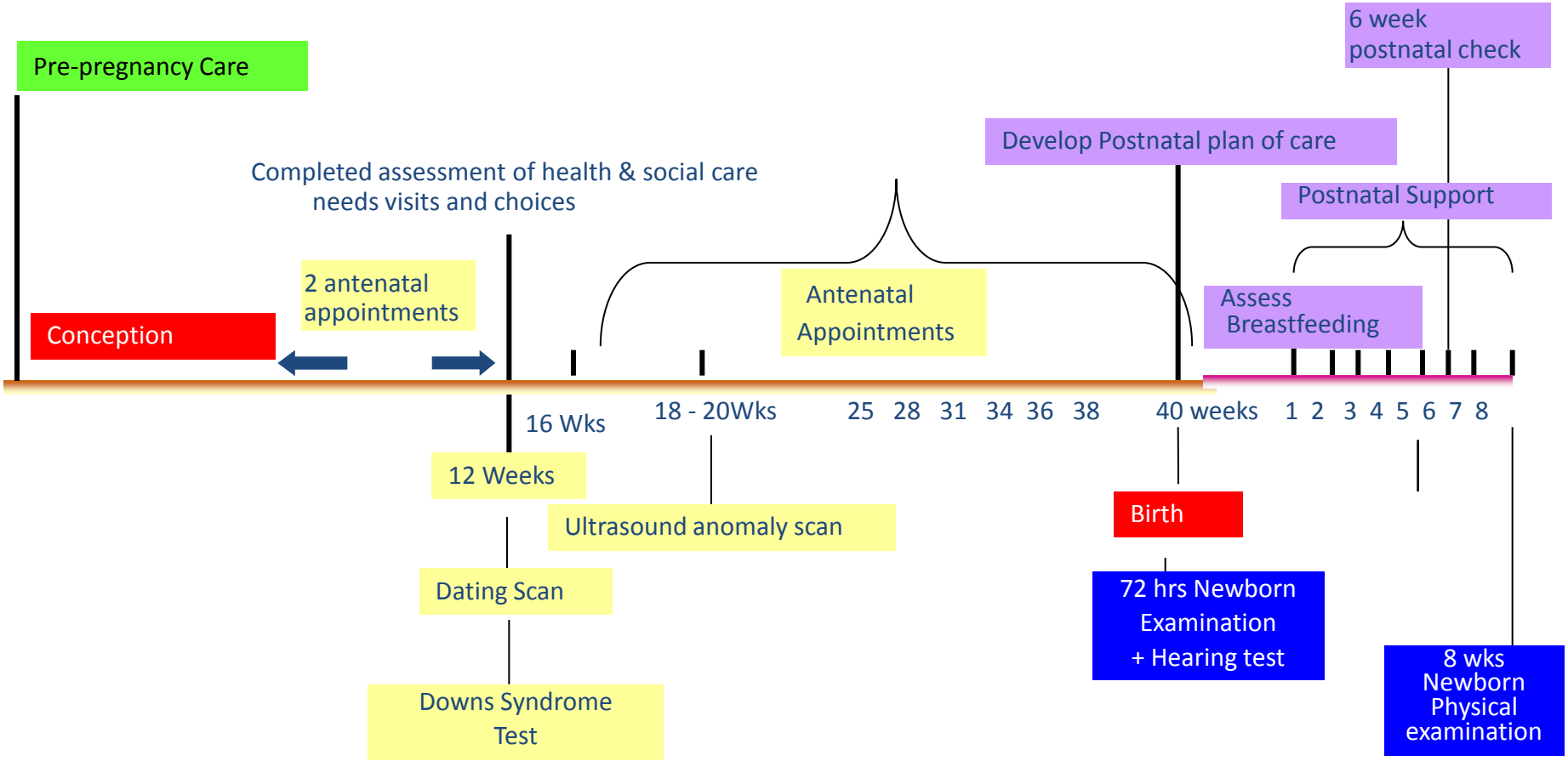
- Every GP practice involved
- GPs and other clinical colleagues
- National Pathfinder Programme
- Authorisation by NCB, some will start to operate independently from March 2013
- Maternity pilots

Clinical Commissioning Cycle

RC GP Centre for Commissioning



The Maternity Pathway in England

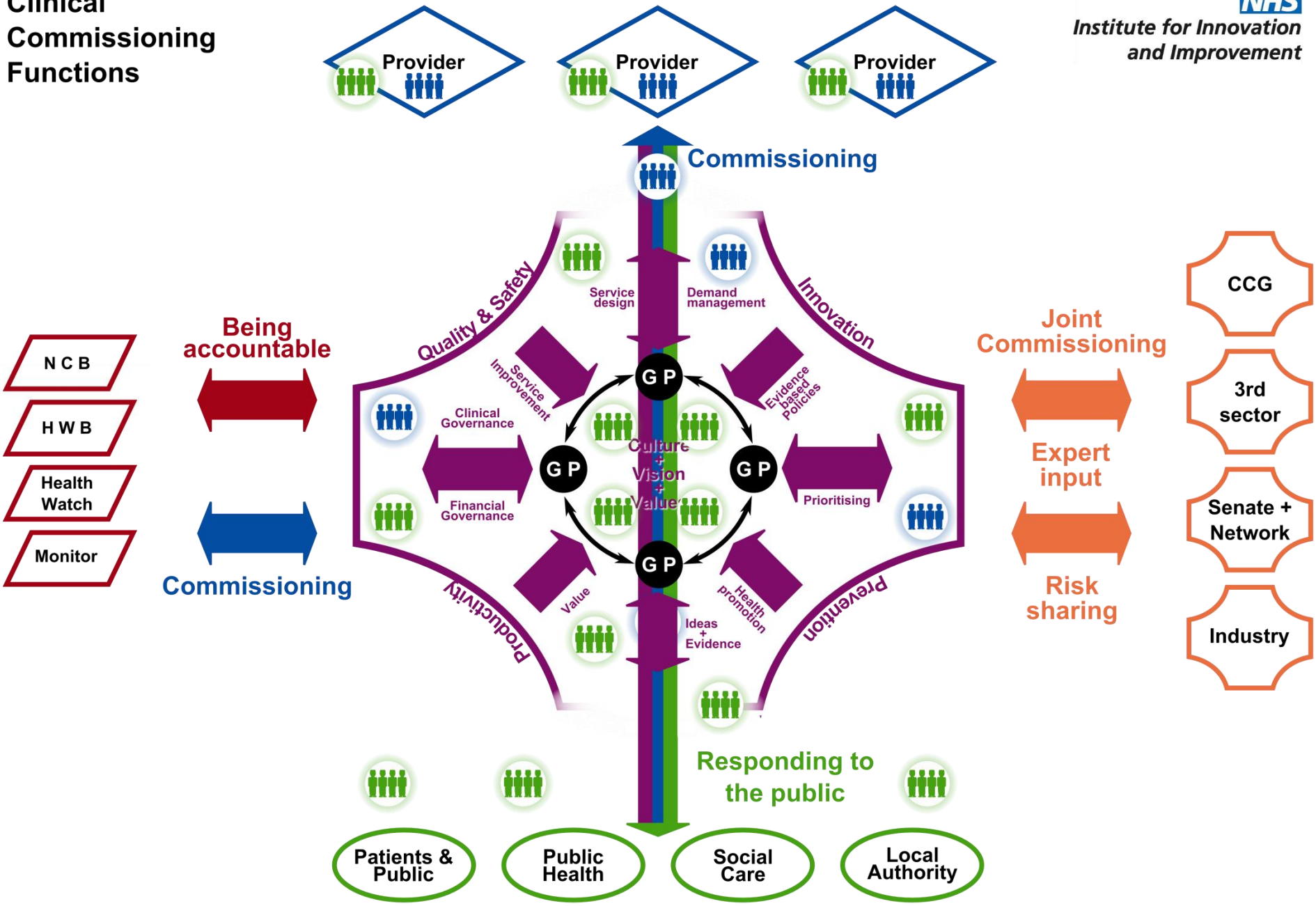


The challenges for effective clinically-led commissioning

- analysing and responding to the needs of a community, working with LA, PH and HWB
- designing pathways of care
- specifying and procuring services that will deliver and improve agreed health and social outcomes.
- carried out within the resources available.
- will need Time and Cooperation

Clinical Commissioning Functions

NHS Institute for Innovation and Improvement



Competition v integration

“Marketisation” of maternity services

External market

- Scope for AQP in maternity services?
  - Home delivery service
  - Ultrasonography: dating and screening
  - Antenatal Education, bereavement services
  - Postnatal care

Internal market

- Mergers and reconfigurations, especially in large cities
- Increase in midwifery-led units, reduction consultant-led units.
- Skill mix - More use of maternity support workers
  ?GP re-engagement in antenatal care

Conflicts with commissioning and marketisation of maternity services

- Competition and choice v integration.
- GP role as commissioner and provider
- Will services fail?
- Local v centralised services
  - "Localise where possible, centralise where necessary"
- What will be the effect on health inequalities?

The RCGP view

- Established RCGP Centre for commissioning
- In favour of clinician-led care
- Promote collaboration and integration

"Divided we fail"

Iona Heath, President of RCGP

- AQP only when it adds value
- Concerns about 'Arms length accountability' when SoS delegates to NHSCB…
- *"GPs must focus on caring for their patients, and not allow financial concerns to dominate their professional lives". (We must not) replace the language of caring with the language of the market"*

Clare Gerada, RCGP Annual Conference 2011

Commissioning and Marketisation of maternity services

- There's a lot of change afoot and still a lot of uncertainty
- Hopefully, all health professionals, including midwives, will be actively involved in every maternity commissioning group and will work together to integrate patient care
- Hopefully, CCGs will deliver the government's agenda for improvements in quality of maternity care, within budgetary constraints
- Potential to be very disruptive

“We must focus on the needs of the woman and her baby by providing the right care, at the right time, in the right place, provided by the right person and which enhances her experience”

High Quality Women’s Health Care, RCOG, 2011