RCM response to 2019/20 payment reform proposals from NHS Improvement. October 2019

Maternity

We are making all maternity prices non-mandatory to address the issue that the maternity pathway payment includes some public health services, known as Section 7A public health services. These services fall outside the scope of national prices in the national tariff.

We are also proposing some other changes to the pathway (see questions below).

Making all maternity prices non-mandatory

To what extent do you support the move to non-mandatory prices?

• Strongly support • Tend to support • **Neither support or oppose**	• Tend to oppose • Strongly oppose • Don't know

Do you have any comments?

The RCM understands the legislative predicament that NHSI find themselves in, in regards to public health services being inadvertently included in the maternity pathway payment tariff. However, we are concerned that the potential consequences of the move to non-mandatory prices hasn't been properly explored by NHSI. We note this move has been described as 'in the short-term', but no time limit has been set nor any detail been given of how this is going to be sorted out in the long-term. NHSI must lay out how this problem can be fixed without risking destabilizing maternity prices.

Specialist fetal medicine

We propose to remove specialist fetal medicine from the scope of national prices. NHS England would directly reimburse designated providers, operating a networked hub-and-spoke approach, for the care provided.

To what extent do you support this proposal?

• **Strongly support** • Tend to support • Neither support or oppose	• Tend to oppose • Strongly oppose • Don't know

Do you have any comments on this proposal?

We think there is good reason for this change and we are hopeful that women will see improved outcomes from being cared for by the right clinicians in the right place for her and her baby.

Delivery payment levels

We are considering moving from two payment levels to a six- or 36-level payment approach. The 36-level payment approach would mean providers are reimbursed on the basis of each of the 36 birth HRGs; the six-level approach groups the HRGs together, reflecting clinical complexity.

To what extent do you support the proposal to introduce more granular payment levels?

• Strongly support • Tend to support • Neither support or oppose	• **Tend to oppose** • Strongly oppose • Don't know

If a more granular approach was introduced, would you prefer six or 36 levels?

6 levels	36 levels	No change (2 levels)

To what extent do you agree that the potential negative impact on providers offering home births should be mitigated?

• Strongly agree • **Tend to agree** • Neither agree nor disagree	• Tend to disagree • Strongly disagree • Don't know

Do you have any comments on the proposal to move to more granular payment levels?

Since the MPP was established, there have been signals in the pricing to try change clinician behaviour. We recognise NHSI's retrospective analysis has established that the signals in pricing to encourage fewer interventions in birth haven't worked as planned.

However, we think removing all the signals in MPP places the policy goals of *Better Births* at risk. The Maternity Transformation Programme has a clear goal to introduce new providers into the market; these new providers are midwives who can only provide midwifery care and who will naturally carry out fewer interventions because of their model of care and their scope of practice.

There has been slow progress on the goal to increase more providers into the market. North East London's attempts with Neighbourhood Midwives have clearly shown that the financial realities of these providers are difficult to overcome.

We think if more granularity is implemented, a 6-level payment level would be better than 36-level.

It strikes the right balance between reimbursing providers for their care to women, with the need to make sure the policy goals of midwifery-led care and increasing competition are facilitated.

Moving to a 36-payment level will not make it any easier for new providers to enter the market. We also think it sends the wrong message when the variation in interventions across the country shows that not all this complex obstetric care is necessary for the health of all women. We need to be mindful that 'too much too soon' is a problem just as 'too little too late'.

We are disappointed that NHSI have only been able to tailor support for midwifery-led births to those which happen at home. We hope that further analysis of all midwifery- led births will allow NHSI, in the next iteration of the tariff, more fully develop the right policy signals, rather than this simplistic approach.

Abnormally invasive placenta (AIP)

- We propose removing abnormally invasive placenta from the scope of national prices. Care would be delivered from a number of specialist centres and be directly reimbursed by NHS England Specialised Commissioning

To what extent do you support this proposal?

• Strongly support • Tend to support • **Neither support or oppose**	• Tend to oppose • Strongly oppose • Don't know

Do you have any comments on this proposal?

The RCM understands a panel of experts have recently published consensus statements aiming to standardise the descriptions and minimum requirements for an ultrasound scan to diagnose AIP (Collins et. al and Alfirevic et. al). We also understand the rationale of NHSE to limit specialist services to specialist centres/practitioners, as also seen recently with proposals on fetal medicine. However, we would like to have noted that the evidence standard driving this commissioning decision, as an expert opinion, is not as robust as in other decisions. While the status quo is not optimal for women with AIP, we would like to see more work done to establish the evidence behind this particular commissioning decision over other options (which haven't been outlined in this consultation).

Postnatal complexities

We propose to update the complexity factors for the postnatal phase and change the casemix assumptions used to calculate postnatal phase prices.

To what extent do you support this proposal?

• **Strongly support** • Tend to support • Neither support or oppose	• Tend to oppose • Strongly oppose • Don't know

Do you have any comments on this proposal?

We are happy to see the evidence base catch up with what the RCM and service users groups have been saying for years: more women need more postnatal support.

Of course, we are unhappy that the overall quantum for postnatal care (and the MPP as a whole) has not increased, but we hope the upcoming Autumn Budget will focus on maternal health and giving all children the best start in life.