Appendix 2

NHS funding of maternity services

The current payment arrangements for maternity services are set to change in 2013. CCGs will have little opportunity to control maternity spend through referral mechanisms so will need to be confident that providers are providing appropriate levels of care.

Current Arrangements: In most instances, maternity services are funded through two distinct mechanisms, firstly local contracts between PCTs and acute units for community antenatal care and postnatal care usually based on block contracts; whilst the national payment by results (PbR) system provides a series of tariffs for inpatient and some clinic activity and for intrapartum care. These tariffs have failed to capture in a coherent way the work that is undertaken in maternity care and have introduced an incentive for providers to intervene more often during pregnancy.

Proposed Pathway system for introduction 2013/14: A new system which brings all maternity care into PbR is now being tested. It will pay for maternity services as a pathway bundling together all the care needed for pregnancy and paid for upfront. The aim is to create incentives for providers to deliver the best, proactive care to prevent avoidable complications and interventions. The rationale is that the more proactive services are, the less interventions will be necessary and the fewer expensive interventions services undertake, the more money providers will save. Neonatal care will continue to be excluded from the pathway payment and will be commissioned and funded separate from maternity through the NHS Commissioning Board.

Intermediate		***Intensive***
Current factors	Complex social factors (including domestic violence) Obesity BMI >35 Physical Disabilities Underweight BMI <18 Substance/Alcohol Misuse	Twins or more
Medical factors	Mental Health Hepatitis B or C Generic/Inherited Disorder Epilepsy requiring convulsants Hypertension Previous uterine surgery (exc LSCS)	Cardio vascular disease HIV Malignant Disease Diabetes/other endocrine Rhesus isoimmunisation Renal disease Severe (brittle) asthma Autoimmune disease Venous thromboembolic disease Sickle cell/ thalassaemia Thrombophilia/clotting disorder
Previous Obstetric History	Pre-eclampsia, HELLP Puerperal psychosis Term baby ,21/2kg or 41/2kg Intrauterine growth restriction	Previous fetal congenital anomaly that required specialist fetal medicine