

# APPG on Maternity

## Payment by Results & Midwife-led Units

*Richard Hallett*

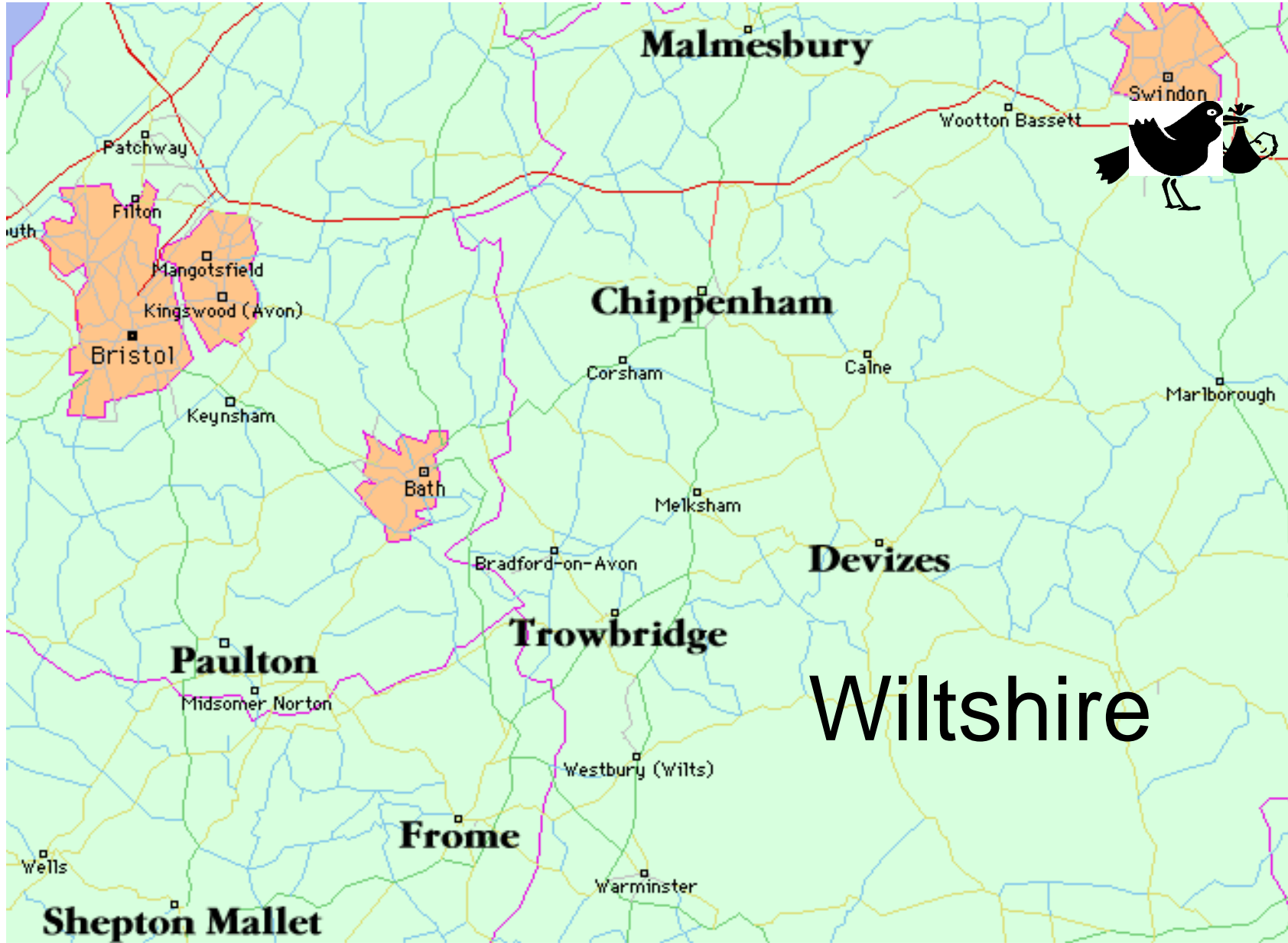
*19<sup>th</sup> October 2006*

APPG on Maternity

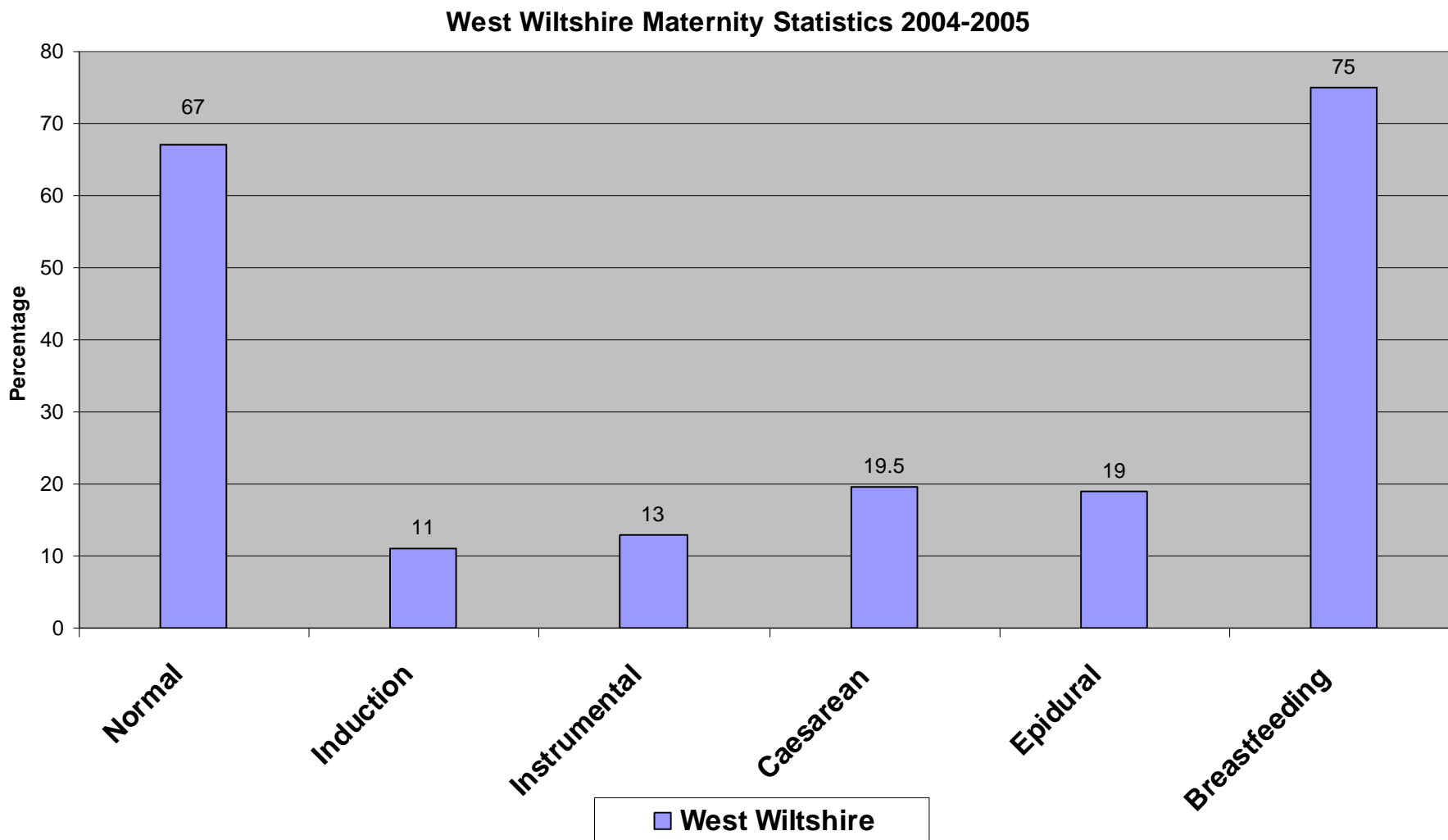
Payment by **Results**

&

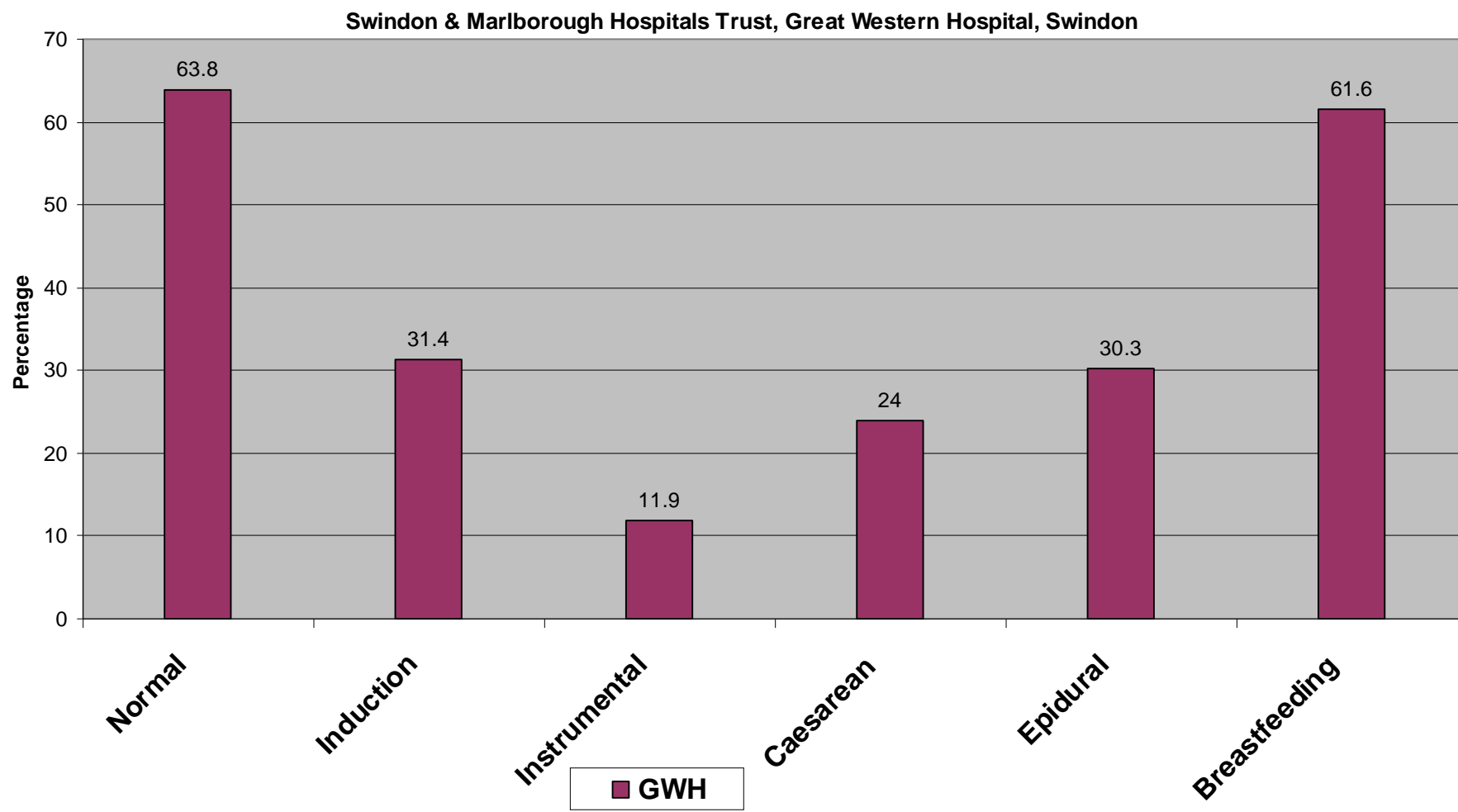
Midwife-led Units



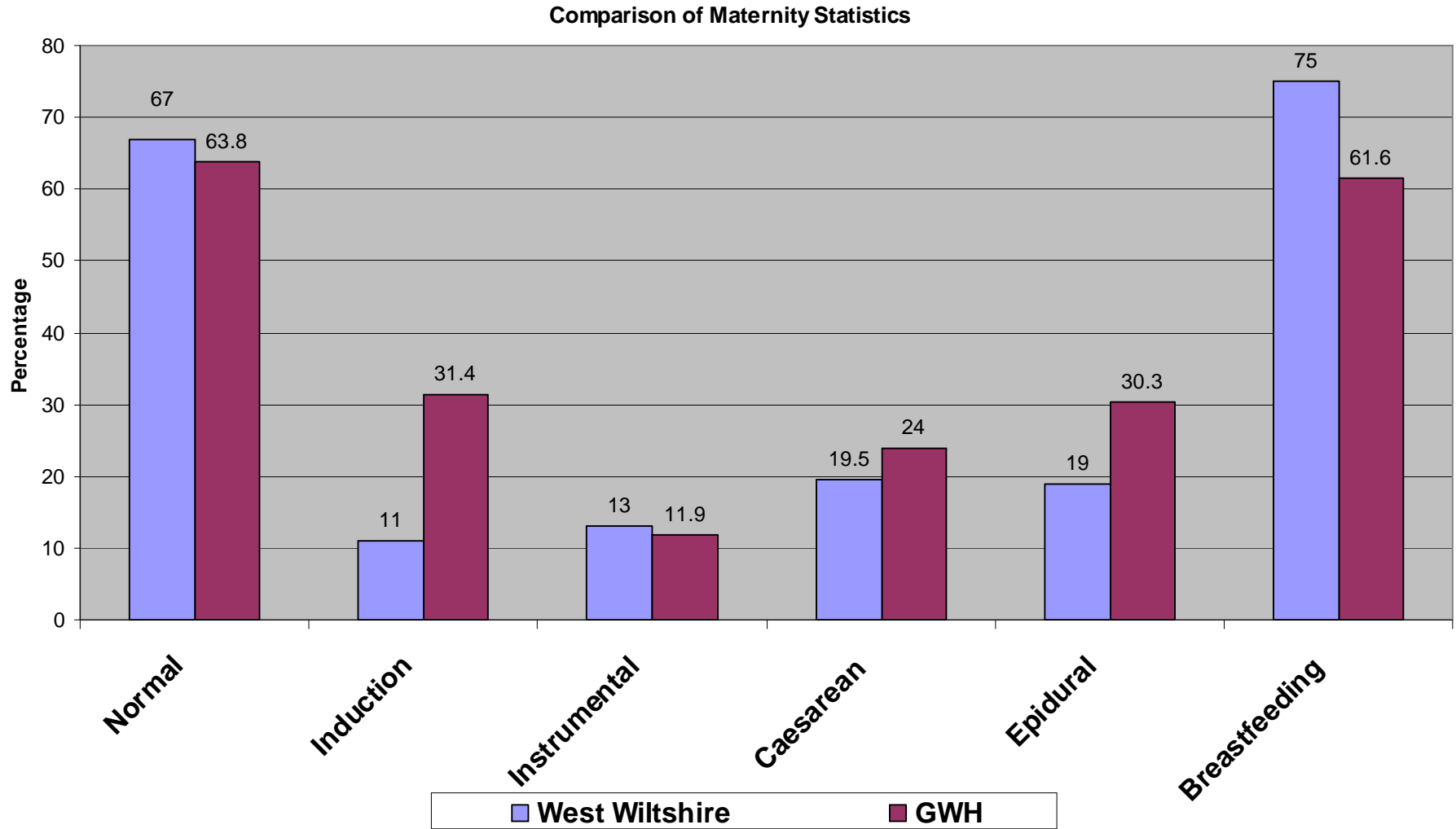
# Maternity Statistics - West Wiltshire Provider (All women including 7 Midwife-led Units)



# Maternity Statistics - Swindon & Marlborough Hospitals Trust, Great Western Hospital, Swindon



# Comparison of Maternity Outcomes for all women cared for by West Wiltshire PCT Provider Service & Swindon & Marlborough Hospitals Trust (Great Western Hospital)



# Mapping Maternity

An alternative and complementary approach

- compare outcomes **based on where these women live**
- rather than the location of the unit they accessed.

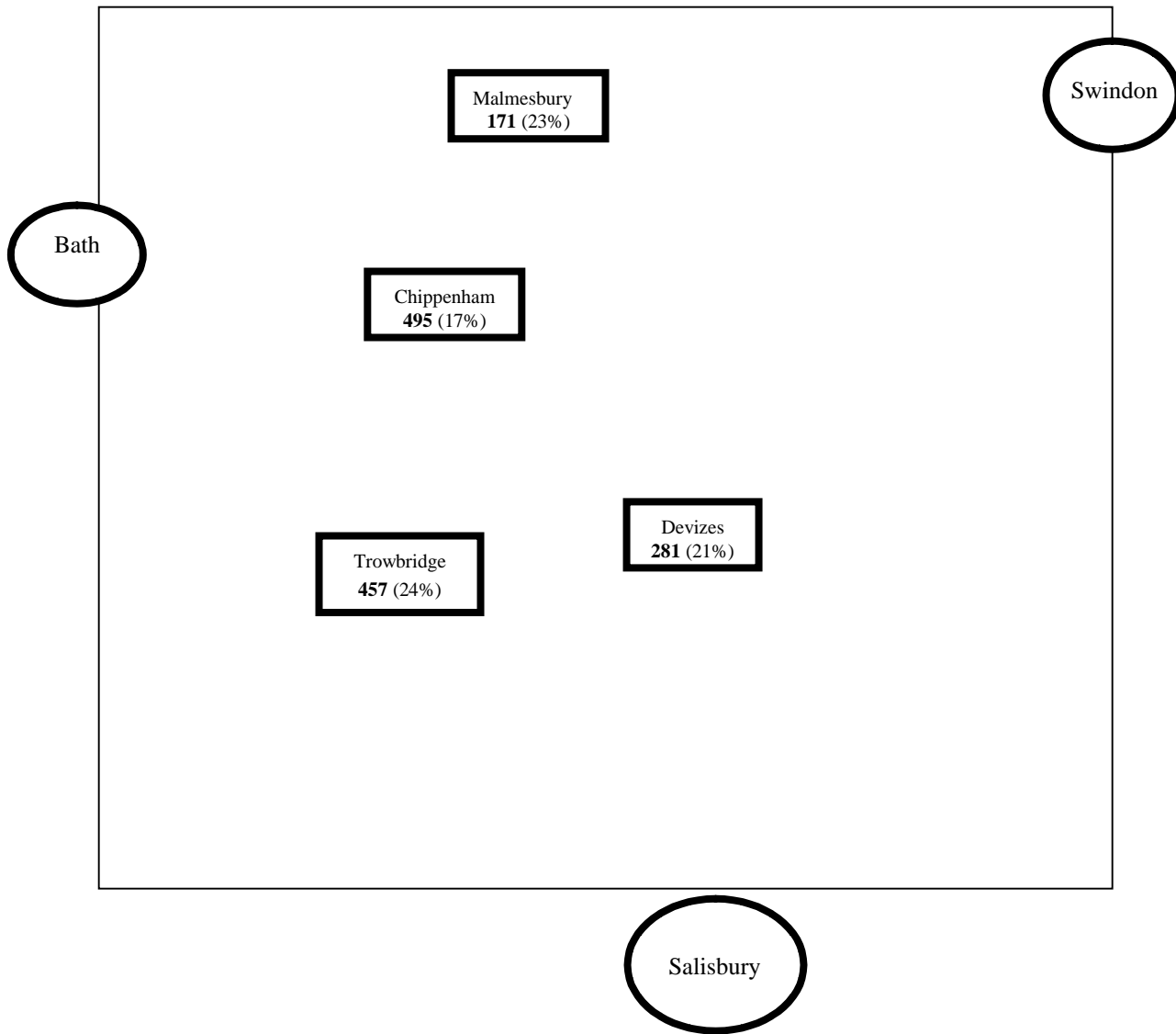
**Ideally this would be postcode based,**

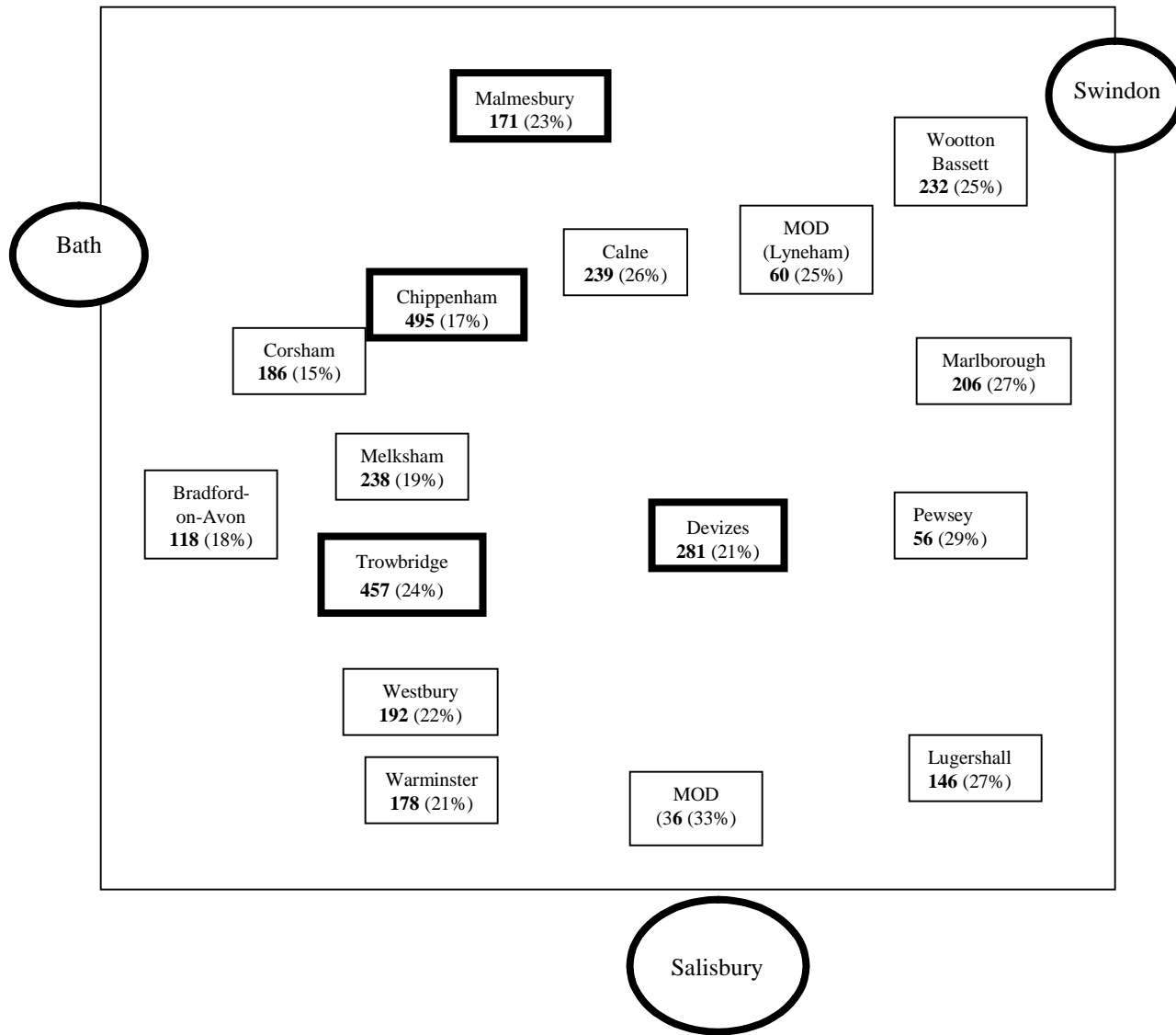
- innovative piece of analysis K&NW / WW PCT
- **based on the GP surgeries to which women are registered.**

**Surgeries are grouped into 'town locations' – diagrammatically shown.**

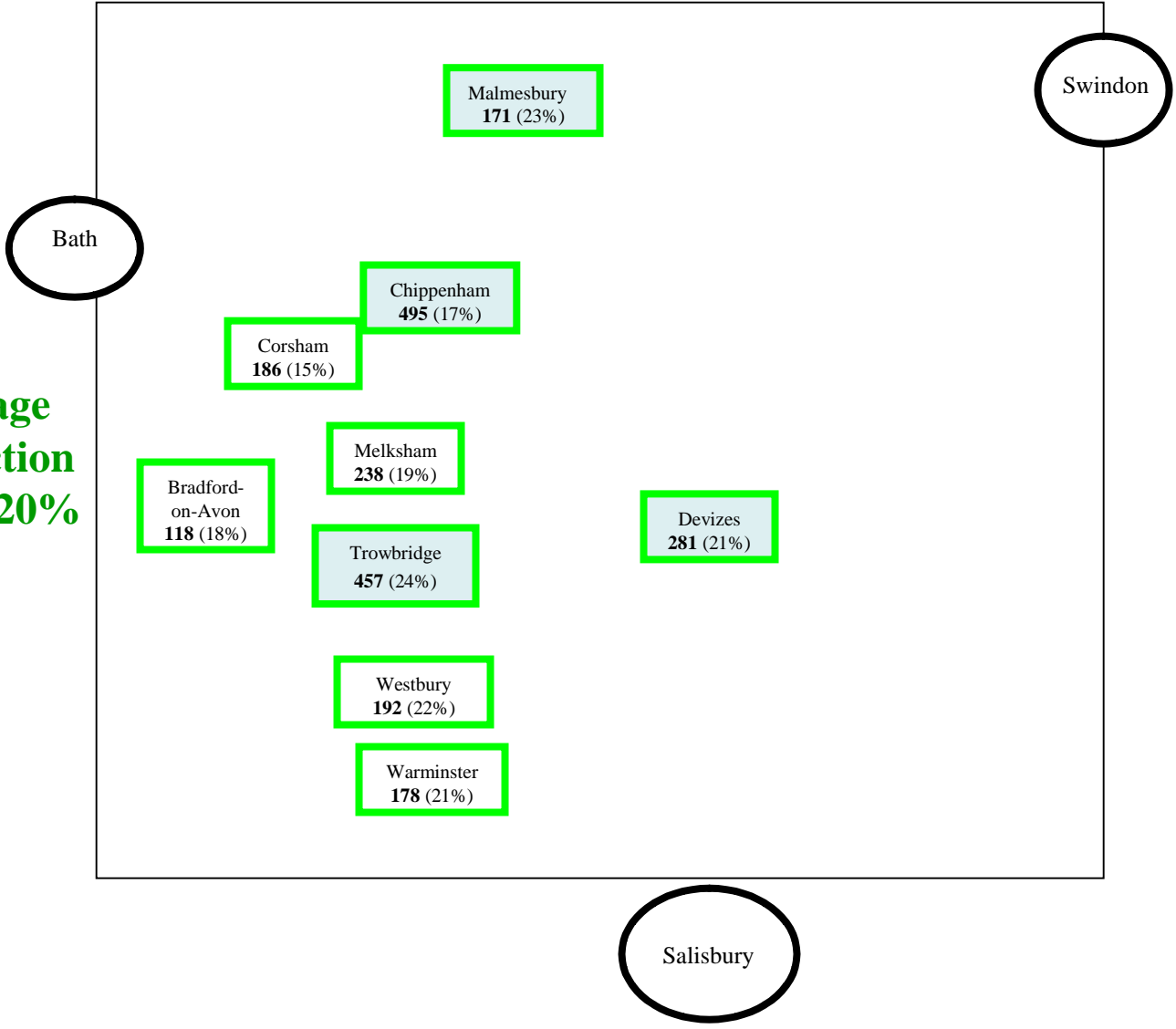
Total births mapped as an indicator of activity by town location

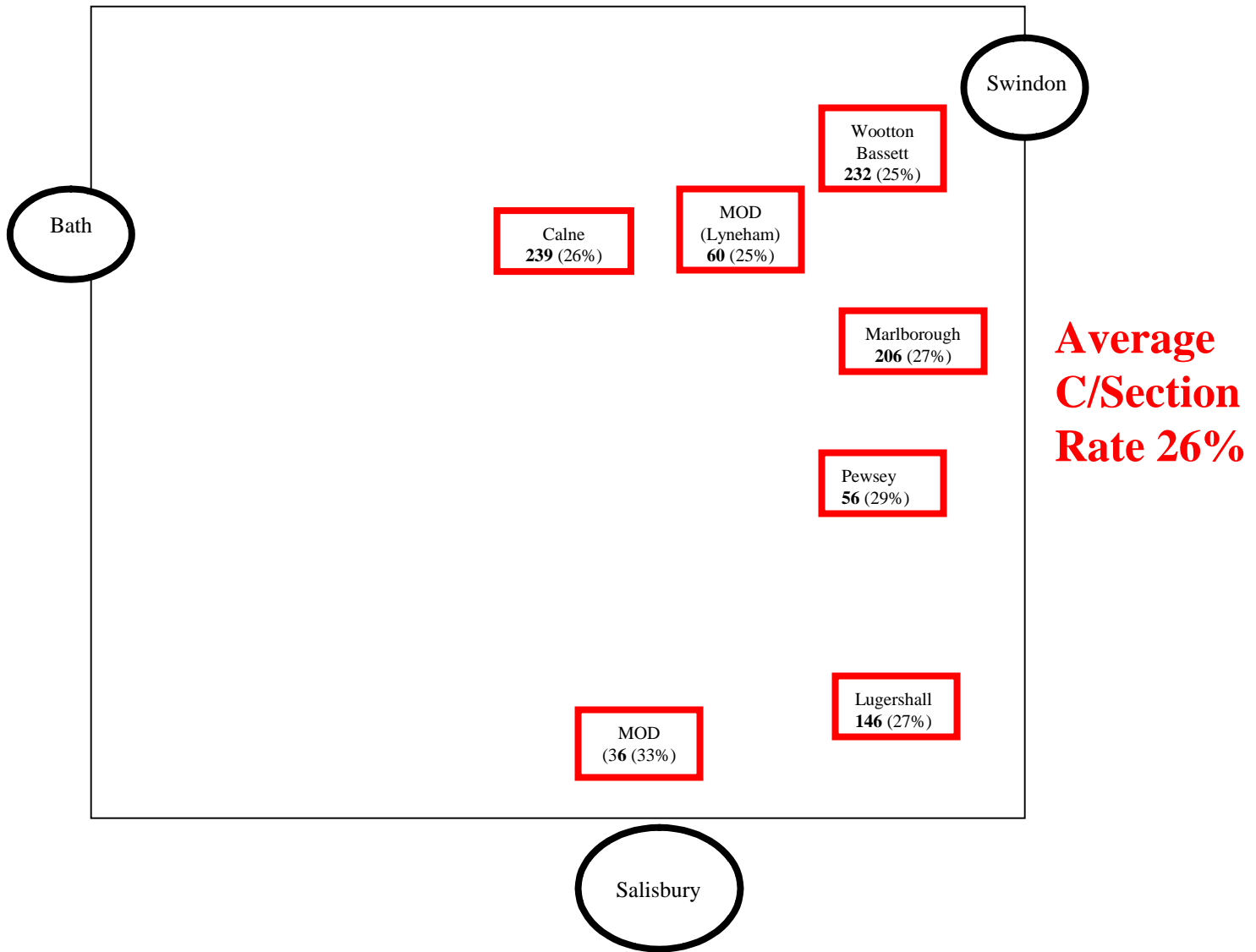
Caesarean section rate mapped as an indicator of intervention.



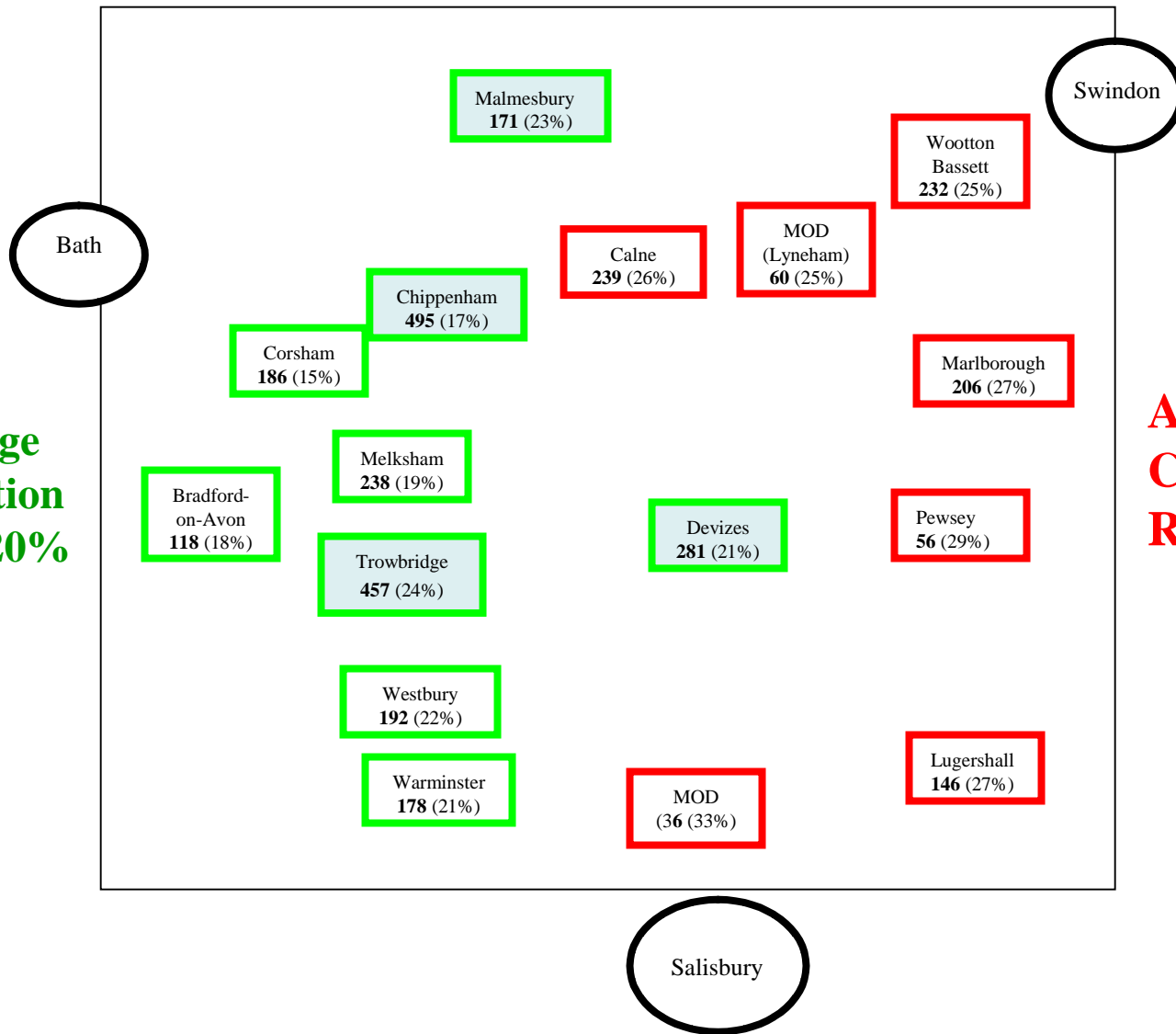


**Average  
C/Section  
Rate 20%**





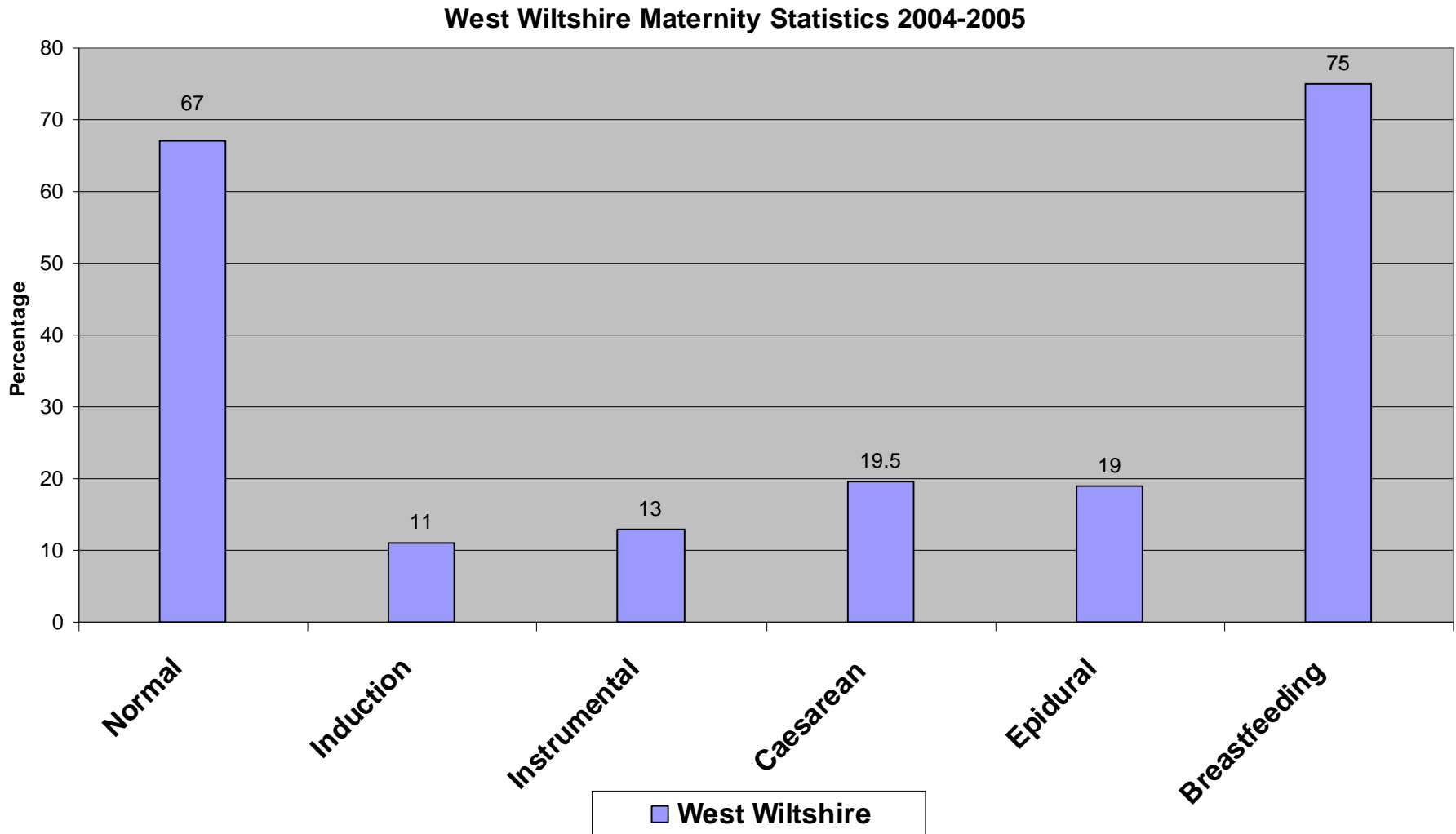
**Average  
C/Section  
Rate 20%**



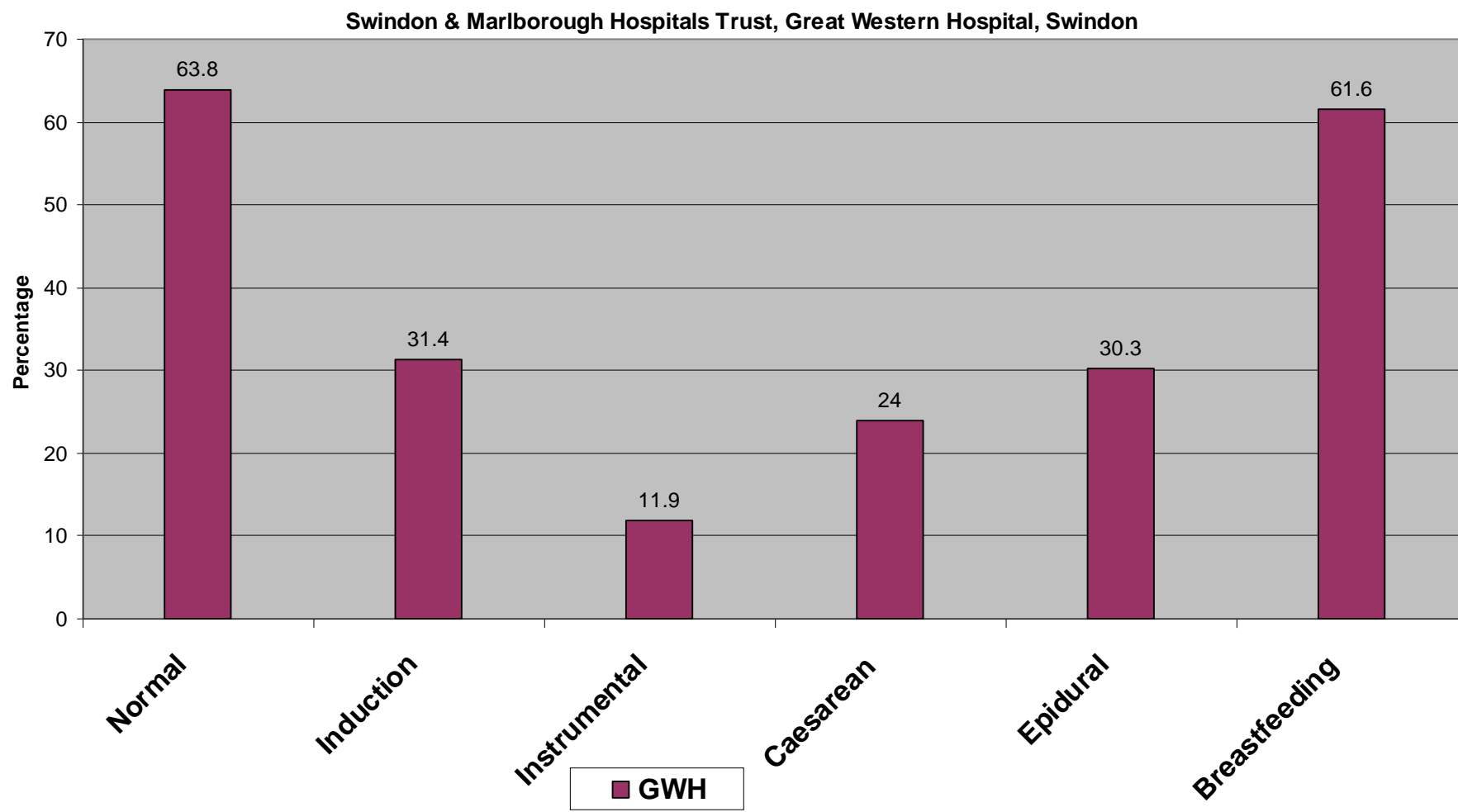
**Average  
C/Section  
Rate 26%**

# Maternity Statistics - West Wiltshire

(All women including 7 Midwife-led Units)



# Maternity Statistics - Swindon & Marlborough Hospitals Trust, Great Western Hospital, Swindon



# PbR a Misnomer for Maternity

- National Tariffs are **Activity Based Costing**
- ***Unless the activity is itself the result*** this becomes **Payment by Activity**
- In maternity ignores the real results (outcomes)
- Especially so in Midwife-led Care
  - midwife resources help avoid greater activity
  - no financial recognition of lower intervention
  - greater income for greater intervention
- Tariffs based on what was not what ought to be!
- Tariffs based on poor knowledge of real costs

# Tariffs 2006: Inpatient care

HRG Code	HRG name	Elective Spell Tariff (£)	Non-Elective Spell tariff (£)
N01	Neonates died < 2 days old		527
N02	Neonates with multiple minor disorders	1083	1051
N03	Neonates with one minor disorder	574	629
N04	Neonates with multiple major diagnoses	4051	3931
N05	Neonates with one major diagnosis	825	1572
N06	Normal delivery with complications or co morbidity	1097	1428
N07	Normal delivery without complications or co morbidity	735	842
N08	Assisted delivery with complications or co morbidity	1755	1703
N09	Assisted delivery without complications or co morbidity	1147	1176
N10	Caesarean section with complications or co morbidity	1879	2679
N11	Caesarean section without complications or co morbidity	1370	1938
N12	Antenatal admission not related to delivery event	311	461

# Tariff Price includes

- CNST premiums
- Epidurals and other forms of pain relief
- Routine HIV/AIDS tests
- Impact of NICE guidance
- Routine screening (not part of a national screening programme)

# PbR currently does not include:

- Community Midwifery
- Home Births
- Care of well babies
- Parent Education
- All screening
- Case Conference attendance
- User consultation (eg Women's Focus Groups)
- Ward Attenders – help / advice lines
- Working with disadvantaged groups

# New Tariff: Outpatient Care

- 501: Obstetric Outpatient
  - Adult 1st Attendance - £154
  - Adult Follow Up Attendance - £66
- Includes ante/postnatal clinics for which a consultant is clinically responsible even if held off site and even if a midwife leads them. Excludes clinics for which midwives have responsibility
- Excludes care delivered in women's homes
- Includes antenatal day assessment/ observation where woman is not admitted

# Tariff for Normal Delivery (N07)

Activity	Primips			Multips		
	Number	Tariff	Income (£)	Number	Tariff	Income (£)
First Consultation	1	154	154	1	154	154
Subsequent Consultations	9	66	594	7	66	462
<b>Ante-natal Care</b>			<b>748</b>			<b>616</b>
<b>Intra-partum care (N07)</b>			<b>842</b>			<b>842</b>
<b>Post-natal Care</b>	3	66	<b>198</b>	3	66	<b>198</b>
<b>Tariff Income per N07 Woman</b>			<b>£1,788</b>			<b>£1,656</b>

<b>Case Study – Stroud MLU</b>	<b>Number of episodes</b>
<b>Booking for antenatal care</b>	<b>1220</b>
<b>Deliveries</b>	<b>314</b>
<b>Home deliveries attended by midwives</b>	<b>44</b>
<b>BBA's</b>	<b>7</b>
<b>Planned Stroud Delivery but transferred antenatally to consultant care</b>	<b>26</b>
<b>Planned Stroud delivery but transferred during labour to consultant care</b>	<b>121</b>
<b>Additional postnatal care for women who delivered in consultant unit</b>	<b>335</b>
<b>Day care for women experiencing problems/concerns during antenatal period</b>	<b>1956</b>
<b>Telephone support to women in addition to scheduled antenatal care</b>	<b>4080</b>

- 1) Acts as a local maternity care centre for all women.**
- 2) Not run as a separate service for low risk women.**
- 3) Integrated effectively into network of maternity care.**

Stroud MLU Activity Payable under PbR 2005-2006			
Description	Activity	Tariff (£)	Total (£)
Normal deliveries without complications	314	842	264,388
Routine Antenatal Care	1100	154 / 66	677,468
Day Cases	1956	66	129,096
<b>TOTAL</b>			<b>£1,070,952</b>

Stroud MLU Activity Excluded from PbR 2005-2006			
Description	Activity	Value (£)	Total (£)
Home deliveries & BBAs	51	500	25,500
Post-natal Transfers In	335	500	167,500
Advice Calls	4080	40	163,200
<b>TOTAL (Block Contract)</b>			<b>£356,200</b>

# Costs of Stroud Maternity

<b>Budget Category</b>	<b>Cost (£)</b> Consultation Document 2006
Midwifery Staffing	<b>728,973</b>
HCA Staffing	<b>103,326</b>
Utilities, Rates, etc	<b>25,000</b>
Medical Cover	<b>8,000</b>
Administration	<b>25,000</b>
CNST Premium	<b>116,000</b>
<b>TOTALS</b>	<b>£1,006,299</b>

**PbR will bring transparency**

(NHS accounts conceal rather than reveal)

**but**

**Tariff is only as good as data**

(MLU not strong on admin & finance)

**However**

**Maternity Income is not ring-fenced**

(Income can be used elsewhere - deficits!)

**so we must look**

**Beyond finance for counterbalance**

**and have**

**Standards to safeguard quality**

# Think School Dinners !

Years of competitive tendering significantly reduced the cost of school dinners.

Immediate impact not obviously bad

Cost reduction continued unabated

Until.....

Jamie Oliver said “Quality is *very poor*”

Meal preparation must be local school based

**But many schools  
no longer had kitchens.**

## Short Term Crisis beats Long Term Vision

- National Service Framework on Maternity
  - No targets – all qualitative – 10 year plan
- Payment by (Results) Activity
  - Quantitative – precise numbers – this FY
- Maternity Savings can fund the deficit
- Midwife-led units small & vulnerable
- More relevant tariffs not due till 2008

*“Until NSF standards are as rigorous and as measurable as trust financial deficits, Midwife-led Units are in for a tough time.”*