

Maternity Choice and Personalisation Pioneers

FAQs

What will the Pioneers do?

The Pioneers will test ways of improving choice and personalisation for women accessing maternity services. All of the Pioneers will seek to deepen as well as widen the choices available to women across CCG boundaries, by seeking to attract new providers into their areas and empowering women to take control in decisions about the care they receive to meet their needs and preferences.

What does the evidence tell us about the choices women currently have and their awareness of their choices?

Better Births highlighted two key pieces of evidence in relation to choice:

- A 2015 CQC Maternity Survey; and
- A 2014 NPEU survey entitled *Safely Delivered*.

16% of respondents to the CQC survey reported that they had not been offered a choice of where to give birth.

25% of respondents to the NPEU survey reported that they were aware of all four possible choices of birthplace, 40% were aware of two or three options, and 33% were only aware of one option of birthplace.

There are key differences in their methodologies and sample sizes, so they should not be used for like for like comparisons. In particular:

- The CQC Maternity Survey asks women a number of questions about what choices **they were actually offered**.
- The NPEU survey asked women about their **awareness** of their choices, rather than what they were offered.

The latter, therefore, could include women who are aware of their options for reasons other than having been offered the choices, for example from their own research or advice from friends.

The value of the two sets of survey results, however, is in their combined coverage of women's reported awareness, and experience of being offered, choice.

What is the evidence underpinning the move to use personal budgets?

The evidence and engagement phase of the Review showed clearly that, in some parts of the country, women are finding it difficult to make choices about their care. Research commissioned by the Review from the National Perinatal Epidemiology

Unit (NPEU) at the University of Oxford showed that most women do not feel that they have control over the choices they make about where and how to have their baby.

In light of this, the Review recommends that in future maternity care should be personalised, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information. The Review team considered different options to enable choice and it was agreed that the NHS Personal Maternity Care Budget could be one way of doing so.

However, it is important to note that the Review calls for these budgets to be tested and evaluated first to establish whether they achieve their goals and whether they should be rolled out across the country. The budget should be seen as one of a series of complimentary recommendations designed to deliver personalised care for women and their families.

How did you select the Pioneers?

In March 2016 NHS England invited [expressions of interest](#) from CCGs to work together in clusters of two or more adjacent CCGs. The pioneers were selected by a panel including a senior clinician, commissioner, independent chair of the National Maternity Review, NHS England choice policy expert and two lay members. The panel assessed the applications against a set of agreed criteria including their leadership, governance, commitment to work collaboratively both locally and nationally, and their enthusiasm to test new approaches and share learning. The panel also considered the scale, demographics and geographical coverage of the applications.

What will change as a result of the Pioneers?

Supported by NHS England and other partners, the Pioneers will work rapidly over an 18 month period to develop and test ways of improving choice and personalisation of maternity services for women in their localities. We will draw on this work and promote it for national adoption and adaptation as the Pioneers progress, so that all areas of the country offer personalised maternity care tailored to women's needs and preferences.

[How will the Personal Maternity Care Budgets work?](#)

CCGs already commission a range of providers, so how are these budgets any different?

CCGs currently have contracts with a range of providers but evidence tells us that the choices available to women vary across many parts of the country and are often limited. We want CCGs to widen and deepen choices for women, by attracting new providers into their areas, allowing women to make choices across CCG boundaries, and actively empowering women to understand the options available to them and shape maternity services in response to their needs and preferences.

Will women be able to use NHS money to pay independent midwives?

Women will be able to choose from a wider range of providers than now, all of whom will have to provide maternity care that meets established NHS standards of safety and quality. This might include independent midwifery practices, some of whom already provide NHS services in some parts of the country.

Is this all about privatisation?

No, this is about empowering women to make choices that better meet their needs and preferences. It's still underpinned by core NHS principles – in particular that the NHS should be free at the point of need – and providers will have to be accredited to offer their services for the NHS, working to established NHS standards. Women will be able to use their Personal Maternity Care Budgets to access only maternity services commissioned by their CCGs and paid for through the National Tariff. They will not be able to use a Budget to help 'buy' private maternity care.

How can women use their budget?

As part of the personalisation of their care, the budget will enable women to choose the provider that best meets her individual needs and preferences at each stage along the maternity pathway - antenatal, intrapartum and postnatal care. A woman might place particular emphasis on, for example, a provider who is able to assure continuity of midwife and team, provides a birthing pool, offers certain pain management options, specialises in teenage, older, or first time mothers, or has a good reputation for breastfeeding support.

Isn't this all about middle class white women who shout the loudest? Will this not increase health inequalities?

No, this is about empowering women from all aspects of society to take control in decisions about the care they receive. By offering all women a Personal Maternity Care Budget, and providing them with the information and support that they need to enable them to make the best decisions to meet their needs and preferences, Pioneers will make it easier for all women to exercise choice, based on more visible and transparent choice arrangements. The evidence shows that women who are currently most likely to experience poor outcomes may benefit in particular from the ability to choose providers offering personalised care and continuity of carer. We will work with the pioneers to ensure we can support women who are less confident to make choices and access the right services for them.

How many women can access a budget & how frequently?

All pregnant women living within the areas covered by the Pioneers will be offered a Personal Maternity Care Budget. Pioneers will test their take up and how well they work in practice. The intention is to learn from this experience in order to roll them out nationally so that all women are offered the option of having one.

Will women be able to split up the budget and choose a number of different providers during each phase of the pregnancy? Will they be able to change their minds if they want to?

A woman could choose one provider for antenatal care, another for intrapartum care and one for postnatal, or opt for the same provider all the way through, based on the services they provide. Other than for exceptional reasons, women will not normally be able to choose to change from one selected provider to another during a stage of the pathway. But they may change their minds about issues such as where to give birth, or the type of birth they want, as their pregnancy progresses.

How will they be funded?

Will all types of Personal Health Budgets be available for maternity care?

There are three means of delivering Personal Health Budgets:

- **direct payments** to an individual or his/her representative to arrange and pay for services to meet their personal needs;
- **third party budgets**, where a designated third party has control over the budget and arranges and pays for services on behalf of the individual; and
- **notional budgets**, where the individual's responsible CCG procures services on the individual's behalf.

Personal Maternity Care Budgets will only be available as notional budgets.

They will not involve any additional money. CCGs will pay for the services out of the money allocated for maternity services.

How much will the budget be for each woman?

For the Pioneers launching their work this year, the notional budget will be the relevant National Tariff prices set for 2016/17 for each of the three stages of the maternity pathway, with a price per woman per episode of care, depending on the complexity of her needs and the level of care that she requires.

For 2016/17, the Pioneers will use the existing National Tariff prices.

Prices are subject to review and change for future years. The Maternity Transformation Programme includes work to review the National Tariff and its payment systems, to assess where any changes might be necessary to the prices set, taking account of different cost structures for different providers in different settings, how well the current payment system is working, and any changes in referral patterns over time that might ensue from making choice work better in maternity services.

2016/17 National Tariff:

Antenatal

Name	Tariff (£)
Standard	1,057
Intermediate	1,691
Intensive	2,815

Delivery

Name	Combined day case / ordinary elective / non-elective spell tariff (£)	Per day long stay payment (£)
With complications and co-morbidities	2,582	363
Without complications and co-morbidities	1,755	363

Postnatal

Name	Tariff (£)
Standard	250
Intermediate	315
Intensive	848

Who sets the budget in aggregate for the woman?

The budget will be the National Tariff relevant to the woman's circumstances and the stage of the maternity pathway. Based on existing National Tariff prices, the value of the budget for 2016/17 will range from £3,062 for a standard pregnancy without complications to £6,245 for the most complicated cases, with further additional sums payable to providers where women need longer stays in maternity units during and after delivery.

Is the budget 'cashable' or only virtual?

Personal Maternity Care Budgets are notional budgets, so will not be cashable. They will not involve direct payments into a woman's bank account. As is the case now, payments will be made to the providers of maternity services, not to the women

who use those services. The choices that women make will determine which providers care for them and therefore receive the associated payments.

Can a woman top it up for more expensive equipment etc?

No, women may not top up their Personal Maternity Care Budgets.

Will Personal Maternity Care Budgets allow women to go private with NHS money?

No. Women will be able to use their Personal Maternity Care Budgets to access only maternity services commissioned by their CCGs and paid for through the National Tariff. They will not be able to use a Budget to help 'buy' private maternity care.

What happens if more expensive care is required and there isn't any money left in the budget?

No woman will be denied care because she has a Personal Maternity Care Budget and requires more expensive care because of unforeseen complications. If a woman using a PMCB develops complications, she will be entitled to the same care as any other woman accessing NHS maternity care. PMCBs will not involve a woman deciding how much money should be spent on individual elements within her care package. So, the scenario of there not being any money left in the budget can never happen.

Her chosen provider will work within the Local Maternity System and refer her to more specialised care if she needs it. National Tariff prices take account of the differential costs of providing care to women with complications, depending on their clinical needs and the numbers of women that are expected to develop complications during their pregnancy.

How will quality and safety be maintained?

Will they compromise safety?

Personal Maternity Care Budgets will not compromise quality or safety:

- The providers of the services for which women will be able to use their Personal Maternity Care Budgets will have to meet established standards both to secure contracts and offer services, and in the on-going delivery of their services.
- They will be subject to regulation by the Care Quality Commission, through its registration and on-going inspection regimes.
- Providers will be integrated into and subject to clinical governance arrangements put in place by CCGs for their maternity networks to ensure all women continue to receive safe, high quality care regardless of who provides it.
- They will also be subject to CCG protocols for the referral of women and their safe transfer between providers within and between stages of the pathway,

including arrangements that govern the sharing of clinical information, where necessary.

- Women will only be able to choose providers that are clinically appropriate for their circumstances – for example, only providers that have an NHS Standard Contract with a CCG in England that allows them to provide care for women with complications, rather than only straightforward cases, if a woman is in the former category.
- Personal Maternity Care Budgets will empower women to make decisions based on unbiased information, including pros and cons and risks associated with women's individual circumstances, and the available options, so that they make choices that are safe for them.