

A large, solid green wave graphic that starts wide on the left and tapers to the right, positioned behind the main title text.

Maternity PbR Pathway Payment System 2012-13

Commissioning Maternity Services



CURRENT SYSTEM 2012/13

- Local contracts for community antenatal care and postnatal care
- Payment by Results for hospital/clinic-based care
- Incentive:
 - More reactive you are, the more interventions you do
 - More interventions you record, the more money you get

Commissioning Maternity Services



PATHWAY SYSTEM 2013/14

- Brings all maternity care into PbR
- Pays for maternity services as pathway bundle upfront
- Incentive:
 - Deliver the best, proactive care to prevent avoidable complications and interventions
 - More proactive you are, less interventions
 - Fewer expensive interventions you do, the more money you save

Where did the pathway proposal come from?

- From the NHS
- 2010 White Paper
 - “Accelerate the development of pathway tariffs”
 - Within an environment of
 - Any qualified provider
 - “No decision about me without me”
 - Choice
- NHS will be judged on outcomes, quality and patient experience – incentives and penalties – not processes

A little more detail

- Pathway payment system to be introduced in shadow from April 2012
- Payment split into 3 modules
 - antenatal care; birth spell to discharge; postnatal care
- Each module split into pathway levels by intensity of care needed; based on a woman's characteristics and factors
- Estimation of onset of conditions during pregnancy to enhance pricing

Antenatal Care

	INTERMEDIATE	INTENSIVE
Current factors	<ul style="list-style-type: none"> Complex Social Factors <input type="checkbox"/> Obesity - BMI \geq 35 <input type="checkbox"/> Physical disabilities <input type="checkbox"/> Underweight - BMI < 18 <input type="checkbox"/> Substance / alcohol misuse <input type="checkbox"/> 	<ul style="list-style-type: none"> Twins or more <input type="checkbox"/>
Medical Factors	<ul style="list-style-type: none"> Mental health <input type="checkbox"/> Hepatitis B or C <input type="checkbox"/> Genetic/Inherited disorder <input type="checkbox"/> Epilepsy requiring anti-convulsants <input type="checkbox"/> Hypertension <input type="checkbox"/> Previous uterine surgery (exc. C-section) <input type="checkbox"/> 	<ul style="list-style-type: none"> Cardiovascular disease <input type="checkbox"/> HIV <input type="checkbox"/> Malignant disease <input type="checkbox"/> Diabetes/other endocrine <input type="checkbox"/> Rhesus isoimmunisation/ other significant blood group antibodies <input type="checkbox"/> Renal disease <input type="checkbox"/> Severe (brittle) asthma <input type="checkbox"/> Autoimmune disease <input type="checkbox"/> Venous thromboembolic disease <input type="checkbox"/> Sickle cell disease / thalassaemia <input type="checkbox"/> Thrombophilia / clotting disorder <input type="checkbox"/>
Previous Obstetric History	<ul style="list-style-type: none"> Pre-eclampsia, eclampsia, HELLP <input type="checkbox"/> Puerperal psychosis <input type="checkbox"/> Term baby <2½kg or > 4½kg <input type="checkbox"/> Intrauterine growth restriction <input type="checkbox"/> Placenta accreta <input type="checkbox"/> Fetal loss (2nd/3rd trimester) <input type="checkbox"/> Neonatal death/stillbirth <input type="checkbox"/> 3 or more consecutive miscarriages <input type="checkbox"/> Early pre-term birth (<34 wks) <input type="checkbox"/> Fetal congenital anomaly <input type="checkbox"/> 	<ul style="list-style-type: none"> Previous fetal congenital anomaly that required specialist fetal medicine <input type="checkbox"/>

- Any Intensive factors? → INTENSIVE (7.1%)
- If not, any Intermediate factors? → INTERMEDIATE (27.3%)
- Else, no factors → STANDARD (65.5%)

Delivery Spell

- Two prices only – “with CCs” or “without CCs” – includes trim points and excess bed-day payments
- CCs defined in grouper methodology using list N_CC
- Removes payment by type of birth or setting
- Incentive towards normality and proactive antenatal care
- With CCs – 28.6%
- Without CCs – 71.4%

Postnatal Care

	INTERMEDIATE	INTENSIVE
Current factors	Complex Social Factors <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Substance / alcohol misuse Obesity - BMI >= 35 <input checked="" type="checkbox"/> Woman in Prison <input checked="" type="checkbox"/>	
Medical Factors	Mental health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cardiovascular disease Diabetes/other endocrine <input checked="" type="checkbox"/> Genetic/Inherited disorder <input checked="" type="checkbox"/> Rhesus isoimmunisation/ other significant blood group antibodies <input checked="" type="checkbox"/>	Renal disease <input checked="" type="checkbox"/> HIV <input checked="" type="checkbox"/>
During this pregnancy	Pre-eclampsia, eclampsia, HELLP <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Hypertension Twins or more <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Neonatal death/stillbirth Diabetes <input checked="" type="checkbox"/> DVT / Pulmonary embolism <input checked="" type="checkbox"/>	

- Any Intensive factors? → INTENSIVE (0.8%)
- If not, any Intermediate factors? → INTERMEDIATE (35.0%)
- Else, no factors → STANDARD (64.2%)

Pricing Methodology

ACTIVITY

- Maternities v births
- Initial Casemix
- Onset of conditions
- Revised Casemix

COST

- Weightings
- Apply to populations

QUANTUM

- Total quantum
- Split by module

= PRICES FOR EACH MODULE ELEMENT

Pathway Prices



Prices (exc MFF) on a quantum of £2.5235bn

(sources: DH Reference Costs 2009/10, DH PbR Tariff 2012/13, Summarised NHS PCT Accounts 2010/11)

	Antenatal	Births	Postnatal
Standard	£1,126		£243
Intermediate	£1,803		£307
Intensive	£3,000		£825
With CC		£2,434	
Without CC		£1,506	

Payment (current thinking)



- Commissioners pay pathway amount for each module of the pregnancy to the pathway provider (i.e., 3 payments per pregnancy)
- Where choice or transfers mean a woman receives some care at a different provider, the different provider will need paying by the pathway provider
- Business rules developed to
 - ensure providers receive the right funding
 - ensure choice is not prevented
 - promote improved outcomes, quality and patient experience

Choice / Referral Payments



- DH will continue to publish PbR HRG prices for use by all providers
- Indicative prices developed for activity currently not in PbR (booking appointments, community care checks etc)
- Indicative payment table developed for transfer of pathway if a woman moves lead provider/commissioner

Systems

- Maternity minimum dataset not expected until at least April 2012
- Local flows of information between providers and commissioners will be required
- Standard NHS Contracts will need
 - baseline information
 - incentives and penalties: outcomes, quality, patient experience

Shadow Year



- All organisations – not a pilot
- Business Rules
- Local Contract baselines
- Equality impact assessment
- Financial Impact
- Choice / Any Qualified Provider / Networks