



**Maternity
Choice and
Personalisation
Pioneers:
FAQs**

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Maternity Choice & Personalisation Pioneers

Frequently Asked Questions

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1 Frequently Asked Questions

1.1 What are the Pioneers about?

Who are the Pioneers?

There are seven Pioneers, which are clusters of 2 to 11 Clinical Commissioning Groups (CCGs), covering 36 CCGs in total. The full list can be found [here](#).

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 Clinical Commissioning Group (CCG) boundaries, by seeking to attract new providers of services 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, a five year forward view for maternity care, highlighted two key pieces of evidence in relation to choice:

- A 2015 Care Quality Commission (CQC) maternity services survey.
- A 2014 survey by the National Perinatal Epidemiology Unit (NPEU) at Oxford University 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.

There are key differences in the methodologies and sample sizes used for these two surveys, 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 actually offered.

This means that the NPEU survey 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 Maternity Care Budgets?

The [National Maternity Review](#) showed clearly that in some parts of the country, women are finding it difficult to make choices about their care. Research commissioned as part of the review from the NPEU 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 recommended that 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 (PMCB) could be one way of doing so.

The review recommended that PMCBs are tested and evaluated first, to establish whether they achieve their goals and whether they should be rolled out across the country. The Maternity Choice and Personalisation Pioneers are undertaking this testing.

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, demographic and geographical coverage of each application.

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. NHS England will draw on this work and promote it for national adoption and adaptation as the Pioneers progress, to support all areas of the country to offer personalised maternity care tailored to women's needs and preferences.

How do the Pioneers relate to the Early Adopters?

The Pioneers are focused on the recommendations in Better Births that talk about choice and personalisation. Early Adopters are looking at all the recommendations in Better Births.

NHS England welcomes the fact that two of the Maternity Choice and Personalisation Pioneers are also Early Adopters and believe this provides us with an exciting opportunity to work on the full range of recommendations from Better Births in these areas.

Do I get choice if I am outside of a Pioneer area?

The Pioneer programme is a pilot that is exploring the extension of choice beyond what is outlined under the [NHS Choice Framework](#). The Framework represents the current underlying NHS position and continues to apply in non-pioneer areas, NHS service users' 'legal right to choice' remains as described in the Framework.

1.2 How will the Personal Maternity Care Budgets work?

What is a Personal Maternity Care Budget?

PMCBs will provide a tool for women to choose where they wish to receive their antenatal, intrapartum and postnatal care (in line with NICE guidelines) and may increasingly provide an opportunity to facilitate the flow of money between providers, to support these choices. They will be a mechanism put into women's hands to actively empower their choices.

A PMCB has several elements that need to work together to support the choice offer to women:

- A choice of service or provider in each stage of the maternity pathway.
- Access to high quality, meaningful information explaining the choices and providing information to support the choices, including information on the maternity tariff amounts.
- The woman has a personal care plan, owned by the woman, which records her choices in each stage of maternity care and she feels empowered to make these choices.
- A woman's choices are supported by a review and sometimes reshaping of payment mechanisms and transfers between providers to ensure that the tariff and payment flows support a woman's choices.
- A woman's choices are honoured, where possible and where there is a change due to clinical needs, this take place through a new conversation about the new range of choices available to the woman.

Through PMCBs, the Pioneers will increase the visibility of:

- the choices put in place by CCGs
- the choices actually offered to women
- the choices that women exercise
- how each of these is recorded and acted upon as women progress through their pregnancies.

PMCBs will be a notional budget based on the current maternity pathway payment system and will not provide a direct payment to the woman. More information about the payment system is provided in the tariff questions below.

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 choice across CCG boundaries and deepen choice by providing opportunities for new providers, actively empowering women to understand the options available to them. Learning from women's choices will also help CCGs to shape maternity services in response to women's needs and preferences. PMCBs are a tool to support the choices that a woman makes from among those providers and services commissioned by her CCG.

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

Women will be able to choose from a wider range of providers, who must provide maternity care that meets established NHS standards of safety, quality and clinical governance. This might include independent midwifery practices, some of whom already provide NHS services in some parts of the country. For a provider to be offered as a choice within a PMCB, that provider must have an NHS contract with a CCG in a Pioneer area.

Women will not be able to receive their PMCB as a direct payment and use this to choose a midwife who does not hold an NHS contract. PMCBs will be notional budgets that support the choices a woman makes from the providers and services commissioned by her CCG.

Can a woman top up her PMCB for more expensive equipment?

No. A woman is not able to combine the NHS maternity pathway payment with her own funds to purchase more expensive care or equipment. However, currently women are able to supplement their NHS maternity care with private provision and PMCBs do not change this existing position.

Is this all about privatisation?

No, PMCBs are about empowering women to make choices that better meet their needs and preferences and are 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 only be able to use their PMCBs to access maternity services commissioned by their CCGs. They will not be able to use them to help ‘buy’ private maternity care.

How can women use their notional budget?

As part of the personalisation of their care, a woman will be able to choose the provider or service 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 a number of areas, such as a provider who is able to: assure continuity of midwife and team; provide a birthing pool; offer certain pain management options; specialise in teenage, older, or first time mothers; or one who has a good reputation for breastfeeding support. A woman will also be able to choose the birth setting which most suits her needs and preferences.

Will this not increase health inequalities?

No, this is about empowering women from across society to take control of decisions about the care they receive. By offering women a PMCB 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 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 more personalised care and continuity of carer. NHS England will work with the Pioneers to support women who are less confident to make choices and access the right services for them.

How many women can access a budget and how frequently?

Pioneers are developing their plans for rollout, with the aim that they will be offered to all pregnant women in their Pioneer area in the next 18 months. Pioneers will test their take up and how well they work in practice. The intention is to learn from this experience in order to inform national developments for improving choice in maternity services.

Will women be able to split up their budgets 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.

When will PMCBs be launched and be available to women?

Pioneers will begin to pilot PMCBs with pregnant women in their localities from December 2016, with all Pioneers having launched by the end of the 2016/17 financial year. Each Pioneer area has developed an individual piloting approach and details of the women eligible for the pilot in each Pioneer will be available as Pioneers launch their PMCB offer. Women will be offered a PMCB if they fall within one of the test areas at the start of their antenatal care pathway.

1.3 How will they be funded?

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

No. PMCBs will only be available as notional budgets. They will not involve any additional money. CCGs will continue to pay for the services out of the money allocated for maternity services.

With Personal Health Budgets there are three methods of delivery:

- **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.
- **Notional budgets**, where the individual's responsible CCG procures services on the individual's behalf.

The first two of these are not options for a PMCB.

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. The price paid for antenatal care, intrapartum care and postnatal care varies depending on the complexity of a woman's needs and the level of care that she requires.

Prices are subject to review and change for future years. The Maternity Transformation Programme includes work to review the current payment approach for maternity, to assess where any changes might be necessary to the way in which payment is made. This work will take 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 decides which level of tariff is allocated to the woman?

The budget will be the National Tariff relevant to the woman's circumstances and the stage of the maternity pathway. The level of payment is determined by the needs of the woman.

Is the budget 'cashable' or only virtual?

PMCBs 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.

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 PMCB 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.

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 into account 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.

1.4 How will quality and safety be maintained?

Will Personal Maternity Care Budgets compromise safety?

PMCBs 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 ongoing delivery of their services.
- They will be subject to regulation by the CQC, through its registration and ongoing 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.

- PMCBs will empower women to make informed decisions based on clear advice and information, including the 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.

1.5 Where can I find out further information?

Should you have any further questions or require more information about PMCBs or any of the work that NHS England is doing to support the Maternity Pioneers please email england.maternitypioneers@nhs.net or visit the NHS England website: england.nhs.uk/ourwork/futurenhs/mat-transformation/mat-pioneers/