



Non routinely commissioned maternity services position statement

NHS Leeds North Clinical Commissioning Group,
NHS Leeds South and East Clinical Commissioning Groups and
NHS Leeds West Clinical Commissioning Group

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Ratified by:	Chair's Action CCG Network 14 May 2014
Name & Title of originator/author(s):	Dr Jane Mischenko, Lead Commissioner for Children and Maternity Services
Name of responsible committee/individual:	NHS Leeds West CCG Assurance Committee NHS Leeds North CCG Governance, Performance and Risk Committee NHS Leeds South and East CCG Governance and Risk Committee
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Target audience:	Primary and secondary care clinicians, individual funding request panels and the public
Document History:	Previous version issued 12 May 2014
	Revised in Feb 2015 following the NHS England position statement on 21-01-2015
	Reviewed July 2016

On behalf of NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group

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1.0 Introduction

This position statement is designed to clarify the position of Leeds Clinical Commissioning Groups (CCGs) NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG regarding the commissioning of and referral to ad-hoc midwifery services.

2.0 Definitions

Commissioner – NHS Leeds CCGs

Providers – any hospital/clinic/centre with a commissioning agreement with NHS Leeds CCGs, (including NHS and independent sector providers).

Adhoc midwifery service refers to any services not on the Leeds CCGs funded contract list

3.0 Commissioning position

<i>Not routinely commissioned</i>	Ad hoc midwifery services (services not on the NHS Leeds CCGs funded contract list)
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4.0 Background

Leeds CCGs do not commission or support referrals to ad hoc independent maternity services that are not on the NHS funded contract list. Such providers are not subject to local contracting and performance management and therefore Leeds CCGs will not have developed and approved any integrated pathways between such providers and local acute providers of obstetric services.

Leeds CCGs current policy is to support our existing local providers of maternity services and work with them to improve the provision and personalisation of maternity care. We believe that we currently commission enough capacity to support patient choice. We know that mothers who live in the Leeds area generally choose to give birth at St James's or the LGI but we also have mothers who choose to give birth in Harrogate, Wakefield, Dewsbury or Bradford. We also have a Home Birth team in Leeds.

It is important to note the Leeds CCGs' have developed a five year maternity strategy (2015/20) which provides the framework and is the key guidance document for commissioners in the city; this:

- was informed by a robust review of population needs for maternity services
- Ensures the principles of safety, quality, effectiveness, sustainability, personalisation and choice underpin commissioning decisions

- Involved service users and members of the public, with close liaison with the Maternity Service Liaison Committee
- Is integral to the delivery of the Best Start (Health & Wellbeing Strategy priority) in Leeds
- Consider any proposals, if applicable, re future configuration of maternity services.

5.0 References

This position statement is based on the following evidence-based guidelines:

The following statements are drawn from the NHS England position statement (January, 2015) shared by Keith Holden (Head of Patient Choice, NHS England) at a North West Summit

1. There are no legal rights to choice in maternity services. “Local choice offers” in maternity services depend on what services CCGs commission and from which providers, as well as on clinical judgments about what is best for the woman and her baby/babies.
2. CCGs have a statutory duty to commission services that meet the needs of their local populations and that are safe. It is for CCGs to decide which services they wish to commission and from which providers; it is not for GPs to determine, nor for locally contracted or non-contracted providers to do so.
3. ***GP referrals, transfers between providers and any self-referrals by women at any stage along the maternity pathway should be within the local choice offers*** that the responsible CCG has either commissioned or approved (that is, to and/or between providers with whom the CCG has entered into an NHS Standard Contract and/or who have been approved by the CCG as sub-contractors to a provider that holds an NHS Standard Contract with the CCG).
4. Maternity care must be made as safe as possible and should be provided within the context of clinical guidance from NICE and other relevant national standards and local protocols to ensure high quality, equitable, integrated services. In establishing their “local choice offers”, ***CCGs should therefore put in place local clinical referral protocols and pathways*** to ensure that:
 - ***GPs understand*** and apply these protocols, including which locally contracted providers of maternity services are included in the local choice offers and to whom the GPs may refer;

This document clearly sets out the Leeds CCGs' commissioning position and communication has been sent to GPs (February 2015) setting this out.

Appendices

A Equality Impact Assessment

Title of policy	Non routinely commissioned maternity services position statement	
Names and roles of people completing the assessment	Jane Mischenko	
Date assessment started/completed	26.6.16	25.7.16

1. Outline	
Give a brief summary of the policy	The purpose of the commissioning policy is to enable officers of the Leeds CCGs to exercise their responsibilities properly and transparently in relation to commissioned treatments including individual funding requests, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs. This policy relates to non routinely commissioned maternity services.
What outcomes do you want to achieve	We commission services equitably and only when medically necessary and in line with current evidence on cost effectiveness.

2. Evidence, data or research	
Give details of evidence, data or research used to inform the analysis of impact	See list of references

3. Consultation, engagement	
Give details of all consultation and engagement activities used to inform the analysis	Discussion with clinicians and patient representatives on the principles of decision making. Discussion with patient leaders relating to changes in the content of the policy and advice on proportionate engagement.

of impact	<p>The policy review was undertaken using any updated NICE or equivalent guidance, and input from clinicians was sought where possible. Engagement sessions with patient leaders were undertaken and all policies individually reviewed. The patient leaders were satisfied with the process by which the policy was developed, particularly in light of the robust process (including extensive patient engagement) by which NICE guidance are developed, and acknowledging their own local role in providing assurance. No concerns were raised with regard the policy.</p> <p>Local clinical commissioning and clinical providers have had the opportunity to comment on the draft policies.</p>
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4. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	No		
Carers	No		
Disability	No		
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant	No		

group			
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			

5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions	Annual report of IFR activity reported through relevant committees to Governing Bodies of the 3 CCGs. A limited equity audit is undertaken as part of this. Complaints and appeals monitoring.		
Lead Officer	Simon Stockill	Review date:	Dec 2019

6. Sign off			
Lead Officer			
Director on behalf of the 3 Leeds CCG Medical Directors	Dr Simon Stockill, Medical Director, Leeds West CCG	Date approved:	24.8.16

B Policy Consultation Process:

Title of document	Non routinely commissioned maternity services
Author	J Mischenko
New / Revised document	Revised
Lists of persons involved in developing the policy	J Mischenko, Commissioning Lead: Children & Maternity Services NHS Leeds CCGs
List of persons involved in the consultation process	See appendix A

C Version Control Sheet

Version	Date	Author	Status	Comment
1	12 May 2014	Jane Mischenko	Ratified 14 May 2014	
2	16 July	Jane Mischenko	16 July 2014	Removal of reference to IFR process following discussion and agreement at the Clinical Network
3	17 Feb 2015	Jane Mischenko		Strengthened by NHS England statement of January 2015
4	12 July 2016	Jane Mischenko		Refreshed in light of completion of Leeds Maternity Strategy and national maternity review