

NZMA position statement on primary maternity services

Purpose

This statement sets out the NZMA's position on the provision of primary maternity service including the availability of general practice services during and following pregnancy.

Introduction

Huge changes have taken place in the provision of maternity services during the last 10-12 years, with the effect that within primary care, most LMC care is undertaken by midwives, resulting in a limited choice of provider for women. Many general practitioners, having given up acting as LMCs, are now questioning the relevance of the Section 88 Maternity Notice in respect of the provision of non-LMC services to their enrolled patients who become pregnant, and a growing number of them no longer provide services or make claims under the Notice. For GPs, the basis of the Notice as a funder-to-individual provider arrangement has little relevance in the contractual, capitation environment in which they provide other general practice services. There is a strong view that it is out of sync with the Primary Health Care Strategy (PHCS) and the PHO model, with their emphasis on population health and coordinated services.

There is also concern that the provision of LMC services largely outside of the PHO context is exacerbating difficulties in the coordination of primary health care services to pregnant women.

The Minister of Health and his Ministry recently announced some changes to the Notice, along with additional funding for some aspects of maternity services, and also indicated that they wished to take measures to align primary maternity services with the PHCS.

NZMA Position

This position statement considers two issues:

- a. The suitability of the section 88 Notice in its most recent iteration (February 2007) as a basis for the continuing provision of primary healthcare services to women who are pregnant.
- b. The option of bringing primary maternity services within the PHO environment.

The Section 88 Notice

While the NZMA acknowledges that the recent changes to the notice, and the additional funding, did potentially improve the situation, particularly in respect of LMCs, there are still a number of serious deficiencies with the notice as the basis of providing primary maternity services, particularly general practice services:

- a. The Notice has always been something of a blunt instrument in that it involves a "one size fits all" model for both providers and women.
- b. The provisions of the notice have been extremely divisive, and have resulted in the withdrawal of most GPs from the provision of LMC services, which in the main are now provided by a midwifery workforce which is itself under considerable strain.
- c. The process of amending the Notice continues to be extremely one-sided and does not reflect accepted contractual relationships.
- d. As stated earlier, it is primarily an arrangement between funder and individual provider, and although PHOs etc may now be providers, the model does not fit with the contracting approach in place for other primary care services.
- e. It seems out of line with the concepts and strategies of the PHCS.
- f. The provisions of the notice are increasingly focussed on LMC services and it is less relevant to other general practice services required by pregnant women

The vast majority of GPs have long since opted out of the provision of LMC services, and many have also ceased providing other general practice services to pregnant women under the Notice. The response of general practitioners to the recent changes to the Notice has not been positive, and more are indicating that they intend to cease providing services under the Notice. The NMZA is now of the view that the Notice, while still of relevance to LMCs, is increasingly seen by GPs as a barrier to the provision of general practice services to their pregnant patients. GPs have realised that they do not need to work under the Notice to provide services to their pregnant patients and do not intend to continue under these arrangements.

Bringing Primary Maternity Services within the PHO Environment

Given general practitioners' increasing non-acceptance of the notice, and the other stresses on the provision of primary maternity services, there is an urgent need for new policies to facilitate sustainable arrangements for the provision of primary maternity services, so that the women of New Zealand can have access to high quality primary medical and midwifery care when they need it, and that this care is provided within the context of the principles of the PHCS, including its emphasis on population health and coordination of services. It is the NZMA's view that any new model should be closely aligned with the PHO model, allowing PHOs to play an appropriate coordinating and support role.

In proposing closer alignment of primary maternity services with the PHO model, the NZMA has no intention that constraints should be placed on the model or mode of clinical practice of midwives. It is important that they are able to continue provide midwifery care according to the needs of the patients and the practices of their profession, just as general practices have retained control over their professional services and clinical standards within the PHO environment. However, bringing primary maternity care into the PHO environment must bring benefits to patients and providers in such areas as:

- a. Access to services for patients
- b. Coordination of care
- c. Focus on population health
- d. Integration of contracting arrangements
- e. Information systems
- f. Remuneration and conditions

The process of bringing primary maternity care into the PHO environment should be based on a number of key principles:

- a. General practices and midwifery practices should be contracted to PHOs to provide primary maternity services, provided that contracting processes and arrangements are fair and equitable.
- b. As with general practice patients in respect of first level services, the patient must be enrolled with the respective general and midwifery practices, and the practices must be contracted to the PHO, to access the fully subsidised service. Patients should be entitled to enrol with any midwifery practice within the PHO but could be told of special relationships between specific general and midwifery practices.
- c. Midwifery practices and general practices within a PHO should be required to have mutual relationships so that medical and midwifery care can be easily accessed and coordinated. Some practice may have special relationships with others.
- d. There should be a contractual requirement for members of medical/midwifery teams to participate in joint QA activities
- e. Funding arrangements must recognise the fundamental differences between medical and midwifery practices. In the case of medical practices the arrangements should be as closely aligned to the current capitation arrangements as practicable, while ensuring that fiscal risk related to the small potential practice population of pregnant women is recognised and not unfairly placed on the practice.

Provided that the above principles can be observed, and services can be implemented in ways which are acceptable to both patients and providers, the NZMA strongly supports the bringing of primary maternity services within the PHO environment, and urges that this be done as soon as possible.

The NZMA has support from other general practice organisations for this position, and will seek to initiate discussions with the Ministry of Health and other interested parties as a matter of urgency.