SECTION 88 STOCKTAKE
WHERE ARE WE AT?

The Ministry of Health has just closed a consultation on proposed changes to the Section 88 contract, as a means to administer an additional $21.25 million per annum of primary maternity funding. Amellia Kapa speaks to College CE Alison Eddy about the consultation.

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To inform its response to the Ministry (of Health) on the Section 88 proposal, the College:

Provided members with a briefing paper, summarising the proposed changes and comparing them with the changes put forward under the mediation agreement in 2019; conducted a member survey; consulted members on our draft submission and attended regional Zoom meetings, to engage directly with and hear from members about their views on the proposal.

When the Section 88 consultation was first announced, self-employed midwives had high hopes. Although this is not what the profession was expecting, and the pace of progress towards a new contract model has been slow, what has been achieved to date?

Firstly, it's worth pointing out that prior to the Ministry's proposed changes to Section 88, a number of gains had already been made as a direct result of the College's work under the mediation agreement.

Since 2015, when the College first lodged the court case against the Ministry, there have been a number of percentage increases across the board - to all midwifery funding modules within Section 88. The 2nd midwife fee and business contribution payment have been introduced, and further price increases for rural travel and 3rd trimester care have been claimable since 1st July.

Many of the recommendations from the co-design actually have, or are, being adopted. The Ministry has picked up on a number of the issues the College has highlighted in the recent consultation. For example, the Ministry's proposed changes to Section 88 sought to address a number of aspects of currently unpaid work; the poor timing of payments, and the lack of reimbursement for care provided to women with complex needs.

Our mediation agreement with the Ministry required them to have a new primary midwifery contract - as an alternative to Section 88, with a blended payment model - in place by 1st July 2020. Clearly, the Ministry has breached its agreement with the College yet again, and as per the terms of the mediation agreement, the College is meeting with them formally in early November.

At the time of writing, no outcome is available, but members can be assured the College is doing all it can to hold the Ministry to account.

In your opinion, which areas of Section 88 require the most review?

It's clear women with more complex needs are not at all well served by the current one-size-fits-all structure of Section 88 - particularly in the antenatal period. Overall, antenatal care is very poorly paid, considering the amount of work that goes into that aspect of midwifery practice. So the Ministry's proposals to improve the timeliness of payments; to include a registration payment, and to recognise miscarriage/early pregnancy loss, are welcomed. The proposal also sets out additional modules for women who require more visits in pregnancy. The feedback from the College's member survey on the Section 88 consultation was clear; that the thresholds set by the Ministry to enable these modules to be claimed were too high. Members also noted

concerns that the number of visits alone does not adequately reflect the complexity of care, nor the actual time spent providing the service.

The strongest feedback from members concurred with the College's long-standing concerns about the lack of acute call-out payments for non-labour related urgent needs. This is a major omission on the Ministry's part and something the College advocated strongly for in our feedback.

In some instances, the labour and birth module creates issues at the interface between self-employed midwives and core staff. What are the potential solutions?

It's important to view this through a historical lens. I know from my own experiences as an LMC in the late 90s-early 2000s; it was expected that LMC midwives would provide continuity of care during labour, regardless of labour length or complexity. Over time, sadly, women's needs have become more complex and the expectation of LMCs to continue to practice in this manner is unreasonable and unsustainable.

Access agreements require midwives to state their intentions in relation to the provision of epidural care and/or oxytocin augmentation or induction. Over time, this has translated into more LMCs choosing not to provide this care in order to practice sustainably; however, the flip side of this is an erosion of continuity of care (which evidence strongly indicates improves intrapartum outcomes for women) and an increased workload for the already under-staffed core workforce. In some regions, the withdrawal of LMCs from this care has been a lightning rod for friction at the interface.

A strong theme in the member survey feedback was 'fair pay for work done'. Many midwives commented that they felt aggrieved they were being paid the same amount as their colleagues, who, for example, may have only provided care for two hours - until the woman required an epidural, at which point they handed over and left the facility. I think as a profession, we have allowed these secondary care tasks to become our focus, rather than the woman's needs. The College strongly supports the LMC's rights to hand over care to a secondary/tertiary service; however, we need to consider the unintended consequences of this becoming the norm in every labour where an epidural or oxytocin administration is required.

Amongst the work completed in 2019 under the mediation agreement, the College and Ministry developed an additional labour and birth module, (alongside the existing one) enabling collaborative care (LMC working alongside core colleagues when women have more complex needs), with a graduated payment schedule, dependent on the time spent by the LMC. The Ministry did not take up this suggestion in its proposed changes and has instead proposed that midwife LMCs should be able to claim a reduced labour and birth fee (as obstetrician LMCs currently do) for attending the birth only. The College considers this would undermine continuity of care for women and create more friction at the interface. Member survey feedback indicated support for a more timely and graduated payment model over the Ministry's suggestions. Neither solution is perfect, with disadvantages to both options. The College submitted that further consultation was needed to finalise this aspect of the Notice.

The MoH are proposing that the access agreement be removed altogether from the notice. What are the possible ramifications of this?

Prior to the current arrangement of the access agreement being a nationally mandated document through the notice, DHBs had many and varied requirements and interpretations of what should be required of LMCs to be able to gain an access agreement. It was fraught and many practitioners were unjustifiably denied access to facilities, which resulted in difficult and protracted processes to try to address this. There needs to be a simple, fair and straight-forward process for LMCs to gain access to facilities, and discussions regarding workforce issues and interface tensions between community-based care and hospitals need to occur elsewhere. Removing the access agreement from the notice would shift the negotiation power to DHBs. It is unclear what the process for negotiating the access agreement would be, or that it would remain a national document. The College strongly opposed this change.

Travel costs for self-employed midwives have risen significantly over the years and Section 88 makes no allowances for this. What's the solution?

It's great to see the Ministry proposing reimbursement for travel costs; however, members have expressed concerns about the administrative feasibility of the Ministry's proposal. There are also issues with the eligibility criteria for this funding; for example, it's proposed that travel to labour and birth attendance will not be claimable, yet rural midwives often travel great distances to either primary units or base hospitals to attend labours. It's also proposed that reimbursement only applies to travel to the midwife's usual clinic location. This will also disadvantage rural midwives, who often have multiple clinic locations. Members also identified in their feedback that without knowing the proposed amount of reimbursement, it's impossible to know whether it will sufficiently cover the costs.

What was the general feedback from rural midwives about the proposed changes?

Given the recent short term increases into Section 88, a number of rural midwives are uncertain whether the proposal will mean they are better or worse off in the longer term. Out of the $21.25m allocated into the budget per annum, $6m is supposed to be specifically for rural maternity care provided by midwives. It's unclear how the Ministry intends to achieve this with its current travel reimbursement proposal. Many midwives noted that the current postnatal rural travel fee is a proxy or adjuster for rural practice, not just for rural postnatal care. The College, through its research, notes the GP rural ranking scale (points system - based on the rurality of the practitioner as opposed to the domicile of the woman) has real potential to be adapted for rural midwifery. This is a change from the current model in Section 88, which assigns a fee to the woman's rurality, as opposed to the practitioner's rurality. Incentivising rural midwives to live and work within rural communities is what we should be aiming for; neither the current model, nor the Ministry's proposed model will achieve this, but a rural ranking scale will.

Where to from here?

Overall, once the $6m rural funding is taken out, leaving $15.25m per annum, this equates to approximately an additional $300 per pregnancy. This doesn't seem anywhere near enough to accommodate all of the new modules and reimburse midwives fairly for travel costs and other expenses. Midwives have indicated they would prefer to have the business contribution payment continuing and this would be a good solution from the College's perspective, as it fits with the co-design recommendations. The Ministry is proposing that once the consultation on the Section 88 service specification is complete, there will be a negotiation about the prices assigned to the modules.

At this stage, the College has no sense of how much money the Ministry is intending to allocate against the various modules. The intention is to have the new notice in place by 1st April 2021. The College considers that the proposal needs considerable further work, and a deadline of 1st July 2021 is more realistic. ■