*** 1. Name**

Mr Wojciech Karwartowski

! This question requires an answer.

*** 2. Job title**

Chair of the HRG Working Group and Consultant Ophthalmologist

We may publish responses from this survey along with the name of the organisation the response is being submitted on behalf of. We will not include the name or job title of respondents.

! This question requires an answer.

*** 3. Are you responding on behalf of multiple organisations?**

- ○ Yes
- ◉ No - just my organisation

Organisation details

*** 4. Name of organisation**

The Royal College of Ophthalmologists

*** 5. What type of organisation is this?**

The 2012 Act provides that NHS Improvement and NHS England cannot publish the national tariff if either of the objection thresholds has been met. CCGs and relevant providers may object to the proposed method or methods for setting nationally determined prices. The method includes the data, method and calculations used to arrive at the proposed nationally determined prices. The method does not include the proposed prices themselves or other proposals not concerning the setting of nationally determined prices included in the statutory consultation notice.

We have identified authorised responders for every relevant organisation and have sent a link of this survey to them. If you are unsure about who your organisations authorised responder is please contact chrisskilbeck@nhs.net

*** 6. Do you accept or reject the method that NHS England and NHS Improvement have used to develop the 2017 to 2019 national tariff?**

- ◉ Accept
- ○ Reject

7. If you chose to reject the method we have taken please tell us why

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Further information on this proposal can be found in sections 5.1.1 to 5.1.3 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 8. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don't know

9. Do you have any comments on our proposal to set a tariff covering 2017 to 2019?

10. Would you like to answer questions on currency design?

If so, you will be answering questions on the following sections of the engagement document:
6.1 Introducing HRG4+ currency design
6.2 Changing the scope of currencies
6.3 Changes to the high cost drugs and devices list
6.4 Changes to the maternity pathway
6.5 Creating incentives in outpatient follow ups
6.8 Introducing a tariff to promote the adoption of innovation and technology

Best practice tariffs are addressed in a separate section later on in the survey

- ◉ Yes
- ○ No - skip to next section

Further information on this proposal can be found in sections 6.1.1 to 6.1.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 11. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose

- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don’t know

12. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

Further information on this proposal can be found in sections 6.2.1 to 6.2.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 13. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don’t know

14. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

urther information on this proposal can be found in sections 6.3.1 to 6.3.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 15. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don’t know

16. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

urther information on this proposal can be found in sections 6.3.1 to 6.3.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 17. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don't know

18. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

Further information on this proposal can be found in sections 6.4.1 to 6.4.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 19. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don't know

20. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

Further information on this proposal can be found in sections 6.5.1 to 6.5.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 21. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support

- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don’t know

22. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

Further information on this proposal can be found in sections 6.8.1 to 6.8.4 of '2017/19 National Tariff Payment System: A consultation notice' which can be found here: https://improvement.nhs.uk/resources/national-tariff-1719-consultation

*** 23. After reading this proposal, please indicate your level of support**

- ○ Strongly support
- ○ Tend to support
- ○ Neither support nor oppose
- ○ Tend to oppose
- ○ Strongly oppose
- ◉ Don’t know

24. Do you have any other comments on this proposal?
- In particular, we would welcome any comments on adoption of this policy in a two year tariff?

25. Do you have any other comments on the currency design section?

*** 26. Would you like to answer questions on best practice tariffs?**

If so, you will be answering questions on the following sections of the engagement document:
6.6 - Introduction of a BPT for chronic obstructive pulmonary disease (COPD)
6.6 - Introduction of a BPT for non-ST segment elevation myocardial infarction (NSTEMI)
6.6 and 6.7 - Changes to existing BPTs
6.6 - Removal of the interventional radiology BPT

- ○ Yes
- ◉ No - skip to next section

7. Would you like to answer questions on the method for determining national prices?

If so, you will be answering questions on the following sections of the engagement

document:
7.2 Modelling national prices for 2017/18
7.3 Managing model inputs for 2017/18
7.4 Setting prices for best practice tariffs for 2017/18
7.5 Setting prices for the 2018/19 tariff
7.6 Making manual adjustments to prices
7.7 Setting the efficiency factor
7.8 Cost uplifts
7.9 Clinical Negligence Scheme for Trusts (CNST)
7.10 Managing volatility
7.11 Setting the cost base

- ○ Yes
- ◉ No - skip to next section

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28. Would you like to answer questions on national variations or locally determined prices?

If so, you will be answering questions on the following sections of the engagement document:
8.1 Top up payments for specialised services
9.1 Mental health payment proposals for adults and older people
9.2 Mental health payment proposals IAPT
9.3 Changes to the locally determined prices and payment rules sections

- ○ Yes
- ◉ No - skip to next section

29. Do you think that any of the proposals in the engagement documents (individually or collectively) will affect (whether positive or adverse) persons with 'protected characteristics' under the Equality Act 2010? If there is any potential adverse impact, how might it be mitigated?

For a list of protected characteristics please click here: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

30. Do you have any final comments for us on our 2017 to 2019 national tariff proposals?

We recognise the underlying aims are to encourage unnecessary follow-ups, see patients in the community, increase numbers of new patients seen and stimulate new ways of working. These initiatives are important and we fully support them where appropriate.

However, The Royal College of Ophthalmologists has serious concerns about the possible

impact of the proposals on patient safety and an already overburdened primary care service. Therefore, we must recommend that there should be no change in the current system.

Patient safety

We consider the proposals have been developed without taking into account the needs of patients, especially those with chronic diseases requiring long term follow-up. The proposed new tariff structure will create financial incentives to discharge patients requiring follow-up, who are significantly more likely to have sight threatening pathology than new patients.

We have serious concerns clinicians will be instructed to discharge patients after the first appointment, asking patients see their GP for a new referral at the clinically indicated time for review. A second consequence of these additional referrals will be creating a massive burden on the under resourced primary care system. The average new: follow up appointment ratio for patients with glaucoma is 1:16, age related macular degeneration is 1: 12 and diabetic eye disease is 1:12. Under such a system there is also a high risk that patients will be lost to follow-up.

Nationally there is currently a lack of appropriate community services to examine and treat patients who could be discharged for follow-up, monitoring, examine and treatment. Therefore, we do not feel it is possible to rely on the ability to discharge them safely. The proposals will place unnecessary pressure on departments to discharge patients at a time when there is no suitable community care option available. GPs do not have the training or equipment to monitor patients with sight threatening disease and the monitoring of sight threatening disease is not in the core competency training of community optometrists. Time and resource commitment is needed to train and develop an adequate primary care workforce that can deal with the needs of this patient group. Data needs to be gathered so managers and clinicians can actively construct new care models and safe discharge policies.

Potential effects on secondary care

Introduced without sufficient lead in time, this change in pricing may act as a destabilising force for the sustainability of hospital departments that have a heavy chronic disease profile.

Solutions

Other measures may effectively help reduce the capacity issues within the Hospital Eye Service such as reducing inappropriate new referrals. The Royal College of Ophthalmologists is aware of a number of schemes to decrease the number of new referrals into eye clinics such as the use of community optometry Minor Eye Conditions Schemes, glaucoma referral refinement and the use of technology (OCT) to reduce diabetic retinopathy referrals to decrease the need for new patient referrals into the Hospital Eye Service. Such schemes require recruitment, training and retention of health care professionals and agreed roles and competencies for these roles are being developed. https://www.rcophth.ac.uk/professional-resources/new-common-clinical-competency-framework-to-standardise-competences-for-ophthalmic-non-medical-healthcare-professionals/

Additionally, measures which allow for follow-up of suitable patients outside the hospital into more appropriate care settings are fully supported by the Clinical Council for Eye Health Commissioning (http://www.college-optometrists.org/en/EyesAndTheNHS/devolved-nations/england/clinical-council-for-eye-health-commissioning/ccehc-framework.cfm)

The current picture is that there is neither capacity nor systems outside hospitals and their workforce that is able to deliver these services. It is estimated that the additional training required for Health Care Professionals will take up to two years to come into effect. Initial new funding will be required but this will lead to long-term savings.

The Royal College of Ophthalmologists is committed to ensuring that patients are treated in environments that are most convenient and most suited to their needs and by professionals with the appropriate skills and are actively engaged processes of developing a way forward to increase community capacity.

We would welcome discussions with NHS Improvement as to how to best progress this agenda and that the current balance between tariff for new and follow-up appointments remains unchanged until we can identify mechanisms – within a set timeframe – to do this safely.

31. Please give us any comments you have on our engagement to date or suggestions for what would be useful in the future