

Online survey: Key areas of work for the 2020 national tariff

This survey accompanies the document *Key areas of work for the 2020 national tariff*. The document reflects updates to policies that were presented in the tariff engagement workshops and webinars in August and September 2019.

If you provided feedback following the workshops or webinars, please feel free to refer to your previous submission.

The deadline for feedback is the end of **18 November 2019**.

You are welcome to use this Word document to develop your response, but please submit all final responses through the online survey:

<https://engage.improvement.nhs.uk/pricing-and-costing/2020-tariff-engagement>

About you

Name	Melanie Hingorani
Role	Chair of Professional Standards Committee
Organisation	The Royal College of Ophthalmologists
Email	Beth.barnes@rcophth.ac.uk

Blended payment

Blended payment

To what extent do you agree that the blended payment approach will support the objectives of the NHS Long Term Plan?					
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
	X				
Do you have any comments about the blended payment framework?					
<p>The RCOphth is broadly supportive of this approach. It believes that if the blended payments system fairly reflects demand and costs, it has the potential to support the objectives of the long-term plan. However, it would stress that this potentially supportive payment system requires health communities to be part of a constructive dialog which must include careful and realistic assessment of clinical need, complexity, training burden and risks, as well as rewarding outcomes, rather than just a volume and cost discussion.</p>					

Blended payment for emergency care and mental health services

Do you have any comments about the blended payment for emergency care, introduced in 2019/20? Are there any areas where you think the guidance should be improved?
Do you have any comments about the blended payment for mental health services, introduced in 2019/20? Are there any areas where you think the guidance should be improved?

--

Blended payment – outpatient

Outpatient attendances in 2020/21

To what extent would you support moving to blended payment for outpatient attendances in 2020/21?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
	X				
In your view, if a blended approach were proposed for outpatient attendances, should...			Yes	No	Don't know
...the blended payment apply to activity which is currently funded by specialised commissioning?					X
...advice and guidance services form part of the fixed payment?			X		
...outpatient procedures be excluded from the scope of the blended payment?			X		
...the scope of the blended payment be limited to the 55 TFCs which currently have a national price?					X
...the current outpatient frontloading policy be removed from published prices?			X		
...the risk share element be determined locally?			X		
...there be a threshold, below which the blended payment would not apply?					X
Do you have any comments?					

The RCOphth generally welcomes this as a way forward. In principle we welcome a forward steer which harmonises and uses the best of the different payment mechanisms (pure PBR or Block Contract) which have been used to fund outpatients across the country.

We would welcome a review of specialised commissioning and its application to the speciality although we do not see that in terms of outpatients this would make a huge difference. A detailed analysis of this would be required to be able to comment further.

We have long asked for front loading policy to be abandoned. We would welcome such a move as an indicator of a fair payment structure and one that truly reflected clinical need and risk.

We believe the risk element should be bespoke for each specialty and for ophthalmology we are particular concerned this should reflect clinical risk, patient complexity, training costs as well as variations in activity.

A contract threshold of £4m has been suggested. Do you feel this would be an appropriate value?

Yes	No	Don't know
		X

If not, what do you think would be an appropriate threshold, and why?

--

In order to align with NHS Long Term Plan ambitions, do you think outcomes measure(s) should be...	Yes	No	Don't know
... based on the proportion of non-face-to-face activity?		X	
... based on the proportion of advice and guidance utilisation?		X	
... determined locally?	X		

If not mentioned above, what outcome measure(s) would you suggest?

Outcomes for ophthalmology based on implementation of nationally recommended practices and care delivery models (GIRFT, EyesWise etc) but also on adherence to NICE guidance, measurable patient outcomes such as vision gain and loss, surgical complication and success rates and PROMs, and ability to see follow up patients on time.

How easy or difficult do you expect it to be to agree the activity levels used to calculate the blended payment?

Very easy	Quite easy	Neither easy or difficult	Quite difficult	Very difficult X	Don't know
-----------	------------	---------------------------	-----------------	---------------------	------------

What do you think could NHS England and NHS Improvement do to support agreement of planned activity levels?

Whilst we welcome the development of a realistic discussion as to appropriate activity levels, we are concerned this level of activity will be more responsive to historical activity data and to issues of financial pressure rather than a true reflection of the health need of the population. We are aware there is a significant issue with failure to see follow up patients or backlogs and these numbers need to be included so that true need rather than previous activity is taken as the baseline. We are also concerned that the different levels of maturity of different health communities and thus their ability to achieve a clinically valid consensus could adversely affect outcomes and services for patients. This is particularly the case in areas which have historically had tensions between commissioners and providers as to appropriate activity levels.

We are also significantly concerned about the use of new: follow-up ratios as a metric for risk share in its crude overarching form. Any specific metrics used in outpatient modernisation and improvement should be specific to speciality or if possible, to sub-speciality in anticipation of a more pathway specific metrics. We believe that the crude use of ratio metrics potentially enshrines the disadvantaging of follow up patients which we believe to have been a historical exposed to unwarranted risk by preferential treatment of new referrals. For ophthalmology, the risk of harm is 9 times greater for follow up patients than from new patients and plans, risk adjustments and outcome metrics must take this into account.

The ability to consistently identify patients by risk or by diagnostic codes and to use this to report and monitor performance and safety is key and we need NHSE/I support to establish methods for this.

Do you have any other comments on the potential blended payment for outpatient attendances?

Blended payment for care pathways

To what extent would you support moving to blended payment for outpatient pathways in future?

Strongly support	Support X	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	--------------	----------------------------	--------	-----------------	------------

Please explain the reasons for your answer

We have long supported the principle of potential payments for patient pathways that follow appropriate NICE and other guidelines. We therefore welcome this proposal and look forward to working with NHSE/I to develop such payment mechanisms.

To what extent would you support the two-stage implementation of blended payment for outpatients to move toward payment based around pathways?

Strongly support	Support X	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	--------------	----------------------------	--------	-----------------	------------

Please explain the reasons for your answer

We believe that there is a significant amount of work to do before such pathways can be implemented and thus a staging process which is linked to a series of realistic assessments of population need is an encouraging way forward.

Do you feel that it would be appropriate to develop a blended payment for care pathways in...	Yes	No	Don't know
Ophthalmology	X		
Dermatology			X
Rheumatology			X
Other			

Please explain the reasons for your answer

Do you have any other comments about potential blended payments for outpatient care pathways?

We would highlight the need for a significant development of outpatient coding to enable the implementation of such blended payment structures. Again, we would stress the RCOphth's keenness to work with NHSE/I to further such.

Blended payment – maternity

To what extent would you support the potential blended payment approach for maternity services?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know

--	--	--	--	--	--

Please explain the reasons for your answer

--

To what extent do you agree there is a case for changing the current payment approach for maternity services?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
----------------	-------	----------------------------	----------	-------------------	------------

Do you have any comments on the case for change?

--

To what extent do you agree that the described blended payment approach will better support system planning, reduce provider to provider payments and better support the delivery of the strategic objectives set out in Better Births?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
----------------	-------	----------------------------	----------	-------------------	------------

Please explain the reasons for your answer

--

Do you have any comments on the potential design of the maternity blended payment (fixed, risk sharing and outcomes elements), or suggestions to improve it?

--

To what extent would you support changing the default payment approach for maternity services to blended payment in the 2020/21 tariff?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

If you would not support changing the default for 2020/21, what would be your preferred implementation approach and why?

--

How could NHS England and NHS Improvement support you to implement the blended payment approach?

--

Blended payment – adult critical care

To what extent would you support the potential blended payment approach for adult critical care?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

Do you have any comments on the overall approach?

--

To what extent do you agree that a blended payment model would make innovations easier to introduce?

--

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
----------------	-------	----------------------------	----------	-------------------	------------

Please explain the reasons for your answer

--

To what extent do you agree that estimating the total revenue required to fund adult critical care services is a sensible starting point?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
----------------	-------	----------------------------	----------	-------------------	------------

Please explain the reason for your choice, particularly if you would prefer an alternative method for introducing blended payment for adult critical care.

--

Which of these approaches to agreeing the required capacity and overall funding requirements would you prefer?

Historic capacity and funding with specified innovations	Benchmarking against population needs drivers	Don't know
--	---	------------

Please explain the reasons for your choice.

--

To what extent would you support introducing an outcome element and a risk share as part of the blended payment?

--

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

Please explain the reasons for your choice.

--

To what extent do you agree that simplifying commissioning arrangements for adult critical care would improve the process for locally agreeing capacity?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
----------------	-------	----------------------------	----------	-------------------	------------

Please explain the reasons for your choice.

--

To what extent do you support attributing the fixed payment element to commissioners on the basis of their share of previous year's activity?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

If you would not support this approach, what would be your preferred approach and why?

--

To what extent would you support piloting the blended payment approach for adult critical care in 2020/21, before considering proposing a change for the 2021 national tariff?

--

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Please explain the reasons for your choice					
How could NHS England and NHS Improvement support you to implement the blended payment approach?					

Other areas of work

Length of tariff

To what extent would you support setting the 2020 tariff for one year?					
Strongly support	Support X	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the length of the tariff?					

Rolling over price relativities

To what extent would you support rolling over the price relativities from 2019/20?

Strongly support	Support X	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the price relativities?					
We are appreciative of the support NHSE/I has given in the context of para 50. We look forward to further adjustments in pricing given a refresh of costings using PLICS in the future.					

Centralised procurement

To what extent would you support making no further adjustments to the tariff to reflect the new arrangements for the NHS Supply Chain, regardless of any increase in overhead costs of Supply Chain Coordination Limited (SCCL)?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on this proposed update or any other aspects of this policy?					

Specialist top-ups and complexity

To what extent would you support pausing the specialist top-ups transition path for 2020/21?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the approach to specialist top-ups and how the tariff addresses complex care?					

Chemotherapy services

To what extent would you support incorporating the cost of chemotherapy supportive drugs into the chemotherapy delivery prices?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the potential changes for chemotherapy delivery?					
To what extent would you support retiring regimens as a basis for chemotherapy procurement?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on retiring the regimens?					

--

Market forces factor (MFF)

To what extent would you support updating target MFF values to reflect changes in the underlying data?					
Strongly support	Support X	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments					
MFF should accurately reflect differences in current not historical costs for providers.					
Do you have any comments on any other aspects of the MFF?					

Non-mandatory prices

To what extent would you support non-mandatory prices for neonatal critical care?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
To what extent would you support non-mandatory prices for IAPT?					

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any other comments on non-mandatory prices?					

High cost exclusions

To what extent would you support the changes to the high cost drugs list outlined in the document?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the potential changes to the list?					
To what extent would you support the changes to the high cost devices list outlined in the document?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments on the potential changes to the list?					

To what extent would you support removing the costs of cancer genomic testing from the tariff, so the service is funded by NHS England Specialised Commissioning?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Please explain the reasons for your choice					

Best practice tariffs

To what extent would you support a BPT for adult asthma care?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
Do you have any comments?					
To what extent would you support updates to the acute stroke care BPT?					
Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know

--	--	--	--	--	--

Do you have any comments on the potential changes?

--

To what extent would you support updates to the day case BPT?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

Do you have any comments on the potential changes?

--

To what extent would you support updates to the fragility hip fracture BPT?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

Do you have any comments on the potential changes?

--

To what extent would you support updates to the major trauma BPT?

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
------------------	---------	----------------------------	--------	-----------------	------------

Do you have any comments?

--

Future developments

What would be your highest priority for any future payment approach?

Creating specialty specific payment adjustments especially regarding the risk element.

What forward guidance and information on national payment policy would you find helpful to support local planning and to successfully implement any new payment approach?

--

Do you have any other comments about the tariff or any other aspect of the payment system?

--