

Response ID ANON-12WW-71TN-U

Submitted to 2023/25 NHS Payment Scheme consultation
Submitted on 2023-01-27 15:23:55

Introduction

What is your name?

Name:

[REDACTED]

What is your email address?

Email:

[REDACTED]

About your organisation

Organisation name:

The Royal College of Ophthalmologists

Organisation code (if known):

Organisation type:

Representative body

Responding on behalf of multiple organisations

No

If yes, how many organisations are you responding for?:

If yes, please list the organisations (and codes if known), separated by commas:

Accepting or rejecting the proposed NHS Payment Scheme

Do you accept or reject the proposed 2023/25 NHS Payment Scheme?

Not Answered

Please explain the reasons for your answer, particularly if you have chosen to reject the method:

RCOphth's response to this consultation focuses only on how the proposals affect ophthalmology services, rather than the functioning of the proposed 2023/25 NHS Payment Scheme in its entirety.

Our response highlights the following points:

- RCOphth supports the proposal to tackle concerns over cataract "upcoding" by equalising BZ34A and BZ34B while creating a £156 differential between these and BZ34C, and moving the additional money created into the rest of the BZ prices. However, the RCOphth's support is contingent on a commitment from NHS England to review the effectiveness of the current case complexity (CC) scores in reflecting the costs of care delivery in BZ34. We would also welcome clarification from NHS England on whether the BZ35 code for bilateral cataract surgery remains a non-mandatory code and how this has been amended in light of the above changes to BZ34.
- Through the National Casemix Office Expert Working Group, RCOphth has previously raised concerns about the validity and working of the CC scoring process. We believe that without a significant review of this, any pricing process beyond 2025 will lack validity and credibility. There is thus an opportunity during the 23/25 payment scheme period to review and revise the CC scoring process. RCOphth is committed to engaging with and supporting such a process.
- We are concerned that the proposed payment by results structure that incentivises new over follow up appointments (e.g. 'front loading' by 20%) does not facilitate the best patient outcomes in ophthalmology. This is because many ophthalmology patients will require ongoing (potentially lifelong) treatment and it is these patients that are exposed to the highest risk of permanent visual damage.
- Regarding Section 8 of the proposals on the payment mechanism, we are concerned that the lack of transparency of cost data between NHS and non-NHS providers, when accompanied by differential case mix, will drive a tariff imbalance that could potentially both under and over-pay. We believe NHS England should monitor this and consider how it can be tackled.
- The ophthalmology profession, led by RCOphth, has actively supported transformational change in the way ophthalmic care is delivered. We are concerned that the coding processes which support the 2023/2025 Payment Scheme are no longer appropriate to support best practice in care delivery. In particular, we believe that the regulations behind the recording and payment for asynchronous virtual appointments, key facilitators of service

improvement, are no longer appropriate. We believe this should be reviewed as soon as is practicable so that the data collected reflects true activity and cost.

- Unlike previous review processes, there was no prior consultation on the proposals with the specialty Expert Working Group. RCOphth believes this process should be reinstated to develop the most effective proposals.

Proposals applying to all payment mechanisms

To what extent do you support the proposed two-year NHSPS?

Tend to support

Please explain the reasons for your answer:

As outlined in the previous question, in the proposed two year NHSPS RCOphth supports the proposal to tackle concerns over cataract “upcoding” by equalising BZ34A and BZ34B while creating a £156 differential between these and BZ34C, and moving the additional money created into the rest of the BZ prices. However, our support is contingent on a commitment from NHS England to review the effectiveness of the current case complexity (CC) scores in reflecting the costs of care delivery in BZ34.

Through the National Casemix Office Expert Working group, RCOphth has previously raised concerns about the validity and working of the CC scoring process. We believe that without a significant review of this, any pricing process beyond 2025 will lack validity and credibility. There is thus an opportunity during the 23/25 payment scheme period to review and revise the CC scoring process. RCOphth is committed to engaging with and supporting such a process.

We would also welcome clarification from NHS England on whether the BZ35 code for bilateral cataract surgery remains a non-mandatory code and how this has been amended in light of the above changes to BZ34.

To what extent do you support the proposed payment principles?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed 2023/24 cost uplift factor?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed 2023/24 efficiency factor?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to setting cost uplift and efficiency factors for 2024/25?

Neither support or oppose

Please explain the reasons for your answer:

Please see our earlier comments outlining our concerns regarding the validity and working of the CC scoring process, and the need to review this during the 23/25 payment scheme so that the next round incorporates the changes needed.

We are also concerned that the proposed payment by results structure that incentivises new over follow up appointments (e.g. ‘front loading’ by 20%) does not facilitate the best patient outcomes in ophthalmology. This is because many ophthalmology patients will require ongoing (potentially lifelong) treatment and it is these patients that are exposed to the highest risk of permanent visual damage.

To what extent do you support the proposed approach to excluded items?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to best practice tariffs (BPTs)?

Not Answered

Please explain the reasons for your answer:

Payment mechanism: Aligned payment and incentive (API)

To what extent do you support the proposed scope of the API payment mechanism?

Not Answered

Please explain the reasons for your answer:

The ophthalmology profession, supported by the RCOphth, have actively supported transformational change in the way ophthalmic care is delivered. We are concerned that the coding processes which support the 2023/2025 Payment Scheme are no longer appropriate to support best practice in care delivery. In particular, we believe that the regulations behind the recording and payment for asynchronous virtual appointments, key facilitators of service improvement, are no longer appropriate. We believe this should be reviewed as soon as is practicable so that the data collected reflects true activity and cost.

To what extent do you support the proposed API fixed element?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed API elective variable element?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed API CQUIN variable element?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to specialised services within API?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to variations from the API design?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments about the proposed API payment mechanism?

API comments:

Payment mechanism: Low volume activity (LVA) block payments

To what extent do you support the proposed scope of the LVA arrangements?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed design of the LVA arrangements?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments about the proposed LVA payment mechanism?

LVA comments:

Payment mechanism: Activity-based payments

To what extent do you support the proposed scope of the activity-based payment mechanism?

Not Answered

Please explain the reasons for your answer:

Regarding Section 8 of the proposals on the payment mechanism, we are concerned that the lack of transparency of cost data between NHS and non-NHS providers, when accompanied by differential case mix, will drive a tariff imbalance that could potentially both under and over-pay. NHS England should monitor this and consider how it can be tackled.

To what extent do you support the proposed design of the activity-based payment mechanism?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments on the proposed activity-based payment mechanism?

ABP comments:

Payment mechanism: Local payment arrangements

To what extent do you support the proposed scope of the local payment arrangements?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed design of the local payment arrangements?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments on the proposed local payment arrangements?

Local comments:

Prices: role, calculation and related adjustments

To what extent do you support the proposed role of prices in the NHS Payment Scheme?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to calculating 2023/24 NHSPS prices?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed changes to price relativities for 2023/24 NHSPS prices?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed revision of the data used to calculate market forces factor (MFF) values?

Not Answered

Please explain the reasons for your answer:

Future payment system development

What national support would you find most helpful in agreeing payment arrangements in future?

Future - Direct support:

Future - Guidance:

Future - Case studies:

Future - Data:

Future - Tools:

Future - Other:

If 'Other':

Please explain the reasons for your answer:

For any future payment system, to what extent do you agree that, year-on-year...

Future - ...fixed payments should be adjusted by rolling over previous fixed payment, adjusting for inflation and efficiency:

Future - ...fixed payments should be completely refreshed based on benchmarking data and PLICs data to find efficiencies:

Future - ...fixed payments should be completely refreshed based on changing population needs:

Future - ...funding in the fixed payment should be flexibly adjusted between pathways (across providers, eg cardiology depts in two providers):

Future - ...funding in the fixed payment should be flexibly adjusted between providers (eg acute to community):

Future - ...funding in the fixed payment should be flexibly adjusted between care settings (eg secondary to primary care):

Please explain the reasons for your answers:

For variable payments and incentives, to what extent do you agree...

variable - ...variable payments should be corrective (eg reflect unexpected costs) rather than directive (incentivise additional activity):

variable - ...payments should be linked to incentives:

variable - ...incentives should be aimed at providers rather than systems:

Please explain the reasons for your answers:

Which three of the following options do you feel are most important for the national payment team to prioritise?

Priorities - Elective recovery:

Priorities - Incentives for quality:

Priorities - NHS Long Term Plan priorities:

Priorities - Non-acute parity:

Priorities - Products and information to support fixed payment:

Priorities - Whole system alignment:

Priorities - Other:

If 'Other':

Do you have any other comments on future payment system development?

Comments on future payment:

Health inequalities and any other comments

If they were implemented, what impact do you feel the policies outlined are likely to have on equality and addressing health inequalities?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments on our proposals for the 2023/35 NHS Payment Scheme?

Any other comments:

Do you have any comments or suggestions on how we could improve how we engage with you on our proposals?

Engagement:

Unlike previous review processes, there was no prior consultation on the proposals with the specialty Expert Working Group. RCOphth believes this process should be reinstated to develop the most effective proposals.

How could we improve the information you are given as part of the statutory consultation and its impact assessment?: