



South, Central and West  
Commissioning Support Unit

# SURVEY FOR THE **2020/21** NATIONAL TARIFF CONSULTATION



# INTRODUCTION

Thank you for taking the time to consider NHS Improvement and NHS England's proposals for the 2020/21 national tariff.

The full consultation notice and all supporting material can be found here:

<https://improvement.nhs.uk/resources/national-tariff-2021-consultation>

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Organisation name	South Central & West Commissioning Support Unit
Organisation code (if known)	ODF
Organisation type	CSU
Multiple organisations	
Are you responding on behalf of multiple organisations?	Yes / No
If yes, how many?	12
If yes, please list the organisation names (and codes if known), separated by commas	99M, NHS North East Hampshire and Farnham CCG 15D, NHS East Berkshire CCG 10C, NHS Surrey Heath CCG 14Y, NHS Buckinghamshire CCG 10Q, NHS Oxfordshire CCG 10L, NHS Isle of Wight CCG 10J, NHS North Hampshire CCG 10V, NHS South Eastern Hampshire CCG 10K, NHS Fareham and Gosport CCG 11A, NHS West Hampshire CCG 10R, NHS Portsmouth CCG 10X, NHS Southampton City CCG

# ACCEPTING OR REJECTING THE METHOD

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The 2012 Act provides that NHS Improvement and NHS England cannot publish the national tariff if either of the objection thresholds has been met (see Annex CnB of the consultation notice for more details).

Clinical Commissioning Groups (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.

**Do you accept or reject the method that NHS England and NHS Improvement propose to use to determine national prices for the 2020/21 National Tariff Payment System?**

Accept:

Reject:

If you chose to reject the method, please explain your reasons:

The following sections ask for feedback on individual policy areas. The question numbers match the sections in the consultation notice document.

# PROPOSED BLENDED PAYMENTS

Details of these proposals are set out in Sections 6-7 of the consultation notice.

## 6. BLENDED PAYMENT FOR OUTPATIENT ATTENDANCES

### To what extent do you support this proposal?

Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
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### Do you have any comments on this proposal?

Support blended approach for outpatients, given the increased emphasis on system planning and working, however points to consider:

- Potential issues with agreeing baselines for advice and guidance due to historic recording quality and the difficulty in forecasting volumes / trajectories for the increased uptake / rollout to facilitate the outcomes based payment.
- There are many local schemes already in place to reduce outpatient attendances, alignment between the blended approach and current mechanisms that would need to be reviewed.
- Extending the approach to specialised services was not included in the engagement proposals, unsure of the extent to which service delivery will change given the cohort will be linked to rare and complex conditions.
- The exclusion of outpatient procedures, supports the transfer of activity from day case to outpatients (procedure), but would need to consider/monitor the levels of outpatient procedures to attendances, i.e. activity moving from the blended approach to cost per case.
- Useful that non front-loaded benchmarked prices have been published (non-mandatory workbook) to support the blended approach.

## 7. BLENDED PAYMENT FOR MATERNITY SERVICES

### To what extent do you support this proposal?

Strongly support	Tend to support	Neither support or oppose	Tend to oppose	<b>STRONGLY OPPOSE</b>	Don't know
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### Do you have any comments on this proposal?

- Support the concept and acknowledge the potential benefits of a blended payment approach for maternity services, however there are a number of concerns regarding practical implementation. It is therefore suggested that no organisations apply this approach in 20/21 and use this as an opportunity to prepare for maternity blending going forward whilst continuing to use their current approach.
- There is the potential for increased confusion regarding billing arrangements both within and outside Local Maternity Systems. Resource and time is required to establish transparency and knowledge of the approaches agreed in different areas for this to work as intended.
- High quality supporting data flows will be essential, with clear alignment to contacts as applicable.
- Trusts will be required to provide open book transparency of provider to provider transactions – commissioners do not currently have sight of these transactions.
- Clarification is required regarding any impact on prepayment / deferred income adjustments in the final accounts as a result of moving to a blended approach.

### Do you have any other comments on blended payments?

- Added complexities and increased resource required to apply multiple approaches for a single provider - if the lead commissioner is above the threshold potentially apply to all associates regardless of threshold.

## 8. CURRENCY DESIGN AND SPECIFICATION

Details of these proposals are set out in Section 8 of the consultation notice.

### 8.1 CURRENCY DESIGN

To what extent do you support this proposal?					
<b>STRONGLY SUPPORT</b>	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<p>Support maintaining the same currency design as 2019/20 NTPS HRG4+ phase 3:</p> <ul style="list-style-type: none"> <li>Enables 19/20 price relativities to be rolled over for 20/21.</li> <li>Provides some stability for planning purposes.</li> </ul> <p>Support the exception to the above:</p> <ul style="list-style-type: none"> <li>Correction of HRG design so that minimally invasive glaucoma surgery (MIGS) combined with cataract surgery groups to a higher priced HRG than MIGS procedures alone.</li> </ul>					

### 8.2 SCOPE OF CURRENCIES

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<p>Support as it aligns with the proposal to rollover 19/20 price relativities - scope of the currencies with national prices needs to be the same.</p> <p>No changes with the exception of:</p> <ul style="list-style-type: none"> <li>Removal of TFC for outpatients due to the introduction of proposed blended approach.</li> <li>Removal of two HRGs - WD0ZZ and LA97B.</li> </ul>					

### 8.3 CHEMOTHERAPY SERVICES

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
Support - standardises and simplifies reimbursement:					
<ul style="list-style-type: none"> <li>Removing the chemotherapy procurement regimens list so that all chemotherapy drugs are reimbursed on a pass through basis will align payment with other high cost drugs.</li> <li>Including the cost of supportive drugs in the chemotherapy delivery tariffs (HRGs SB11Z to SB15Z) will remove some of the administrative burden in capturing and reporting this activity.</li> </ul>					

### 8.4 HIGH COST EXCLUSIONS

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
Support the proposal to update the high cost drugs list by adding sixteen drugs and removing five; adding one device and that all cancer genetic testing will be reimbursed outside of national tariff prices:					
<ul style="list-style-type: none"> <li>Based on the application of expert knowledge and advice provided via the specified groups.</li> <li>Agree with the need to ensure that high cost items are reimbursed separately to ensure fair reimbursement.</li> <li>Assumption that corresponding adjustments to tariff are an accurate reflection of these changes.</li> </ul>					

### 8.5 INNOVATION AND TECHNOLOGY TARIFF/INNOVATION AND TECHNOLOGY PAYMENT

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
ITT/ITP products that meet the criteria for the MedTech Funding Mandate would transition to local reimbursement with appropriate use and funding mandated through the NHS Standard Contract as opposed to central reimbursement:					
<ul style="list-style-type: none"> <li>Reference prices can be set.</li> <li>Easier to monitor / encourage use.</li> </ul>					

## 8.6 BEST PRACTICE TARIFFS

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<p>New:</p> <ul style="list-style-type: none"> <li>Adult Asthma Care - Proposal states that achievement will be monitored via the National COPD &amp; Asthma Program (NCAP) RCP audit.</li> <li>It would be useful to understand the basis of the 50% attainment.</li> </ul> <p>Updates to BPTs:</p> <ul style="list-style-type: none"> <li>Acute Stroke - The brain scan time is being reduced from 12 to 1 hour - Need to clarify specifically when the clock starts to avoid any confusion/disputes.</li> </ul>					

## 8.7 AMBULANCE SERVICES

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>Additional guidance and benchmarking information in relation to the development of local reimbursement arrangements that support a safe reduction in avoidable conveyance is supported.</li> <li>Future exploration of the potential inclusion of emergency ambulance services in the scope of emergency blended payment – interesting concept but could lead to complicated payment arrangements.</li> <li>Support future exploration into the use of ambulance patient-level cost data to inform reimbursement subject to data quality validation.</li> </ul>					



# 9. PROPOSED METHOD FOR DETERMINING NATIONAL PRICES

Details of these proposals are set out in Section 9 of the consultation notice.

## 9.1 SETTING A ONE-YEAR TARIFF

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>One year tariff will provide the flexibility required for systems to explore, plan and transition to alternative payment approaches and to improve local costing systems and the required data flows required to support them.</li> <li>Preference would be for a longer term tariff and the stability that this would provide, alongside a reduction of the administrative burden, however the need to retain flexibility during transition is acknowledged.</li> <li>Acknowledge the reluctance to set a multi-year tariff alongside other aspects of the proposal including the need to avoid increasing the gap between source data (16/17) and service reimbursement.</li> </ul>					

## 9.2 SETTING PRICES FOR 2020/21

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>Support the use of the same calculation method and currencies as the 2019/20 NTPS, and rolling over the price relativities from the 2019/20 NTPS.</li> <li>Acknowledge the need to retain the same price relativities for 20/21 but the expectation is that more recent model inputs will be used for 21/22 as appropriate.</li> <li>The inclusion of emergency care, maternity and outpatient attendances in price calculations seems logical and will assist with informing the blended approach.</li> </ul>					

### 9.3 MANAGING MODEL INPUTS FOR 2020/21

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
More recent cost and activity data would be preferable but given the proposal to rollover 19/20 price relativities it is logical to use the same cost and activity data to model prices for the 2020/21 NTPS that were used for 2019/20. avoid any confusion/ disputes.					

### 9.4 SETTING PRICES FOR BEST PRACTICE TARIFFS FOR 2020/21

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
Consistency - same method for setting BPT prices that was used for the 2017/19 and 2019/20 NTPS and aligns with the use of 19/20 price relativities.					

### 9.5 MAKING MANUAL ADJUSTMENTS TO PRICES

To what extent do you support this proposal?					
<b>STRONGLY SUPPORT</b>	Tend to support	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
Support manual adjustments to Sleep Disorders (AA43) and Very Major Knee Procedures for Trauma (HT22) to correctly reflect clinical resource requirements.					

### 9.6 COST BASE

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
Support maintaining historic method for setting the tariff cost base - equalising the cost base to what was set in the 2019/20 NTPS, and adjusting for activity and scope changes.					

## 9.7 COST UPLIFTS

To what extent do you support this proposal?					
Strongly support	Tend to support	<b>NEITHER SUPPORT OR OPPOSE</b>	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>Impact higher than planned for some aspects/areas e.g. CNST.</li> <li>Need to understand whether this be will addressed nationally.</li> <li>Logical that uplifts are applicable to 'blended services' outside of national tariff.</li> </ul>					

## 9.8 EFFICIENCY FACTOR

To what extent do you support this proposal?					
Strongly support	Tend to support	<b>NEITHER SUPPORT OR OPPOSE</b>	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>Evidence based calculation.</li> <li>Applicable to 'blended services' outside of national tariff.</li> </ul>					

# 10. NATIONAL VARIATIONS

Details of these proposals are set out in Section 10 of the consultation notice.

## 10.1 MARKET FORCES FACTOR

### To what extent do you support this proposal?

Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
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### Do you have any comments on this proposal?

- Moving to the second year of the MFF glide path would further reduce the total amount paid through the MFF, with compensating increases in national prices and prices for emergency care, outpatient attendances and maternity services.
- Simplifying the proposed method used to calculate MFF of merged trusts, based on the weighted average, is supported based on the assessment that this indicates minimal difference compared to the previous method used.
- Request an indication of the future direction with regard to regular reviews/recalculation of MFF.

## 10.2 EVIDENCE-BASED INTERVENTIONS

### To what extent do you support this proposal?

Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
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### Do you have any comments on this proposal?

Support the concept and inclusion of two further interventions based on clinical expertise:

- Exercise ECG for screening for coronary heart disease.
- Helmet therapy in the treatment of positional plagiocephaly in children.

## 10.3 EVIDENCE-BASED INTERVENTIONS

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<p>Support:</p> <ul style="list-style-type: none"> <li>Updating current PSS identification rules, hierarchy and provider eligibility lists.</li> <li>Pausing the transition for the three services losing top-up funding as a result of the move to PSS and HRG4+, so it remains at 50%, as in the 2019/20 NTPS.</li> <li>Piloting a new payment approach for specialist orthopaedic services – knee revision surgery.</li> <li>Assumption that allocations will adjusted as appropriate.</li> </ul>					

# 11. LOCALLY DETERMINED PRICES

Details of these proposals are set out in Section 11 of the consultation notice.

## 11.1 LOCAL PRICING RULE FOR HIGH COST DRUGS, DEVICES AND LISTED PROCEDURES

To what extent do you support this proposal?					
Strongly support	<b>TEND TO SUPPORT</b>	Neither support or oppose	Tend to oppose	Strongly oppose	Don't know
Do you have any comments on this proposal?					
<ul style="list-style-type: none"> <li>Support the addition of a new category of listed innovative products - allows a reference price to be set for these listed products - supports the new reimbursement arrangement.</li> <li>New non-mandatory prices for neonatal critical care services.</li> </ul>					

# ANY OTHER COMMENTS

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## Do you have any other comments on our proposals for the 2020/21 National Tariff Payment System?

- Request for information with regard to the adoption of the current emergency blended payment approach.
- Support the aspiration to reduce transactional costs whilst developing ways of working collaboratively to improve patient care within the resources available.

## Do you have any suggestions for how we can improve the information you are given as part of the statutory consultation and its impact assessment?



Our hummingbird was chosen for more than its aesthetic appeal.

It represents determination, endurance, flexibility, adaptability, resilience and great courage. The very characteristics we will demonstrate in our work with our customers.