

Response ID ANON-V16W-955V-D

Submitted to **2019/20 payment reform proposals**

Submitted on **2018-10-26 13:53:52**

About you

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Organisation

Organisation:

The Royal College of Ophthalmologists

Organisation type

Organisation type:

Representative body

Duration of the tariff

Setting a one-year tariff

Tend to support

Do you have any comments on this proposal?:

In the consultation the tariff period is reduced from two years to one. The College understands the conflicting arguments concerning the duration of the tariff in the current NHS context, and whilst generally being in favour of a longer term stable platform to allow for appropriate planning and development, supports the proposal.

Blended payment for emergency care

To what extent do you support a move to blended payment for emergency care?

Tend to support

Please explain the reasons for your answer:

Emergency payments to be so called "blended approach" i.e. 80%-part fixed activity related pay and 20%part variable volume pay.

The College supports this proposal as a way of risk sharing between commissioners and providers.

What do you feel would be the advantages and disadvantages of the options set out?

Option A:

On balance the College would favour option A as a way of encouraging efficient and effective use of resources. Given the wide differences in emergency eye care pathways across the country fundamentally driven by different geographies and available resources the College does not feel that a national model for defining activity in terms of emergency eye care would be either feasible or effective.

Option B:

Not Answered

To what extent do you agree that the blended payment approach should...

Blended payment elements - ...include a 'break glass' threshold:

Blended payment elements - ...have a threshold below which the blended model wouldn't apply:

Blended payment elements - ...have a 'collar' around the planned activity level where the variable rate would not apply:

Blended payment elements - ...cover ambulatory emergency care:

Blended payment elements - ...exclude specialised commissioning:

Are there any other design elements you think will be important?:

How do you think providers and commissioners could best be supported to agree a planned level of activity?

Support agreed activity level:

Are there any barriers that you think might make implementing a blended payment approach difficult?

Blended barriers:

Do you have any other comments on this proposal?

Blended other comments:

Outpatient attendances

To what extent do you support this proposal?

Strongly oppose

Do you have any comments on this proposal?:

We remain extremely concerned with the continued process of front loading new outpatient payments. We believe that the front loading should revert to 10% as previously, from 30% to 20% for the front loading of new outpatient payments in ophthalmology we believe it falls short of the appropriate level. There is strong evidence of patients coming to harm due to lack of appropriate follow up and the NHS has acknowledged this problem in terms of the development of the current High Impact Intervention in Ophthalmology program which is concentrated on the issue of delayed follow up of patients suffering from long term chronic eye conditions, putting them at risk of irreversible visual loss. If tariff is a considered to be a mechanism for supporting appropriate clinical behaviour then logic would support a return to the 10% level of front loading.

Non-mandatory prices for non-face-to-face follow-ups and for non-consultant-led first and follow-up attendances. The College strongly supports this as a way forward. We believe that a single outpatient payment regardless of whether it is face to face or not, or non-consultant led, as suggested in para 23 is an effective way of encouraging innovation and efficiency as well as guaranteeing quality of patient care. We believe that it appropriately supports non-hospital models of eye care, and technological advances, that are currently being developed in many health communities.

Market forces factor

To what extent do you support this proposal?

Not Answered

Do you have any comments on this proposal?:

Centralised procurement (SCCL)

Would you prefer the overhead costs of SCCL to be funded by an adjustment to the tariff cost uplift factor or through a mark-up on product prices?

Not Answered

Please explain the reason for your answer:

Do you have any other comments on this proposal?

SCCL any other comments:

Other areas of work

Currency design and specification

Neither support or oppose

Do you have any comments on this proposal?:

The College acknowledges the exclusion of the cost of corneal graft material from the HRG tariff in BZ60 and BZ61. It would like clarity within the tariff guidance that local commissioners are responsible for payments for the corneal graft material whether it is sourced from NHS Blood and Transplant or from other sources.

The College has concerns about the removal of Botulinum Toxin from the high cost drugs list without full analysis and appropriate changes in payments via the

relevant HRG codes.

The College acknowledges the work of the NHS Digital Expert Working Group has been considered in the development of other relativities and accepts the current proposals.

Evidence-based interventions

Not Answered

Do you have any other comments on this proposal?:

Best practice tariffs

Not Answered

Do you have any comments on these proposals?:

High cost drugs, devices and listed procedures

Not Answered

Do you have any comments on this proposal?:

Price and revenue volatility adjustments

Not Answered

Do you have any comments on this proposal?:

Specialist top-ups

Not Answered

Do you have any comments on this proposal?:

Non-mandatory prices

Not Answered

Do you have any comments on this proposal?:

Any other questions or comments?

Any other comments: