

Payment system reform proposals for 2019-20

A response from the Academy of Medical Royal Colleges

Introduction

The Academy of Medical Royal Colleges (the Academy) is the membership body for the medical royal colleges and faculties in the UK. We welcome the opportunity to provide input from a clinical perspective to the Tariff consultation.

It is the Academy's role to concentrate on cross specialty and system wide issues rather than specialty specific issues which are the responsibility of individual Colleges. Our response, therefore, focuses on cross cutting issues.

Length of tariff period

The Academy recognises the rationale for a one-year tariff round but strongly favours the stability and planning window that a two-year tariff round offers.

It is also almost impossible to make significant progress on the STP agendas unless the system takes a 'whole partnership' approach and this really needs the two-year period to reassure all parties.

We believe a multi-year tariff should be the norm going forward.

Emergency Care

The Academy fundamentally welcomes any method of payment for emergency care that acknowledges the need for all parties to work together to maximise the best and most appropriate use of resources whilst ensuring best possible patient care.

It is suggested that tariff for all emergency care is the way forward and any claw back incentive should then be aimed at STP level to make the whole system reform and adjust and not penalise one component player which struggles to influence the whole. There does need to be greater financial linkage of emergency and elective and implicit understanding of how they affect each other.

The Academy offers no opinion as to which of the two options are favoured and looks towards its interested constituent members to offer opinions as to the favoured option.

Out patients

The Academy welcomes the development of non-mandatory tariffs for non face to face and non consultant episodes at the same level as the consultant tariff. It believes that this will encourage new and innovative practice whilst ensuring appropriately governed patient care.



Whilst moving even further to a single payment irrespective of follow up might help incentivise reduction in follow up even more, the step wise approach suggested is probably correct.

The Academy understands the issue of front loading of new patient appointment tariff but remains concerned as to the clinical risk that this may potentially cause patients diagnosed with significant health conditions whose long-term care may be adversely effected by this process. We believe trusts should devise a 'safety net' or catch-all for those who are discharged but then something happens and patients then need to get back quickly into the system. We are aware of trusts trying to develop such an electronic system to provide the reassurance to clinicians to allow them to be comfortable to discharge from follow up.

It has been pointed out that the PbR system does not reflect the increasing complexity of imaging and of consultant radiologists' clinical expertise and time expended to translate these images. As Trusts often use tariff balance sheets for workforce planning, this is an obvious hindrance to accommodation required increases in the radiology workforce.

The Academy looks for NHSE/I to take into close account comments made by the Academy's constituent members about any specific patient group which may be affected in this way.

Maternity

The Academy notes the detailed issues within the maternity pathway and supports the objective of maintaining the integrity of the package of care delivered to women and their babies. We look for NHSE/I to consider comments made by relevant constituent members of the Academy.

Technical issues

The Academy does not feel it is appropriate to comment on the non-clinical changes to the tariff structure.

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