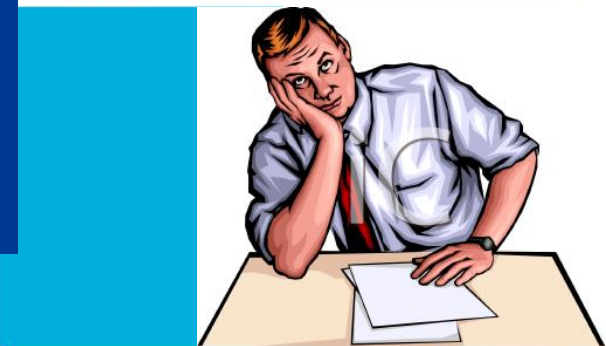


Presentation heading

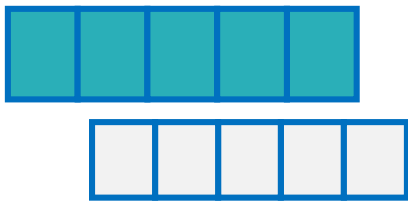
Overview of Financial Flows Around Ambulatory Emergency Conditions (AEC)



AEC Workshop
7th July 2017
London



Organisation and Date



Contents

1. Tariff Basics
2. Tariff 2017/18
3. How can Tariff support AEC
4. Types of contract for AEC





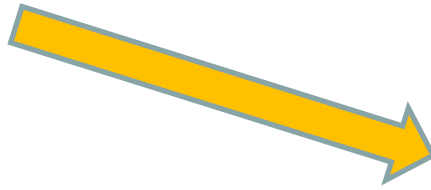
The National Tariff Payments System

- Introduced 2003
- Covers approximately £30bn – non-PbR £40bn
- PBR was Mis-named
- Hospital activity coded; grouped; priced
- Market Forces/ specialist top ups
- Has expanded into a mind blowing set of rules and algorithms

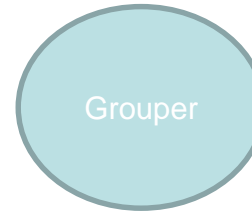
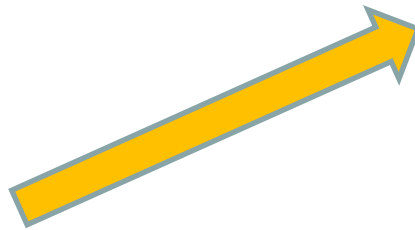


How to make a inpatient spell

Different episodes in one single treatment from admission to discharge



Uses procedure and diagnosis codes to generate a spell



The HRGs are supposed to be “iso-resource” and clinically relevant



PbR – The Quiz

- How lucky can you get?!!!!!!!!!!
- 3 questions to test your PbR knowledge





1. What version of HRGs are we using in 2017/18?





2. Is there a PbR price if a patient is admitted for an operation which is then cancelled?





3. What determines the specialty of a spell under PbR in 2017-18?





PbR 2017-18

- Covers Elective, Non Elective, OP and A&E (70% or so of acute care)
- Separate tariffs for Elective & Non Elective procedures (day case and elective recombined)
- Limited number of OP Procedures
- OP – First & Follow Up; Single & Multi-Professional
- A&E – now based on HRG4 Specialist/ Childrens'/ Spinal/ Neuro Top Up
- Excess Bed Days
- Market Forces Factor
- Best Practice Tariffs (BPT)



Some current issues

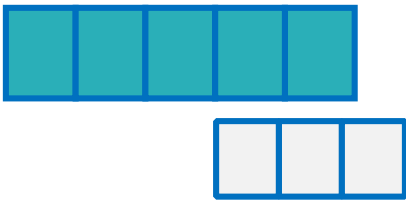
- It has become too complex to understand, manage and decipher
- There is a movement away from price per item to population based contracts
- Counting issues
- Coding suspicions
- Data definitions sometimes unclear (ward attenders?)
- HRGs not meaningful
- Clinical Credibility
- Specialist Services

It's half empty



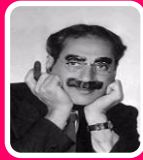
It's half full





HRG 4.0+ Structure

- More complex than HRG 3.5 and 4.0
- Over 1,600 HRG codes



Chapter/ Sub Chapter

- LA= Renal



HRG Number in Chapter

- 03 = Kidney Transplant from live Donor



Split Level (e.g.) age

- A=19 years or older
- B-18 or under



HRG4 +

HRG 4

FZ67A	Major Small Intestine Procedures 19 years and over with CC
FZ67B	Major Small Intestine Procedures 19 years and over without CC



HRG 4+

FZ67C	Major Small Intestine Procedures, 19 years and over, with CC Score 7+
FZ67D	Major Small Intestine Procedures, 19 years and over, with CC Score 4-6
FZ67E	Major Small Intestine Procedures, 19 years and over, with CC Score 2-3
FZ67F	Major Small Intestine Procedures, 19 years and over, with CC Score 0-1



Unbundling



- Positively encouraged
- Rehabilitation outside tariff
- Diagnostics – indicative tariffs for 25 tests (from MRI to Ultrasound)
- Diagnostics and PTS removed from OP prices (for 2009-10) and then put back in!
- Year of Care tariffs encouraged



Re-admissions & Thresholds

- Emergency Threshold – 70% above 2008/09 activity re-priced
- Emergency Re-admission





Non-PbR

- Can often be 20% - 30% of contract value
- Some non-mandatory prices
- Critical Care, Midwifery, Rehab, Drugs
- Often difficult to move from Block



Changes to National Tariff

- Local variations
(agreed)
- Local modifications
(costs)
- Local prices (where
no national price)

MUST BE:

- In the interest of patients
- Visible
- Pro-actively agreed

Previously PbR would apply if you couldn't agree. Not so clear now



Best Practice Tariffs 2017-18

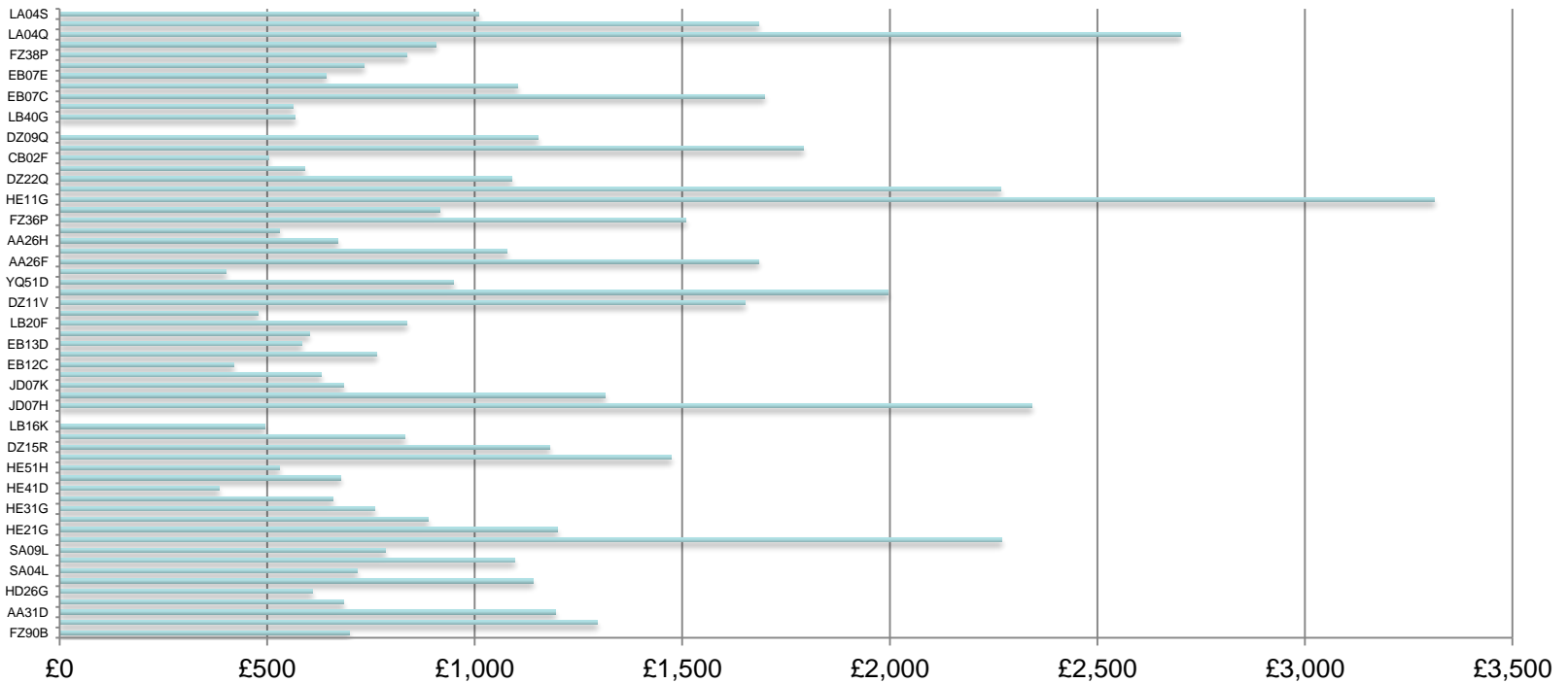
- 1 Acute stroke care
- 2 Adult renal dialysis
- 3 Day-cases
- 4 Diabetic ketoacidosis and hypoglycaemia
- 5 Early inflammatory arthritis
- 6 Endoscopy procedures
- 7 Fragility hip fracture
- 8 Major trauma
- 9 Outpatient procedures
- 10 Paediatric diabetes year of care
- 11 Paediatric epilepsy
- 12 Parkinson's disease
- 13 Pleural effusion
- 14 Primary total hip and knee replacements
- **15 Same day emergency care**
- 16 Transient ischaemic attack
- 17 Heart Failure
- 18 COPD Exacerbation
- 19 NSTEMI:Timely access to coronary angiography





Same Day Emergency Care BPT

AEC Tariff 2017-18 LOS=0 days



Tariff Prices 2017-18 Part 1

HRG code	HRG name	Clinical scenario	Same day emergency care BPT (£) (LOS = 0 days)	Non-elective non-BPT tariff (£) (LOS > 0 days)
FZ90B	Abdominal Pain without Interventions	Abdominal Pain	£698	£471
GC17K	Non-Malignant, Hepatobiliary or Pancreatic Disorders, without Interventions, with CC Score 0-1	Abnormal Liver Function	£1,295	£1,064
AA31D	Headache, Migraine or Cerebrospinal Fluid Leak, with CC Score 7-10	Acute headache	£1,195	£955
AA31E	Headache, Migraine or Cerebrospinal Fluid Leak, with CC Score 0-6	Acute headache	£684	£444
HD26G	Musculoskeletal Signs or Symptoms, with CC Score 0-3	Acutely hot painful joint	£609	£369
SA04K	Iron Deficiency Anaemia with CC Score 2-5	Anaemia	£1,141	£872
SA04L	Iron Deficiency Anaemia with CC Score 0-1	Anaemia	£717	£448
SA09K	Other Red Blood Cell Disorders with CC Score 2-5	Anaemia	£1,097	£828
SA09L	Other Red Blood Cell Disorders with CC Score 0-1	Anaemia	£784	£515
HE21F	Knee Fracture without Interventions, with CC Score 2-4	Appendicular fractures not requiring immediate internal fixation	£2,271	£2,032
HE21G	Knee Fracture without Interventions, with CC Score 0-1	Appendicular fractures not requiring immediate internal fixation	£1,199	£960
HE31F	Foot Fracture without Interventions, with CC Score 2-3	Appendicular fractures not requiring immediate internal fixation	£888	£649
HE31G	Foot Fracture without Interventions, with CC Score 0-1	Appendicular fractures not requiring immediate internal fixation	£759	£520
HE41C	Hand Fracture without Interventions, with CC Score 1-2	Appendicular fractures not requiring immediate internal fixation	£660	£421
HE41D	Hand Fracture without Interventions, with CC Score 0	Appendicular fractures not requiring immediate internal fixation	£384	£145
HE51G	Arm Fracture without Interventions, with CC Score 2-3	Appendicular fractures not requiring immediate internal fixation	£677	£438
HE51H	Arm Fracture without Interventions, with CC Score 0-1	Appendicular fractures not requiring immediate internal fixation	£529	£290
DZ15Q	Asthma without Interventions, with CC Score 3-5	Asthma	£1,474	£1,266
DZ15R	Asthma without Interventions, with CC Score 0-2	Asthma	£1,181	£973
LB16J	Urinary Incontinence or Other Urinary Problems, without Interventions, with CC Score 2-4	Bladder outflow obstruction	£831	£615
LB16K	Urinary Incontinence or Other Urinary Problems, without Interventions, with CC Score 0-1	Bladder outflow obstruction	£494	£278



Tariff Prices 2017-18 Part 2

HRG code	HRG name	Clinical scenario	Same day emergency care BPT (£) (LOS = 0 days)	Non-elective non-BPT tariff (£) (LOS > 0 days)
JD07H	Skin Disorders without Interventions, with CC Score 6-9	Cellulitis	£2,342	£2,111
JD07J	Skin Disorders without Interventions, with CC Score 2-5	Cellulitis	£1,315	£1,084
JD07K	Skin Disorders without Interventions, with CC Score 0-1	Cellulitis	£684	£454
EB12B	Unspecified Chest Pain with CC Score 5-10	Chest pain	£631	£402
EB12C	Unspecified Chest Pain with CC Score 0-4	Chest pain	£420	£191
EB13C	Angina with CC Score 4-7	Chest pain	£763	£534
EB13D	Angina with CC Score 0-3	Chest pain	£583	£354
LB15E	Minor Bladder Procedures, 19 years and over	Chronic indwelling catheter related problems	£601	£386
LB20F	Infection or Mechanical Problems Related to Genito-Urinary Prostheses, Implants or Grafts, without Interventions, with CC Score 2-6	Chronic indwelling catheter related problems	£837	£621
LB20G	Infection or Mechanical Problems Related to Genito-Urinary Prostheses, Implants or Grafts, without Interventions, with CC Score 0-1	Chronic indwelling catheter related problems	£478	£262
DZ11V	Lobar, Atypical or Viral Pneumonia, without Interventions, with CC Score 0-3	Community acquired pneumonia	£1,652	£1,445
YQ51C	Deep Vein Thrombosis with CC Score 6-8 ***	Deep vein thrombosis	£1,996	£1,761
YQ51D	Deep Vein Thrombosis with CC Score 3-5	Deep vein thrombosis	£950	£715
YQ51E	Deep Vein Thrombosis with CC Score 0-2	Deep vein thrombosis	£401	£166
AA26F	Muscular, Balance, Cranial or Peripheral Nerve Disorders, Epilepsy or Head Injury, with CC Score 6-8	Epileptic seizure**	£1,685	£1,444
AA26G	Muscular, Balance, Cranial or Peripheral Nerve Disorders, Epilepsy or Head Injury, with CC Score 3-5	Epileptic seizure**	£1,078	£838
AA26H	Muscular, Balance, Cranial or Peripheral Nerve Disorders, Epilepsy or Head Injury, with CC Score 0-2	Epileptic seizure**	£670	£430
EB08E	Syncope or Collapse, with CC Score 0-3	Falls including syncope or collapse	£530	£301
FZ36P	Gastrointestinal Infections without Interventions, with CC Score 2-4	Gastroenteritis	£1,508	£1,280
FZ36Q	Gastrointestinal Infections without Interventions, with CC Score 0-1	Gastroenteritis	£917	£690
HE11G	Hip Fracture without Interventions, with CC Score 4-7	Low risk pubic rami	£3,312	£3,073
HE11H	Hip Fracture without Interventions, with CC Score 0-3	Low risk pubic rami	£2,266	£2,027
DZ22Q	Unspecified Acute Lower Respiratory Infection without Interventions, with CC Score 0-4	Lower respiratory tract infections without COPD	£1,090	£882
CB02E	Non-Malignant, Ear, Nose, Mouth, Throat or Neck Disorders, without Interventions, with CC Score 1-4	Minor head injury	£591	£350
CB02F	Non-Malignant, Ear, Nose, Mouth, Throat or Neck Disorders, without Interventions, with CC Score 0	Minor head injury	£504	£263
DZ09P	Pulmonary Embolus without Interventions, with CC Score 3-5	Pulmonary embolism	£1,793	£1,586
DZ09Q	Pulmonary Embolus without Interventions, with CC Score 0-2	Pulmonary embolism	£1,152	£945



Tariff Prices 2017-18 Part 3

HRG code	HRG name	Clinical scenario	Same day emergency care BPT (£) (LOS = 0 days)	Non-elective non-BPT tariff (£) (LOS > 0 days)
LB40G	Urinary Tract Stone Disease without Interventions, with CC Score 0-2	Renal/ureteric stones	£567	£351
WH04E	Poisoning Diagnosis without Interventions, with CC Score 0-1	Self harm	£563	£345
EB07C	Arrhythmia or Conduction Disorders, with CC Score 7-9	Supraventricular tachycardia's including atrial fibrillation	£1,698	£1,469
EB07D	Arrhythmia or Conduction Disorders, with CC Score 4-6	Supraventricular tachycardia's including atrial fibrillation	£1,103	£874
EB07E	Arrhythmia or Conduction Disorders, with CC Score 0-3	Supraventricular tachycardia's including atrial fibrillation	£642	£413
AA29F	Transient Ischaemic Attack with CC Score 0-4	Transient Ischaemic Attack	£735	£495
FZ38P	Gastrointestinal Bleed without Interventions, with CC Score 0-4	Upper gastro-intestinal haemorrhage	£837	£610
FZ91M	Non-Malignant Gastrointestinal Tract Disorders without Interventions, with CC Score 0-2	Upper gastro-intestinal haemorrhage	£906	£679
LA04Q	Kidney or Urinary Tract Infections, without Interventions, with CC Score 4-7	Urinary tract infections	£2,701	£2,485
LA04R	Kidney or Urinary Tract Infections, without Interventions, with CC Score 2-3	Urinary tract infections	£1,685	£1,469
LA04S	Kidney or Urinary Tract Infections, without Interventions, with CC Score 0-1	Urinary tract infections	£1,010	£794



Who's in Charge of setting the Tariff?





What has changed in the approach to the National Tariff?

- Lexicon
- Local variations
 - Must be in best interest of patients
 - Must promote transparency
 - Providers and commissioners must engage proactively
- Emphasis on local prices
- Local modifications different to local variations
- Reduced emphasis on fining
- Links to STF



STPs and the impact

- 5 year “SYSTEM” plan;
- 5 year allocations notified;
- Clear links to two year operational plans against the STP;
- Encouraging cross system working and innovative pathways, local discretion on prices and contracts;
- Flexibility on contracts required;
- Introduction of system control totals;
- New governance arrangements required.



What's new for 2017/18

- HRG4+ phase 3 introduced for the first time (one year delay) and provides a more detailed price list
- Prices based on 2014/15 reference costs adjusted to latest price levels;
- 2 year tariffs to provide certainty and support STPs and 2 year operational plans
- Updates to Maternity pathway
- Updates to list of drugs and devices
- Changes to certain BPTs
- An attempt to change OP pricing has been withdrawn



- BPT **How can PbR in 2017/18 support EAC?**
- Use of local variations – jointly agreed
- Use of the 50%/70% marginal rate with-held
- As an element of Year of Care tariff (or COBIT)
- New presumption of collaboration in the interests of the patient in pricing
- Capitation based Provider contracts



Elephant in the Room

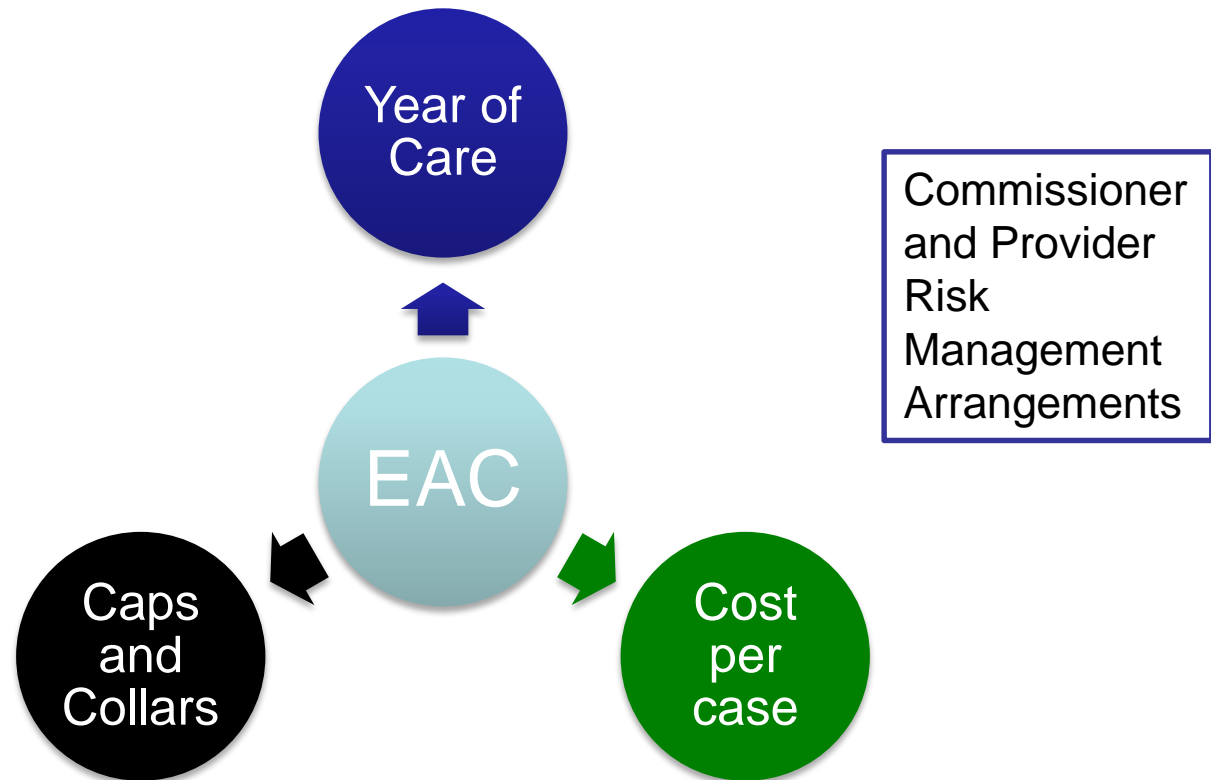
- What exactly is an emergency admission?

“When the admission is unpredictable, and at short notice because of clinical need” NHS Data Dictionary

- NHS data definitions have failed to keep up with modern medical practice
- 4 Hour A&E wait puts pressure on short-term admissions
- Often there is a need for a local pragmatic solution
- Coding often dictates that the episode needs to be treated as an admission



Types of contract for EAC





Place of AEC BPT

- EAC a key element in BPT
- It's a mandatory part of National Tariff
- The A&E performance target is one of the biggest political hot potatoes
- Schemes that help A&E cope – and perhaps provide for some cost improvement – will be favourably received
- Maybe some STP involvement?



Is this going to get any easier soon? (Future Economic Outlook)





Emergency Admissions

Emergency Admission, when admission is unpredictable and at short notice because of clinical need:

- 21 Accident and emergency or dental casualty department of the [Health Care Provider](#)
- 22 **GENERAL PRACTITIONER**: after a request for immediate admission has been made direct to a [Hospital Provider](#), i.e. not through a Bed bureau, by a **GENERAL PRACTITIONER** or deputy
- 23 Bed bureau
- 24 [Consultant Clinic](#), of this or another [Health Care Provider](#)
- 25 Admission via Mental Health Crisis Resolution Team
- 2A [Accident and Emergency Department](#) of another provider where the **PATIENT** had not been admitted *
- 2B Transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency *
- 2C Baby born at home as intended *
- 2D Other emergency admission *
- 28 Other means, examples are: **
 - admitted from the [Accident and Emergency Department](#) of another provider where they had not been admitted
 - transfer of an admitted **PATIENT** from another [Hospital Provider](#) in an emergency
 - baby born at home as intended

A record of the event that a clinical **DECISION TO ADMIT** a **PATIENT** to a particular [Health Care Provider](#) has been made by or on behalf of someone, who has the **RIGHT OF ADMISSION**. This decision denotes that the **PATIENT** is intended to be admitted to a [Hospital Bed](#), either immediately or subsequently in the future.



What is a bed?

A **Hospital Bed** includes any device that may be used to permit a **PATIENT** to lie down when the need to do so is as a consequence of the **PATIENT**'s condition rather than the need for active intervention such as examination, diagnostic investigation, manipulation/treatment, or transport. Cots should be included in statistics about **Hospital Beds** where appropriate.

It should be noted that:

- A couch or trolley should be considered as a **Hospital Bed** provided it is used regularly to permit a **PATIENT** to lie down rather than for merely examination or transport. An example of such an arrangement is a day surgery ward furnished with trolleys
- A **PATIENT** may need to use a **Hospital Bed**, couch or trolley whilst attending for a specific short procedure taking an hour or less, such as an endoscopy. If such devices are being used only because of the active intervention and not because of the **PATIENT**'s condition, they should NOT be counted as **Hospital Beds** for statistical purposes
- A **PATIENT** needing a lengthy procedure such as renal dialysis may use a **Hospital Bed** or other means of support such as a couch or special chair. Whatever the device used it should be counted as a **Hospital Bed** if used regularly for this purpose
- Some procedures require narcosis. If this necessitates the **PATIENT** to lie down, the **Hospital Bed**, couch or trolley can be counted as a **Hospital Bed** if used regularly for this purpose
- A device specifically and solely for the purpose of delivery should not be counted as a **Hospital Bed** if another device is normally reserved for **Antenatal** and **Postnatal** care. Details of the facilities available for delivery in a maternity ward should be included in a **WARD** inventory.



Questions?