NHS
Ambulatory Emergency Care Network

Ambulatory Emergency Care

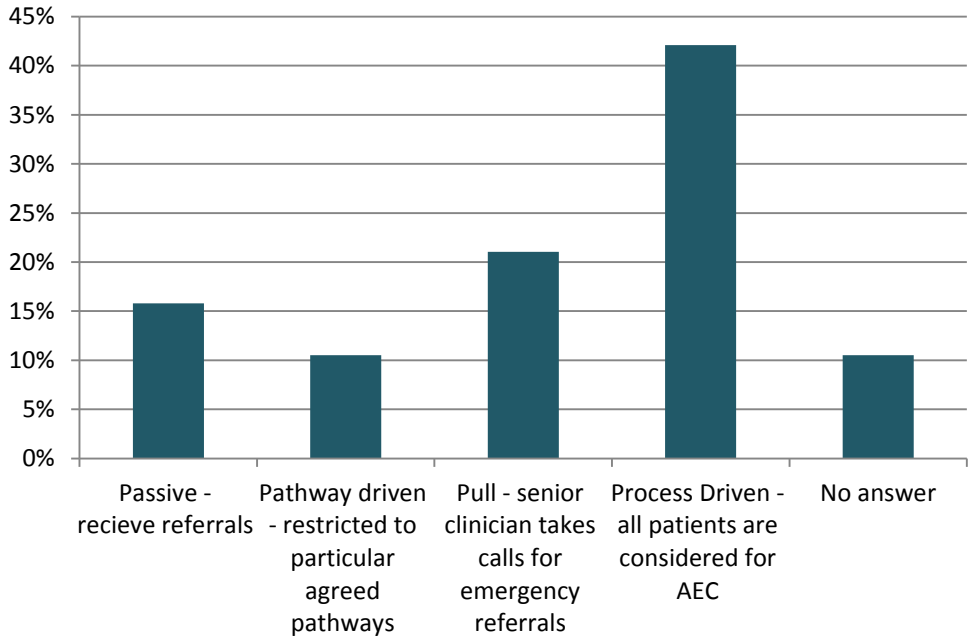
Overview of experience of tariff in AEC

Results from the 2015 survey of organisations in one cohort

Susanna Shouls

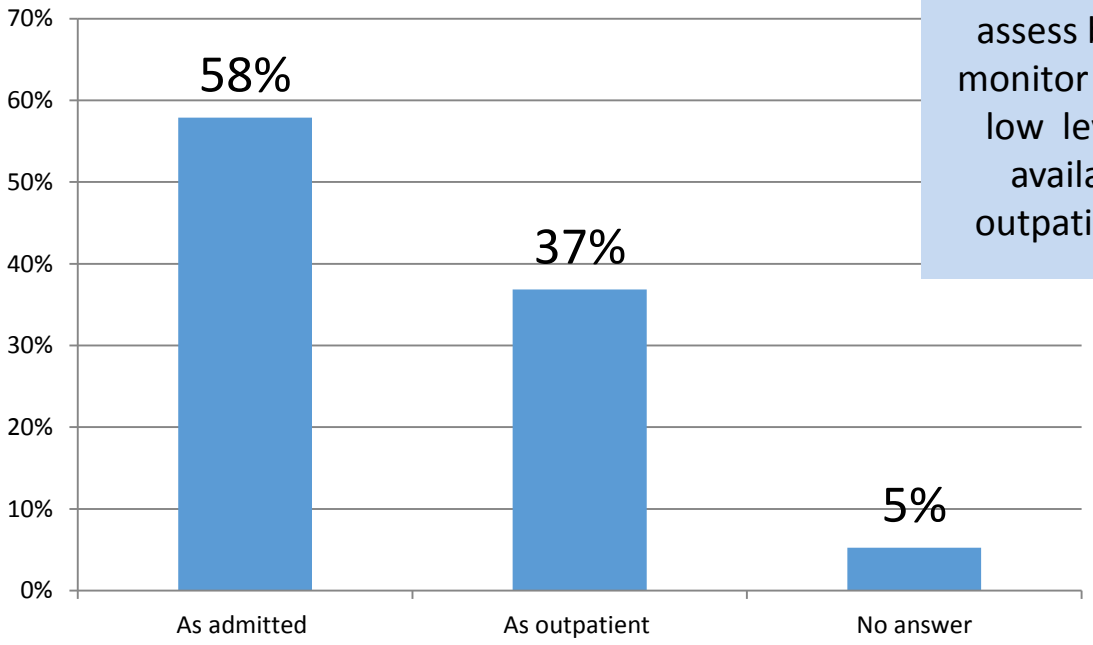
Background

19 participating sites with a range of models of AEC



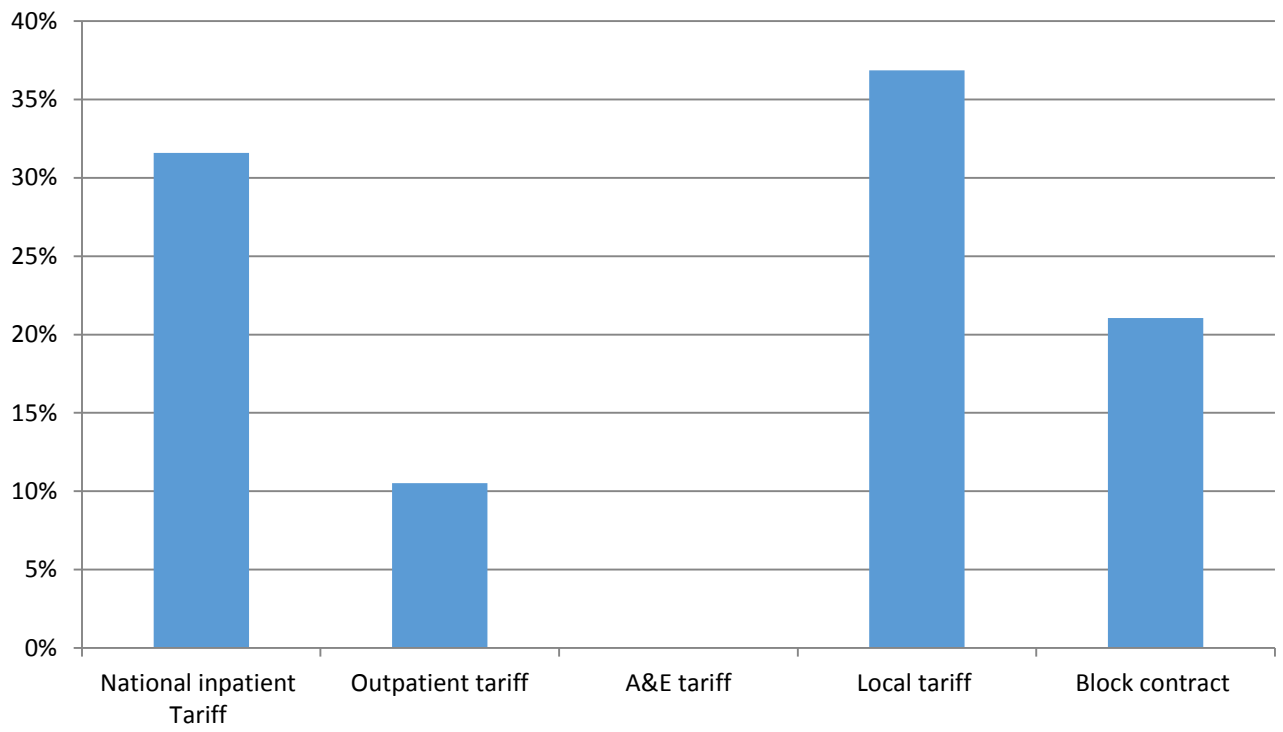
Range of operating practices. Opening times, staffing, activity, flow from ED/direct GP.

How activity is recorded



Experience across the Network: it is harder to assess benefits and monitor casemix with low level of detail available in the outpatient datasets

The main tariff in use



Examples of prices – survey 2015

- 2x hospitals (£600 or £800) depending on complexity
- BPT used and average specialty tariff for rest @ 70%. Returners national medical OPD
- £500 new; review £100
- Until recently £300 per attendance, recently updated to 77% of National Tariff for first attendance and medical OPD tariff for follow ups
- At optimum activity level, the price per episode will be between £300 & £350

Remember costs of care varies across England. MFF factory may apply

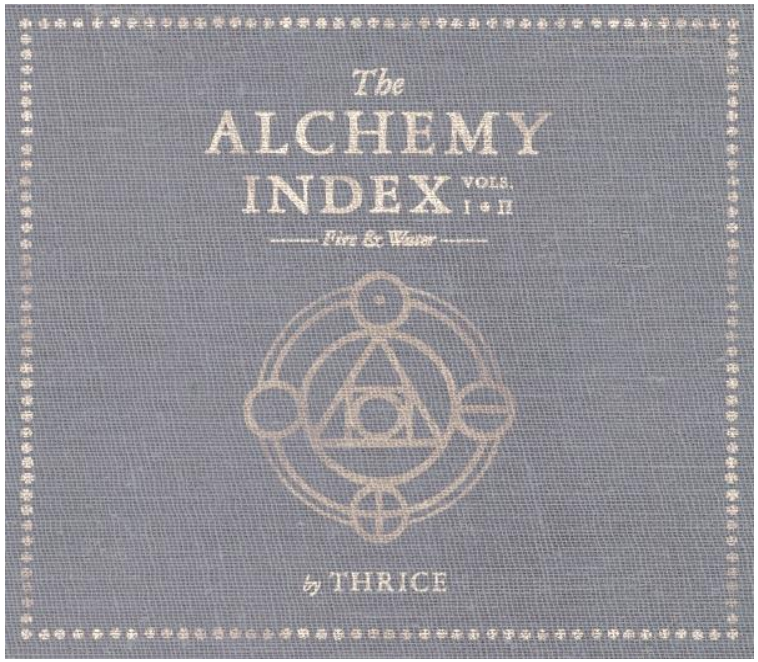
Median best practice tariff for same day emergency - £834 2017/18

Reflections

- Diversity in £
- Service diversity = difference in costs
  - Consultant led vs Medical led vs Nurse led
  - Casemix and complexity
  - Operating hours / days
  - Includes step down from admission or not
  - **Criteria and thresholds for service**
- Diversity in how **AEC "episode" / activity** is defined more on this later ..
- Remember market forces factor – examples may from Oxford or from the North East

Recording data

The problem with HRGs



Clinical coders used to be hidden away. They performed an arcane art transforming handwritten scribble into scientific data

"Hindsight is a wonderful thing."
David Beckham

The Tariff process

- Clinicians write in the notes
- On discharge Coders convert into ICD codes, each FCE is coded
- Within the HRG Grouper dominant episode identified and HRG allocated
- Tariff applied

- ‘Probable DVT’
- ‘I801’
- ‘EB11Z’ DVT
- BPT flag

The Tariff process

- Clinicians write in the notes
- On discharge Coders convert into ICD codes, each FCE is coded
- Within the HRG Grouper dominant episode identified and HRG allocated
- Tariff applied

- ‘Probable DVT’
- ‘M79.6’ Pain in leg
- ‘EB11Z’ DVT
- BPT flag

The Tariff process

- Clinicians write in the notes
- On discharge Coders convert into ICD codes, each FCE is coded
- Within the HRG Grouper dominant episode identified and HRG allocated
- Tariff applied

- ‘Possible DVT’
- T13.2 (sprain)
- ??
- No BPT flag