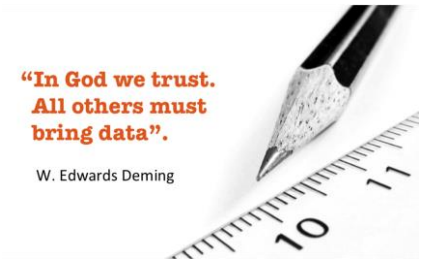
Measurement Factsheets

#4 –Best Practice Tariff for Same Day Emergency Care



Background and context to this fact sheet

Across the AEC Network there continues to be debate about tariffs for AEC and the application of best practice tariff (BPT). The same day emergency care BPT was originally introduced in 2012/13 to incentivise providers to increase the proportion of patients receiving same day emergency care. NHS England and NHS Improvement are jointly responsible for setting the National Tariff and with this the Best Practice Tariff.

This fact sheet aims to provide an insight into the cost model for BPT as a result of feedback from commissioners that the "BPT for AEC is not affordable". We work closely with the tariff team and they are clear that the introduction of BPT has not increased the cost of emergency care for commissioners. Understanding how the calculations are made and the money allocated to each tariff should help dispel this myth.

This fact sheet provides links to tariff rules, lists the national best practice tariff scenarios for AEC and gives examples of the information used by the team to calculate the value of BPT using the 75th percentile performance as a marker.

Best Practice Clinical Scenarios

The following clinical scenarios have a BPT for same day emergency care. The latest additions for 2017/19 are highlighted.

Abdominal pain	Pulmonary embolism	Self-harm
Anaemia	Asthma	Abnormal liver function
Bladder outflow obstruction	LTRI without COPD	Acutely hot painful joint
Community-acquired pneumonia	Chest pain	Chronic indwelling catheter
Low-risk pubic rami	Falls including syncope / collapse	Gastroenteritis
Minor head injury	Appendicular Fracture	Transient ischaemic attack
SVT including AF	Cellulitis	Urinary tract infections
Epileptic seizure	Renal/ureteric stones	Upper GI haemorrhage
Acute headache	Deep vein thrombosis	

The Guidance

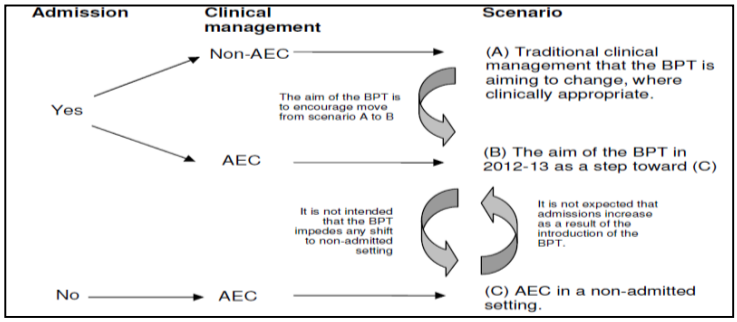
The guidance below uses the original description of the methodology (pdf) for Same Day Emergency Care BPT published by the Department of Health in 2013/14. The current national guidance (pdf) is published by NHS England and NHS Improvement.

293. Expenditure for commissioners under the BPT structure will not be greater than that under a conventional tariff structure. Although every procedure that shifts into the appropriate setting will attract a higher payment, this payment is lower than or equal to a tariff set in the conventional way i.e. based on the national average of reported costs across both settings. As a result, even if a provider performs all procedures in the appropriate setting, the commissioner will not pay more. For BPTs that apply at the HRG level this cannot be verified by organisations as there is no conventional tariff issued but it can be for those that apply at the sub-HRG level.

The Definition

Each of the conditions where BPT is applicable can attract one of the two tariffs, the tariff described in the table below only applies to scenarios A and B.

How was the condition managed?	Defined as	Tariff rate
Same day emergency care	Zero day length of stay	The higher BPT rate
Non-elective	>=1 day length of stay	The lower rate



Payment for BPT is allocated when the payment grouper generates a 'BP flag' when certain conditions are met (e.g. non-elective admission, the patient is over 18 and coded with a specified diagnosis and HRG codes associated with the conditions above). The payment grouper doesn't assess whether the patient was discharged on the same day so this is determined using the length of stay field in SUS. Information about the BP flags is available in the tariff information spreadsheet.

How is the tariff calculated by NHS England and NHS Improvement?

Below is an example of one of the charts used by the tariff team to understand performance across England in AEC or Same Day Emergency Care. Data is analysed using the BPT conditions to understand how providers are performing against the upper and lower limits set out for each clinical scenario in the directory. To explain the analysis, we have used a chart taken from the team analysis that shows current practice for pulmonary embolism (chart 1 below).

In chart 1 each blue bar represents a provider and shows the percentage of patients with pulmonary embolisms for whom the provider delivered same day care. The horizontal purple line on the chart shows the national average of same day care and the blue line shows the 75th percentile rate. The 75th percentile rate is used to set the tariff rates for same day care. The red and green horizontal lines on the chart show the achievable rates for this clinical scenario as set out in the Directory of Ambulatory Emergency Care. In some conditions the 75th percentile has already surpassed the lower achievable rate, however in the graph below, there is clearly a long way to go before this happens.

Using this information, the tariff rate is set across England so that a provider with average costs will break even if they achieve the 75th percentile rate. The resulting costs is described as *"adjusting relativities so a same day case receives a higher tariff (over compensating same day and over compensating longer stays), and decreasing the absolute level of both to reflect a lower costs of a higher proportion of same day discharges'*. It is important to note that the 75th percentile is not used locally to calculate the tariff rate but at a national level to inform the price level for both those achieving the Same Day Emergency Care BPT and those that do not. For an individual patient the provider will either get the BPT or not depending on the patient's length of stay, not the providers' same day emergency care rate.

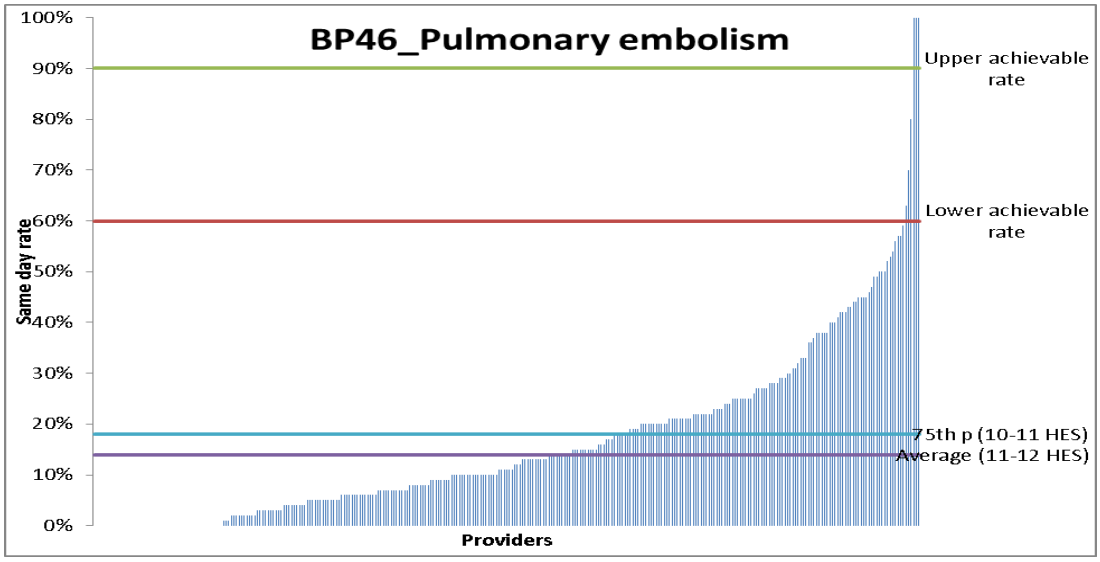


Chart 1—PbR Team analysis of 75th percentile rates across England for patients with pulmonary embolism

Chart 1 shows the 75th percentile performance and is available on our website at www.ambulatoryemergencycare.org.uk. The majority of this chart is constructed using 2010/11 as this is the original analysis developed to establish the rates set for Best Practice Tariff. Current national rates are available in the national best practice guidance.

The main message for healthcare is that the cost of emergency care should not rise by the application of BPT. Centrally prices have been calculated by taking money from standard tariff and added to BPT conditions to create a lever for change.

Recommendation

We strongly recommend that you take time to understand the guidance regarding BPT for AEC. You can replicate the analysis produced by the NHS England/Monitor to understand your position in relation to the 75th percentile. If you need any help with this analysis the AEC Measurement Team are happy to provide this.

Our contact in the NHS England pricing team presents webinars to the AEC Network to explain the complexity of tariff and answer your questions—if you would like to take part please sign up via aec@nhselect.org.uk