

Response ID ANON-V16W-95SQ-6

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

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About you

Name

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Organisation

Organisation:

Royal College of Radiologists

Organisation type

Organisation type:

Representative body

Duration of the tariff

Setting a one-year tariff

Tend to oppose

Do you have any comments on this proposal?:

While we understand that the tariff proposals are for one year this time around largely as a result of the impending NHS Long Term Plan, we would generally favour the stability and planning window offered by a two year tariff period.

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:

Currencies that are less granular will lessen departmental tribalism and foster a culture of shared resources in the best interests of the patients.

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

Option A:

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?

Neither support or oppose

Do you have any comments on this proposal?:

The PbR system is already non-reflective in accommodating for the increasing complexity and frequency 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, the RCR is concerned that this proposal may be further reductive for making the case that radiologists have a crucial role for patient care and are more than just a commodity. If used appropriately, the proposal has huge potential benefit in freeing up consultant time and fostering new and innovative practice, but in practice, the reduction or parity with consultant tariff could cause further unseen pressures – inevitably if there is complexity beyond the scope of practice of a non consultant, then this is escalated and the additional work generated for consultants is not accounted for.

Market forces factor

To what extent do you support this proposal?

Tend to support

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?

Tariff cost uplift factor

Please explain the reason for your answer:

Consistency, centralized funding mechanisms and lower procurement prices can only be of benefit to patient care, as in practice, these elements are all inherently useful in reducing unwarranted variation.

Do you have any other comments on this proposal?

SCCL any other comments:

Other areas of work

Currency design and specification

Tend to support

Do you have any comments on this proposal?:

Evidence-based interventions

Not Answered

Do you have any other comments on this proposal?:

Best practice tariffs

Strongly support

Do you have any comments on these proposals?:

The document suggests that the key measures for emergency laparotomy would be Consultant Surgeon and Anesthetist supervision and access to critical care beds post operatively. However, we are aware that some guidelines are currently being developed for managing high risk surgical patients, in which rapid access to CT scanning and formal reporting are being specified (with specified timeframes not dissimilar to trauma patients). It would be interesting to know if there were any plans to include these metrics for Radiology within this best practice tariff.

High cost drugs, devices and listed procedures

Tend to support

Do you have any comments on this proposal?:

Price and revenue volatility adjustments

Tend to support

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: