



Changes to the 2019/20 National Tariff Payment System following statutory consultation

NHS England and NHS Improvement

March 2019

Following the statutory consultation on the proposed 2019/20 National Tariff Payment System, NHS England and NHS Improvement carefully considered the feedback received. This document gives details of the corrections and clarifications that have been made to the tariff documents prior to publication. There have also been minor editorial changes to improve clarity and ensure consistency and accuracy. For more information, please contact pricing@improvement.nhs.uk. The final documents are available at <https://improvement.nhs.uk/resources/national-tariff/>

Location	Issue	Change	Correction or clarification?
National tariff document, page 5	Need to make clear tariff should be seen alongside other related documents.	Added a paragraph to signpost to the NHS Standard Contract and CQUIN guidance.	Clarification
National tariff document, page 13	Emergency care not included in list of services using HRGs as currencies.	Updated paragraph to include emergency care.	Clarification
National tariff document, page 13	Lack of guidance on expected use of non-mandatory maternity.	Added footnote to link to NHS operational planning and contracting guidance which states that providers and commissioners are expected to use the prices.	Clarification
National tariff document, page 32	Not clear that NHS England Specialised Commissioning would be responsible for paying for Other cancer multidisciplinary team (MDT) services.	Added new bullet point to make clear that the money for other cancer MDT services has been allocated to NHS England Specialised Commissioning.	Clarification

Location	Issue	Change	Correction or clarification?
National tariff document, page 55	Not clear whether top-slice has been applied to national prices only.	Updated paragraph to clarify that top-slice affects money allocated to national prices, the non-mandatory prices for maternity services and the HRG unit prices used in the new payment approach for emergency services.	Clarification
National tariff document, page 59	Lack of guidance on application of evidence-based interventions national variation.	Added in a new paragraph to link to the NHS England's evidence-based interventions programme.	Clarification
National tariff document, Section 6	New web page created for locally determined prices information.	Updated text and links to signpost to the NHS Improvement locally determined prices web page.	Correction
National tariff document, page 74	Incorrect reference to Standard Contract.	Updated link in rule 5(e) to refer to Service Condition 39 of the Standard Contract, not SC 36.50.	Correction
National tariff document, page 74	Lack of support for developing prices for IAPT services.	Added paragraph to highlight ongoing work to develop non-mandatory benchmark prices for IAPT services.	Clarification
National tariff document, page 75	Not clear that providers and commissioners can agree alternative payment approach for IAPT services.	Added a new subsection to local pricing rule 8, mirroring pricing rule 7(b).	Clarification
National tariff document, page 79	Risk of confusion between blended payment for emergency care and blended payment for mental health.	Added a paragraph to state that the rules in Section 7 apply to emergency care.	Clarification

Location	Issue	Change	Correction or clarification?
National tariff document, page 82	Rules not clear whether deductions of MRET and 30-day readmissions apply for services outside the scope of the blended payment.	Added a new subsection to rule 5 (5(e)), making clear that commissioners should make deductions from the total price payable to account for MRET and 30-day readmissions.	Clarification
Annex A, all tabs	Inconsistent use of decimal places.	Ensured that all prices are displayed to zero decimal places, tops-ups to two decimal places and market forces factor values to six decimal places.	Correction
Annex A, contents tab	Some items in the glossary out of date.	Removed glossary from Annex A and link through to glossary for tariff as a whole.	Clarification
Annex A, tab 1 (APC and OPROC)	SSEM incorrectly included for HRG root AA35.	Removed details of SSEM from these HRGs.	Correction
Annex A, tab 1 (APC and OPROC)	Issue identified prior to statutory consultation that two high cost drugs had been removed from the list, but would continue to be covered by categories that remain on the list, affecting specific HRGs.	Updated prices for the affected HRGs (PN49A, PN49B, SA02G, SA02H and SA02J).	Correction
Annex A, tab 1 (APC and OPROC)	Prices for HN12E, HN12F, HN22D, HN22E incorrectly showed non-BPT prices. SUS PbR automates payment of BPT price, with commissioners to reclaim overpayments if BPT criteria not met (see tab 6a, rows 258-259)	Update prices for these HRGs to BPT prices (in line with tab 6a).	Correction
Annex A, tab 5 (Other national prices)	Prices not always consistent with outpatient procedures in Tab 1.	Updated prices for FE35Z and FE34Z.	Correction

Location	Issue	Change	Correction or clarification?
Annex A, tab 6a (BPT prices)	Not clear how to treat HC64C where it meets multiple BPT criteria.	Added a note to the Spinal Surgery table to clarify.	Clarification
Annex A, tab 6b (BPT flags) and tab 6e (BPT HRG codes)	Tab includes rows related to same day emergency care BPT, which has been retired.	Rows removed.	Correction
Annex A, tab 10 (HRGs with no national prices)	HN87Z and MC20Z missing. Some errors in column F.	Missing HRGs added and corrections made to column F.	Correction
Annex A, tab 12 (MFF values)	Merger confirmed since the statutory consultation.	Updated list of providers including merged MFF values.	Correction
Annex C, page 31	Not clear how clusters relate to blended payment for mental health.	Added clarification that clusters are the currency that underpins the blended payment approach.	Clarification
Annex D, page 65	Clinical advice that criteria c) for hip replacements is not always best practice.	Added in a paragraph to clarify that, where NJR data demonstrates that outcomes from uncemented hip replacements are better than cemented, the full BPT price can be paid.	Clarification
Blended payment for emergency care, Appendix 1	Guidance would benefit from more details.	Added a worked example.	Clarification
A guide to the market forces factor, page 4	Lack of guidance on whether MFF should apply to non-mandatory prices.	Added paragraph to state that providers' MFF values should be considered when agreeing local prices based on non-mandatory prices.	Clarification
Non-mandatory prices, front page	Workbook contains non-mandatory prices only.	Changed name of workbook to remove reference to currencies.	Correction

Location	Issue	Change	Correction or clarification?
Non-mandatory prices, front page	Not clear if cost uplifts and efficiency adjustments have been applied to non-mandatory prices.	Added note to explain that the adjustments have been used for outpatient and maternity prices.	Clarification
Non-mandatory prices, front page	Not clear if MFF should apply to non-mandatory prices.	Added note to explain that providers' MFF values should be considered when agreeing local prices based on non-mandatory prices.	Clarification
Non-mandatory prices, non-mandatory prices tab	Outpatient prices for TFCs 190-263 had slipped rows.	Prices inserted in the correct place.	Correction (please note, this correction was made during the statutory consultation)
Non-mandatory prices, non-mandatory prices tab	Price for TFC 257 non-consultant-led non-face-to-face follow-up incorrect.	Price updated.	Correction
Non-mandatory prices, Benchmark – tobacco rehabilitation	Guidance on benchmark prices missing some details.	Supporting information on tobacco dependency prices updated.	Clarification
Non-mandatory prices, Benchmark – wheelchair	Wheelchair prices should be treated as benchmarks.	Prices moved to new benchmark tab.	Clarification

This publication can be made available in a number of other formats on request.

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