# Feedback: 2022/23 finance and payment engagement

This survey accompanies the finance and payment engagement workshops running during September 2021.

The deadline for submitting the survey is the end of **01 October 2021**.

Final survey responses should be submitted here: LINK

## About you

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Role** |  |
| **Organisation** |  |
| **Organisation type (eg provider, commissioner, drug or device manufacturer)** |  |

## 

## Contracting

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| **For the Standard Contract to remain fit-for-purpose in an ICB world, and to minimise burden and bureaucracy, to what extent would you support…** | | | | | | |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Making the nationally-mandated content of the Contract (the Service and General Conditions) a purely on-line point of reference |  |  |  |  |  |  |
| Reducing the quantity and detail of nationally-mandated requirements on providers in the Contract |  |  |  |  |  |  |
| Reducing the level of detail contained in the Contract around processes for contract management |  |  |  |  |  |  |
| Reducing the amount of content required to be completed in the local elements of the Contract (the Particulars). |  |  |  |  |  |  |
| Please explain the reasons for your answer | | | | | | |
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| **When making changes to the Contract, would you prefer us to make** | |
| Limited, incremental changes to the Contract for the 2022/23 iteration, saving a more radical review for the following year, when formal ICB arrangements have started to bed in | More radical changes to the Contract at the earliest opportunity, where appropriate in the context of the move to ICB working |
| Please explain the reasons for your answer | |
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## Blended payment for 2022/23

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| **To what extent do you support using the following aspects of the 2021/22 aligned payment and incentive (API) blended payment arrangements as the starting point for 2022/23?** | | | | | | |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| API blended payment design, with majority of funding in fixed element |  |  |  |  |  |  |
| A single payment approach for acute, ambulance, community and mental health |  |  |  |  |  |  |
| API applying to all contracts between organisations within the same ICS |  |  |  |  |  |  |
| All Specialised Commissioning being subject to API arrangements |  |  |  |  |  |  |
| Increasing Capacity Framework activity not being subject to API arrangements |  |  |  |  |  |  |
| Unit prices being used as default for activity below the threshold |  |  |  |  |  |  |
| Please explain the reasons for your answers | | | | | | |
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| **To what extent would you support having a threshold provider/commissioner contract value below which the blended payment arrangements would not apply?** | | | | | | | |
| Strongly support | Support | | Neither support nor oppose | Oppose | | Strongly oppose | Don’t know |
| **Do you think the threshold should be set at £10 million or £30 million?** | | | | | | | |
| £10 million | | £30 million | | | Other | | |
| **Please explain the reasons for your answer** | | | | | | | |
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| **To what extent do you support the following aspects of any low volume activity arrangements?** | | | | | | |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| implementing an approach to reduce the burden of invoicing low volume activity |  |  |  |  |  |  |
| £0.5m as the threshold for any LVA approach |  |  |  |  |  |  |
| using an LVA approach if it were non-mandatory |  |  |  |  |  |  |
| Prioritising simplicity of the method when design LVA arrangements |  |  |  |  |  |  |
| Please explain the reasons for your answers | | | | | | |
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| **To what extent do you support the potential arrangements for funding high cost drugs and devices within API?** | | | | | | |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Including funding for some high cost drugs and devices in the API fixed element |  |  |  |  |  |  |
| Volatility of usage being used as a criteria for excluding items from the fixed element |  |  |  |  |  |  |
| Funding the majority (by value) of specialised high cost drugs and devices on a cost and volume basis |  |  |  |  |  |  |
| Please explain the reasons for your answers | | | | | | |
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| **For products covered by the MedTech Funding Mandate, would you prefer…** | | | | |
| Funding to be include in fixed element – with no variable payment | Funding to be included in fixed element – with variable payment to address variations from plan | Funding to be included in fixed payment – with outcome-based payment adjustment | Funding to be excluded from API fixed elements and pass through payment used instead | Other |
| **If ‘Other’, please provide details** | | | | |
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| **Please explain the reasons for your answer** | | | | |
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| **Regarding the variable element, to what extent do you support** | | | | | | |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Paying / recouping 50% of unit prices when actual activity differs from the agreed baseline |  |  |  |  |  |  |
| Using the variable element to reflect quality of care |  |  |  |  |  |  |
| Including BPT achievement in the variable element |  |  |  |  |  |  |
| Including CQUIN achievement in the variable element |  |  |  |  |  |  |
| Using a variable element for activity outside of acute services |  |  |  |  |  |  |
| Please explain the reasons for your answers | | | | | | |
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| **How could NHS England and NHS Improvement most usefully support management of risk across system finances in the future?** | | | |
| Continue to offer a model SCFMA and encourage its use locally | Provide guidance on how to manage system finance via ICB and Trust governance arrangements (eg model terms of reference for formal committees with joint membership) | Leave it entirely to local discretion? | Other |
| **If ‘Other’, please provide details** | | | |
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| **Please explain the reasons for your answer** | | | |
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## Supporting fixed payments

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| **How helpful would you find the products to support fixed payments for 2022/23?** | | | | |
|  | Very helpful | Slightly helpful | Not at all helpful | Not sure |
| Costed pathways supported by GIRFT |  |  |  |  |
| Programme budgeting |  |  |  |  |
| PLICS analysis |  |  |  |  |
| Population group analysis |  |  |  |  |
| **Please explain the reasons for your answer** | | | | |
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| **How helpful would you find the products to support fixed payments for 2023/24 and beyond?** | | | | |
|  | Very helpful | Slightly helpful | Not at all helpful | Not sure |
| Costed pathways supported by GIRFT |  |  |  |  |
| Programme budgeting |  |  |  |  |
| PLICS analysis |  |  |  |  |
| Population group analysis |  |  |  |  |
| **Please explain the reasons for your answer** | | | | |
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| **What PLICS analysis would you prioritise** |
| * ICS/ICB PLICS dashboard * Cost classifications (eg fixed, semi-fixed, carriable) * Self-service benchmarking (ie by different provider types, urban to rural, etc) * PLICS at place * Unbundled/not yet included services * Improved access to PLICS data for systems * Ethnicity values * Deprivation scores * Costs linked to outcomes * User guides/commissioning guides for opportunities * Other |
| **If ‘Other’, please give details** |
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| **Please explain the reasons for your answers** |
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## Other tariff policy areas

### Length of tariff

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| **To what extent would you support setting the 2022 tariff for one year?** | | | | | |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** | | | | | |
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### Calculating prices

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| **To what extent would you support setting prices for 2022/23 using 2018/19 patient-level cost data (PLICS)** | | | | | |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** | | | | | |
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### Market forces factor (MFF)

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| **What would be your preferred approach to setting MFF values for 2022/23?** | | | |
| Remain on third step of 2019/20 glidepath | Move to fourth step of 2019/20 glidepath | Update underlying data and recalculate MFF values | Other |
| **Please explain the reason for your answer** | | | |
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### Centralised procurement

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| **To what extent would you support making no further adjustments to the tariff to reflect the arrangements for the central funding of overhead costs of Supply Chain Coordination Limited (SCCL)?** | | | | | |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** | | | | | |
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### Specialist top-ups and complexity

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| **To what extent would you support continuing to pause the specialist top-ups transition path for 2021/22?** | | | | | |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** | | | | | |
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### High cost exclusions

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| **To what extent would you support updating the lists of high cost drugs and devices that are excluded from 2022/23 tariff prices?** | | | | | |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** | | | | | |
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### Mental health investment standard

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| **How can NHS E/I support ICSs and the wider system to ensure that Mental Health funding is grown in line with population need and is appropriately invested/is not spent on low quality care?** | | | |
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| To support equitable investment in mental health across areas, at what level of granularity should the MHIS be applied at, so that it is appropriately adapted for the ICS environment in 22/23? | | | |
| Only at ICS level | At ICS level and using CCG boundaries (2020/21 CCG configuration) | At ICS level and place level (based on MH weighted population) | Other |
| If ‘Other’, please give details | | | |
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| **Please explain the reasons for your answer** | | | |
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| **For many mental health conditions services currently see less than 50% of patients who need care. How can we ensure that local systems understand the steps they should take to address the unmet treatment gap?** |
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## Future payment system development

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| **What would be your highest priority for any future payment system?** |
| * Rules * Guidance * Products and tools * Prices * Other |
| If 'other', please specify: |
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| **Please explain the reasons for your answer** |
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| **What forward guidance and information on national payment policy would you find helpful to support local planning and to successfully implement payment approaches?** |
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## Impact on equality and health inequalities

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| **If they were implemented, what impact do you feel the policies outlined are likely to have on equality and addressing health inequalities?** | | | | | |
| Strong positive impact | Positive impact | Neither positive or negative impact | Negative impact | Strong negative impact | Don’t know |
| **Do you have concerns that there are distinct groups with protected characteristics that our policies may impact negatively?** | | | | | |
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| **Please explain the reasons for your answers** | | | | | |
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## Any other comments

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| **Do you have any other comments about the payment system and wider NHS financial architecture?** |
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| **Do you have any comments or suggestions to improve how we engage with you, including the range of information covered?** |
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