

2022 Approved Costing Guidance Review & Feedback

Overview

This survey is part of the review and feedback exercise for the 2022 Approved Costing Guidance (ACG) which gives all stakeholders the opportunity to express their thoughts on the proposed standards regarding their practicality, achievability, and implementation.

Please note that we have updated only some of the documents for the 2022 ACG Approved Costing Guidance this year. This is because we have decided to implement only minimal changes for this year, and many of the costing standards have not therefore been significantly altered. The documents to which this survey refers are the ones that have had significant updates: in particular, to bring further clarity of information for the community services, as they move into the mandated patient level collection.

All of the relevant documentation, and further details on the background behind the publication of the 2022 ACG, can be found on the [ACG – 2022 Review and Feedback page](#) on the Open Learning platform.

We appreciate your time in completing this survey. In giving your answers, please remember to include the paragraph number when referring to specific areas of the ACG documentation.

Sections within this questionnaire:

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Development for Med Tech Funded innovation products (acute sector only)

Ambulance Transition Path

New treatments of depreciation and of GPs

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Introduction

1.What is your name?

2.What is your email address?

If you enter your email address, then you will automatically receive an acknowledgement email when you submit your response.

3.What is your organisation?

4.In which sector does your organisation primarily work? (please select only one option)

- ☐ Acute
- ☐ Mental health (including IAPT)
- ☐ Community
- ☐ Emergency Ambulance

5. If you are an integrated trust, please indicate which additional sector(s) your organisation works with? (please tick all that apply)

- ☐ Acute
- ☐ Mental Health
- ☐ Community
- ☐ Ambulance
- ☐ I am not an integrated trust

6. If you think it's relevant to give a more detailed description of the services your trust provides, please use this space

Integrated Costing Methods

The questions on this page relate to the integrated costing methods CM3: Non-admitted patient care and CM13: Admitted patient care. The draft versions of these documents can be found on the Open Learning platform [here](#).

1. Have you previously read CM3: Non-admitted patient care?

Yes/No

2. Do you agree that CM3: Non-admitted patient care explains how to cost community care contacts clearly?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

Please use this space to explain the reasons for your answer

3. Have you implemented CM3: Non admitted patient care for acute/mental health NAPC?

- ☐ Fully implemented
- ☐ Partially implemented
- ☐ Not implemented
- ☐ Not applicable/Don't know

4. Have you implemented CM3: Non-admitted patient care (or previous versions of it) for community care contacts at patient level (excluding out of scope services such as community maternity, sexual health, community dentistry and other NAPC)?

- ☐ Fully implemented
- ☐ Partially implemented
- ☐ Not implemented
- ☐ Not applicable/Don't know

5. Please use this space to tell us how you think we could improve CM3: Non-admitted patient care

6. Have you previously read CM13: Admitted patient care?

Yes/No

7. Has your trust implemented a previous version of CM13: Admitted patient care?

- ☐ Fully implemented
- ☐ Partially implemented
- ☐ Not implemented
- ☐ Not applicable/Don't know

8. Do you agree that CM13: Admitted patient care explains the new costing treatment of community inpatients clearly?

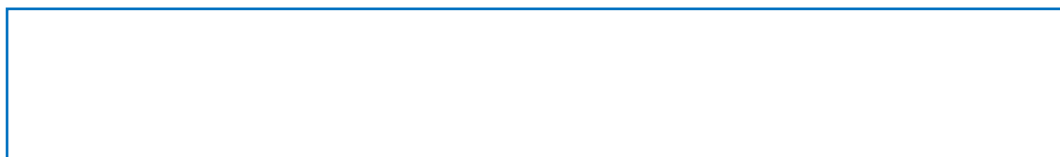
- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

Please use this space to explain the reasons for your answer

9. Have you already implemented CM13: Admitted patient care?

- ☐ Fully implemented
- ☐ Partially implemented
- ☐ Not implemented
- ☐ Not applicable/Don't know

10. Please use this space to tell us how you think we could improve the standard
CM13: Admitted patient care



National Cost Collection Guidance

There are no major changes planned to the published 2021 National Cost Collection Guidance: Volume 1 - Overview, or National Cost Collection: Volume 2 - Reconciliation and Exclusions. We have therefore not included these volumes with the review and feedback documentation, but there are spaces in this section for you to give feedback on the existing published versions, which are available on the [NHS England website](#).

Volume 3 (Acute, Mental Health, IAPT and Community) has been updated to include the patient-level collection of community health services in the 2022 integrated cost collection. The draft documentation is on the Open Learning platform [here](#).

1. Are there any areas of the 2021 Volume 1 of the NCC Guidance (NCC overview) on which you would like to comment? (please state the section name or paragraph in your answer)

2. Are there any areas of the 2021 Volume 2 of the NCC Guidance (Reconciliation and Exclusions) on which you would like to comment? (please state the section name or paragraph in your answer)

3. Volume 3 of the National Cost Collection Guidance (Acute, Mental Health, IAPT and Community) has been updated to include the patient-level collection of community health services in the integrated cost collection for 2022. (This information was previously in the 2021 NCC guidance as Volume 4 – community services.) Do you agree that it explains the new elements of the community services in the patient level collection clearly, now that the previous volumes 3 and 4 have been merged?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strong disagree
- ☐ Not applicable/Don't know

Please use this space to explain your answer, including any suggestions on how the guidance could be made clearer.

4. Do you have any comments or suggestions to improve other sections in Volume 3? (please state the section name or paragraph number).

5. For 2022 we plan to introduce soft implementation of wheelchair services at PLICS level. This means trusts can choose whether they submit this service at patient level or in the NCC workbook at average cost per unit. Do you support these items being bought into PLICS in 2022 as a soft implementation?

- ☐ Yes
- ☐ No
- ☐ I do not have an opinion
- ☐ My trust does not have wheelchair services

Please use this space for any further comments about the patient-level collection of wheelchair services in 2022

6. There are no major changes planned to the published 2021 National Cost collection Guidance: Volume 5 - Ambulance. This volume will be known as volume 4 in 2022. Are there any areas of this guidance volume that you wish to comment on? (please state the section name or paragraph number).

COVID-19 Recommendations

1. The COVID-19 recommendations have been updated to include changes to the Provider Finance Return for the 2021-22 financial year. Is this clear in the document?

Yes/No

Please use this space to explain the reasons for your answer

2. The COVID-19 recommendations no longer include adjustments for Independent Sector Providers (ISP), as there has been no funding for this centrally in 2021-22. Is the treatment of any remaining ISP expenditure in the general ledger as 'own patient care' clear in the guidance?

Yes/No

Please use this space to explain the reasons for your answer

3. The exclusion line for reporting the exceptional COVID-19 costs on the National Cost Collection reconciliation is now stated more prominently in the guidance. Is this information clear?

Yes/No

Please use this space to explain the reasons for your answer

4. In the body of the text, the main changes for the 2021-22 financial year are highlighted in yellow. This is the method for notifying change in the PFR. Does this method make the main changes easier to identify?

Yes/No/Neither

Please use this space to explain the reasons for your answer



Development for Med Tech Funded innovation products (acute sector only)

In the 2022 National Cost Collection, the Med Tech funded innovation products will be shown as separate, patient level cost items, so as to allow the patient event to be reviewed with/without the innovation device. The trusts that use these innovation products will have a clear funding stream from NHSX, and should have identifiable costs in the general ledger.

The questions in this section relate to information that has been provided on the Open Learning platform [here](#). Please note that this is relevant only to acute trusts. All other trusts should skip to the next section.

1. Do you understand the proposed treatment for 2022? (you can answer this question even if you do not have the products used in your organisation)

Yes/No


If you answered no, please explain why not

2. Do you agree with this treatment?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strong disagree
- ☐ Not applicable/Don't know

Please use this space to explain the reasons for your answer

3. Please use this space for any further comments about Med Tech Funded innovation products?

A large, empty rectangular box with a thin blue border, occupying the upper half of the page below the question. It is intended for the respondent to provide further comments.

Ambulance Transitional Path

The questions in this section relate to the ambulance sector only. All other trusts should skip to the next section. The documentation to which these questions refer can be found on the Open Learning platform [here](#).

1. Please indicate how closely you feel the transitional path meets the following objectives

It is clear and practical to use

- ☐ Fully agree
- ☐ Mostly agree
- ☐ Neither agree nor disagree
- ☐ Mostly disagree
- ☐ Fully disagree

It can be fully implemented

- ☐ Fully agree
- ☐ Mostly agree
- ☐ Neither agree nor disagree
- ☐ Mostly disagree
- ☐ Fully disagree

It delivers transformative change

- ☐ Fully agree
- ☐ Mostly agree
- ☐ Neither agree nor disagree
- ☐ Mostly disagree
- ☐ Fully disagree

2. Do you find the transitional path helpful for planning?

Yes/No

3. Does the transitional path include enough detail?

Yes/No

Please explain the reason for your answer, including if you think areas should be removed (if you answered yes) and which areas you think should be strengthened (if you answered no)

4. Are you happy with the changes that have been made to the transition path for this year?

Yes/No

Please use this space to explain the reasons for your answer

5. Please use this space if you have any further comments on the transitional path

New treatments of depreciation and of GPs

The following questions relate to proposed changes to the NCC guidance that will involve having separate resource collections for depreciation and for General Practitioners. The information to which these questions refer can be found on the Open Learning platform [here](#).

1. With regard to the new proposed treatment of depreciation, do you think that you will be able to re-map the depreciation to the new collection resource?

- ☐ Yes – we could do this for the 2022 NCC, as part of our annual update
- ☐ Yes – we could do this for the 2022 NCC as a one-off exercise
- ☐ Yes – we could do this for the 2023 NCC, to allow more time for the re-mapping.
- ☐ No

Please use this space to explain the reasons for your answer

2. We have identified that T1S027 Depreciation and impairment costs - estate, buildings and plant has two separate allocation methods within one overhead code. We are proposing to separate this code into two sections. Do you support this change?

Yes/No

Please use this space to explain the reasons for your answer

3. Please use this space if you have any further comments relating to the treatment of depreciation?

4. In Volume 2 of the National Cost Collection guidance costing GP services in secondary care settings will include clearer information on the exclusion for general practitioner streaming services, where the patient is directed to and attends a GP service prior to arriving at the emergency department. Do you have a GP streaming service at your organisation?

Yes/No/Don't know

If yes, will you be able to identify the total cost of the GP streaming service, and show it as an exclusion on the reconciliation statement for 2022?

Yes/No/Don't know

5. There is a new collection resource for GP staff employed by (or recharged to) the provider. This will assist in identifying the cost of GP staff in all services (including the ED streaming service), to assist workforce colleagues to plan for the future. We appreciate this is a new collection resource for use in the summer 2022 NCC for the 2021/22 financial year, and we are only giving notice in January 2022. We understand that GP are identifiable in most general ledgers for local and financial reporting uses.

Do you have GP employed by, or recharged to your trust?

Yes/No/Don't know

Will you be able to identify GP as a collection resource in the NCC Summer 2022?

Yes/No/Don't know

Please use this space for any comments about this treatment of GP or the exclusion for GP streaming services

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Conclusion

1. Do you think the changes in guidance discussed in this questionnaire will result in better healthcare costing?

- ☐ Yes
- ☐ No
- ☐ No change

2. Please use this space for any further comments you have on the 2022 Approved Costing Guidance

