# Feedback: 2022/23 finance and payment engagement

This survey accompanies the finance and payment engagement workshops running during July 2022.

The deadline for submitting the survey is the end of **27 July 2022**.

Final survey responses should be submitted here: LINK

## About you

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

##

## Financial framework and multi-year planning

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| **How has your system/organisation responded to the baseline reset exercise?** |
| Not aware of the exercise | Aware but not yet working on it because of other pressures in the system | Planning to use the nationally prescribed split of top up funding only | Doing extra work to reset contract baselines, in addition to top-up split | Doing what we can in the time available but may need to do further work in the future |
| Please explain the reasons for your answers |
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| **To what extent would you support a two-year planning process?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Please explain the reasons for your answers |
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| **Do you have any comments about the potential financial framework and multi-year planning process?** |
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## Overarching payment policies

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| **To what extent would you support setting the NHS payment scheme for two years (2023/24 and 2024/25)?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Please explain the reasons for your answers |
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| **To what extent do you support the design of the Elective Recovery Fund for 2022/23?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Do you have any suggestions to improve the ERF design for future years?** |
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| **To what extent do you support structuring the NHS payment scheme around the payment mechanisms it provides rules for: aligned payment and incentive, block payments, unit prices?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Please explain the reasons for your answers |
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| **To what extent do you support the current approach to reimbursing high cost drugs and devices (ie that used in the 2022/23 National Tariff)?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Please explain the reasons for your answers |
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| **How useful do you feel these payment developments would be for national and local health inequality objectives?** |
|  | Very helpful | Quite helpful | Neither helpful nor unhelpful | Quite unhelpful | Very unhelpful | Don’t know |
| Setting payment rules specifically to promote health inequality focus |  |  |  |  |  |  |
| Guidance on how payment rules can be effectively implemented to address health inequalities |  |  |  |  |  |  |
| Provide products, tools or national benchmarking information |  |  |  |  |  |  |
| Provide case studies of successful health inequality improvements, highlighting how payment supported it |  |  |  |  |  |  |
| Please explain the reasons for your answers |
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| **What payment support would you find helpful to support implementation of Core20Plus5 priority areas?** |
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## Aligned payment and incentive (API) blended payment

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| **What would be your preferred approach to the contract value threshold below which the API arrangements would not apply (for providers and commissioners in different systems)?** |
| Remove the £30m threshold  | Retain the threshold at £30m  | Lower the threshold to £10m | Other |
| **Please explain the reasons for your answer** |
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| **To what extent do you agree with the following statements about the LVA arrangements?** |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don’t know |
| The LVA arrangements strike a reasonable balance between minimising transactional burdens and achieving accuracy in payment levels. |  |  |  |  |  |  |
| The LVA arrangements have not created unintended consequences of stopping patients accessing treatment at distant providers where they need to. |  |  |  |  |  |  |
| Please explain the reasons for your answers |
|  |
| Please give us your view on the LVA threshold of £500,000. Is this…?  |
| Too low | Too high | About right |
| What alternative threshold would you suggest? |  |
| Please add any further comments on LVA arrangements for us to consider |
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#### Fixed element

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| **To what extent do you support the design of the API fixed element?** |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Fixed element set based on forward-looking assessment of costs to deliver system plan |  |  |  |  |  |  |
| No nationally prescribed method for setting fixed element |  |  |  |  |  |  |
| Whole system planning approach used to inform fixed element |  |  |  |  |  |  |
| Please explain the reasons for your answers |
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| **To what extent do you support tools, data and information to support the fixed element being nationally delivered?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Please explain the reasons for your answers |
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| **If tools, data and products are provided, how would you prefer them to form part of the payment system?** |
| Mandated use in payment scheme rules | Usage locally determined | Other |
| Please explain the reasons for your answers |
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| **Regarding the variable element for elective activity, to what extent would you support** |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Using the variable element to support elective recovery |  |  |  |  |  |  |
| Paying / recouping 100% of unit prices when activity differs from the agreed baseline, rather than 75% |  |  |  |  |  |  |
| Simplifying arrangements for out-of-system activity |  |  |  |  |  |  |
| Using a variable element for activity outside of acute services |  |  |  |  |  |  |
| Please explain the reasons for your answers |
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| **Regarding the variable element for quality of care, to what extent would you support** |
|  | Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| Using the variable element to support care quality |  |  |  |  |  |  |
| Repurposing best practice tariffs |  |  |  |  |  |  |
| Focusing CQUIN on national priorities |  |  |  |  |  |  |
| Quarterly national collation of BPT and CQUIN metrics |  |  |  |  |  |  |
| Please explain the reasons for your answers |
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| **Do you have any suggestions for ways to improve the API variations and approval process?** |
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## Unit prices

### Calculating prices

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| **To what extent would you support setting prices for 2023/24 by rolling over the 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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| **To what extent would you support updating prices between consultation and final payment scheme by using a formula (eg inflation measure)?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** |
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| **To what extent would you support updating prices for 2024/25 by using a formula (eg inflation measure)?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** |
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| **Do you have any other comments on the role of prices or the price calculation method?** |
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## Other payment policy areas

#### Market forces factor (MFF)

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| **What would be your preferred approach to setting MFF values for 2022/23?** |
| Remain on 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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#### Innovation

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| **To what extent would you support paying for innovation, including MedTech Funding Mandate products, through API arrangements?** |
| Strongly support | Support | Neither support nor oppose | Oppose | Strongly oppose | Don’t know |
| **Please explain the reasons for your answer** |
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#### Overseas visitor charging

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| **For overseas visitor charging, would you prefer…** |
| Reinstate nationally mandated provider/commissioner risk-share arrangement at 75% | End episodic risk-share. Instead, local arrangements should be agreed as part of setting the API contract. | Other |
| **Please explain the reasons for your answer** |
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## Future payment system development

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| **What would be your highest priority for future payment system development?** |
| * Health inequalities
* Currency development
* Whole system approach
* Tools, products and information
* Other
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| If 'other', please specify: |
|  |
| **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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| **Would you be interested in finding out more about future payment development projects?** |
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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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