

To whom it may concern,

Please find below our Trust's responses to the consultation on the document '*Fair and Transparent Pricing for NHS Services; a Consultation on Proposals for Objecting to Proposed Pricing Methodology*'.

We have only responded to the questions which we felt were most relevant to us as an Ambulance Service, given that there is no firm agreement that Ambulance Services will be subject to the National Tariff yet.

Question 6: Do you agree that the objection percentage threshold should be set at 51% for providers? If not, what figure would you propose, and why?

For Ambulance Trusts nationally it would be relatively simple to coordinate a response and meet a 51% threshold for raising objections. For other sectors, particularly the acute sector, this would appear to be a very high threshold which may be unworkable. It could effectively prohibit objections simply by how difficult it would be to coordinate the sector.

A figure of around 30% would seem to be high enough to ensure that only valid objections were raised, without being prohibitive. (Similarly for Question 5 in relation to Commissioners, many Trusts deal with a large volume of commissioners, coordinating a response from at least 51% may be unworkable).

Question 9: Do you agree that the share of supply percentage threshold should be set at the same figure as for the objection percentage thresholds, ie 51% of the total supply? If not, what percentage should be set, and why?

The answer to Question 6 is valid for this one too, for the same reasons.

Further Comments:

- The paper talks of currencies reflecting clinical activities such that for ambulance PbR the implication would be that there should be many more currencies than exist at present, which brings us back to issues of how activity is recorded among ambulance trusts and whether it would be possible to produce currencies that all could measure accurately against. We would want to avoid any reversion to using AMPDS classifications because they cannot be mapped accurately to NHS Pathways.
- From a contracting perspective one consideration that is not referred to or reflected in the proposals is the interdependence of service in different Service Lines. The issue is the resilience that PTS provides to Emergency Services within Ambulance Trusts and the implications that might have if PTS was put to tender and lost by an existing Ambulance Trust in terms of an increased resource requirement to maintain Performance delivery of the Emergency Service.