



Fair and transparent pricing for NHS services: A consultation on proposals for objecting to proposed pricing methodology

1. About Sue Ryder

Sue Ryder is a charitable provider of health and social care services across the UK. We provide specialist neurological and palliative care in a range of environments including community and home-based care delivery alongside our 7 hospices and 6 neurological care centres.

We work across communities with patients, their families, commissioners, GPs and other health and social care professionals. We are funded through charitable donations, contracts with health and social care commissioners and local authorities and revenue from our network of over 400 shops across the UK.

2. Overview

An NHS palliative care tariff (suggested in the 2011 DH Palliative Care Funding Review) has not yet been introduced and so we are as yet unclear whether the palliative care services provided in Sue Ryder's seven hospices would be subject to such a tariff or not. We have therefore responded to this consultation on the basis that our services may well become subject to a national tariff, even though we do not yet know for certain whether this will be the case.

We welcome the general intention that the proposed pricing system will support movement towards a fairer playing field for providers, as this is something that we have been campaigning in favour of for some time.

We would welcome clarification that the proposed pricing system will fully take into account the differences between the voluntary sector and other providers and will recognise that the former's approach towards what constitutes 'quality care' may well be very different to other NHS providers. Any pricing tariff which is introduced would need to reflect this difference.

3. Answers to specific questions

Question 1: Do you agree that providers of services in the tariff in operation at the time at which Monitor consults on the next tariff should count towards the thresholds?

Yes.

Question 2: If yes, do you agree that this should include any such providers who are exempt from the requirement to hold a licence?

Yes.

Questions 3: Do you agree that the data used to calculate an objection threshold should be based on total tariff income, as reported in financial accounts? If no, please suggest an alternative source.

Yes.

Question 4: Are there any other providers who should count towards the threshold? If yes, please give details and reasons.

No.

Question 5: Do you agree that the objection percentage threshold should be set at 51% for commissioners? If not, what figure would you propose, and why?

Yes.

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?

Yes.

Question 7: Do you agree that a provider's share of supply should be calculated across all tariff services covered by the tariff in force at the time at which the consultation takes place? If not, how should their share of supply be calculated?

Yes.

Question 8: Do you agree that providers should be weighted based on income received from tariff services, as stated in the previous year's financial years accounts, minus local area adjustments? If not, on what basis should they be weighted?

Yes.

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?

Yes.

Question 10: Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups?

We would welcome further information regarding how the DH intends to support smaller voluntary sector organisations in order to ensure that they are not disadvantaged under these proposals. There are some aspects of the proposals which might make it more difficult for charitable and voluntary sector organisations to participate as providers. For example, whilst we are entirely in favour of requiring providers to collect data sets (para 36), this does place an additional burden on providers, which those in the charitable and voluntary sector will find difficult to meet. If voluntary sector organisations are to be required to collect and submit such data

then they will need additional financial support to enable them to meet this requirement.