

Payment by Results update – June 2012



Welcome to the ninth update from the Department's Payment by Results (PbR) team. The purpose of these updates is to keep colleagues in the NHS and other interested parties informed throughout the year about our team's work.

You can also keep up-to-date on developments with PbR via our website at www.dh.gov.uk/pbr

It would be helpful for us to know how useful these updates are, and so we would welcome any comments, which should be directed to our mailbox in the first instance – pbrcomms@dh.gsi.gov.uk.

PbR in 2012-13

The 2012-13 PbR package was published on 16 February 2012, and is available on our website [here](#).

On 23 May we published a Q&A document, which provides clarification on issues which have been raised with us since the publication of the final package. The Q&A document can be found [here](#).

We have been made aware that the new mandatory tariff for direct access simple echocardiograms (RA60Z) may be causing difficulties for some providers. Whilst we will not be changing the 2012-13 tariff that was published in February, we will however work with the British Cardiovascular Society and the

British Society of Echocardiography in developing the tariff for 2013-14.

Gearing up for the collection of 2011-12 reference costs

Preparations are well advanced for the collection of 2011-12 reference costs. The collection guidance document initially published in January was updated in April to include a small number of clarifications and amendments. The updated guidance can be found on our website [here](#).

The HRG4 2011-12 Reference Costs Grouper and supporting documentation has been released, and can be found on the Health and Social Care Information Centre's website [here](#).

The PbR team is currently testing the Unify2 collection system and workbooks with a number of volunteer organisations.

This month we will publish a "reference costs for 2011-12 system and workbook user guide." We anticipate releasing final collection workbooks in early June. NHS trusts and NHS foundation trusts submitting reference costs will receive updates from their SHAs and should also check the Unify2 forum regularly for updates. Unify2 can be accessed [here](#).

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The 2011-12 reference costs submission window will open on 2 July.

We have revamped our NHS costing and cost collection pages to make it easier to access data and guidance. The new costing and cost collection home page can be found [here](#).

Maternity pathway payment system

We are encouraging organisations to use the new maternity pathway payment system in shadow form in 2012-13. Full details were published in February, and can be found on our website [here](#).

We want to help the NHS get to grips with the work that needs to be done this year, in anticipation of the pathway payment system becoming mandatory in 2013-14. We have therefore published a 'simple guide' to the pathway payment system, which can be found on our website [here](#).

This simple guide is a joint production between the Department, Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and the Healthcare Financial Management Association.

PbR for sexual health services

A new currency for adult HIV outpatient services has been

introduced, for use by the NHS in shadow form in 2012-13. This will allow providers and commissioners to prepare for the currency potentially being mandated in 2013-14. There is also preparatory work needed for the introduction of a new clinical dataset – the HIV and AIDS Reporting System (HARS).

We have established a national reference group to build on work already undertaken to develop an integrated sexual health national currency.

The national reference group will bring together a wide range of stakeholders to review existing proposals and extend the work further. The intention is to work towards introducing a national currency for integrated sexual health services in shadow form in 2013-14.

In April we published a suite of materials to explain our plans in more detail and enable the NHS to prepare for future developments. These materials are available on our website [here](#).

ICD-10 classification

The NHS Classifications Service has published a suite of materials to assist organisations with the implementation of the 4th edition of the ICD-10 classification. Further information can be found [here](#).

Chemotherapy regimens list for 2013-14

A chemotherapy regimens list is published to help inform coding, reporting and costing of chemotherapy regimens in the NHS in England.

There is now an opportunity to submit requests to the Department for regimens to be added to the list for 2013-14, with a deadline for submissions of 31 August.

Further information can be found on our website [here](#).

PbR for adult mental health services

The cluster currencies became the basis on which adult mental health services should be commissioned from 1 April 2012.

Over the next six months we will be monitoring the impacts on the ground, including the way that contracts have been set up, to inform proposals for 2013-14. We are working with the mental health SHA leads on a programme of work to support implementation.

The Department manages a document-sharing website (known as a 'QuickR' site) that enables organisations to keep up-to-date with PbR mental health developments.

To get access to the site, please contact ewa.dziura@dh.gsi.gov.uk

The collection of robust costs on a cluster basis is vital for the future development of mental health PbR. The Healthcare Financial Management Association (HFMA) has a 'buddying' system through which they can put trusts in need of help in touch with other organisations that are further ahead with costing work. Interested trusts should contact sarah.crick@hfma.org.uk to find out more.

PbR for child and adolescent mental health services (CAMHS)

A recent consultation was undertaken by the consortium leading the development of PbR for CAMHS. The consultation focused on the proposed approach of seven needs-based clusters with additional complexity factors.

The online consultation in March attracted nearly 200 responses. The consortium will now look at allocation tools and care packages.