

HIV Adult Outpatients Pathway Provider Finance Factsheet No 3



Please note that we are introducing a new currency for Adult HIV Outpatient care which will affect contracting arrangements but we are not, at this stage, introducing a national price

1. How does this differ from existing Outpatient Payment by Results?

Under the new system, a commissioner will pay a provider for all the non admitted care a patient may need in relation to their HIV care based on a year of care.

This 'single payment' approach differs from the current PbR mechanism, where each intervention or hospital attendance triggers additional payments.

A provider retains full responsibility for how they deliver care for their patients, while commissioners will judge providers on how well they have delivered their overall service. The aim is to encourage proactive care and prevention.

Where a provider does not delivery the entire pathway then there will need to be a local discussion between the provider and commissioner as to what this means.

A range of options are available:

One option is for the commissioner to unbundle the pathway and essentially share the pathway payment between each provider in some way.

Another option, consistent with other pathway based currencies, is for one provider to receive the full pathway payment and then subcontract with other providers as required.

2. When do we need to be have developed local prices for this new currency

For both providers and commissioners 2012-13 is a chance to understand how the new currency operates, work through any local issues and to start operating the pathway in shadow form.

It also gives both parties the opportunity to plan for the proposed activity against the required categories and establish the conditions for the new dataset.

During 2012/13 we are carrying out a series of stake holder engagement events, the feedback from which will help inform currency development.

Currently we would advise providers and commissioners to plan on 2013/14 being the introduction of the mandatory currency but with pricing still being for local negotiation.

3. What does it mean practically to have a mandated currency but not price?

It means that providers and commissioners should contract and performance manage the contract on the basis of the new currency but price it under locally agreed arrangements.

4. How can we calculate local costs/prices without the activity data?

There needs to be agreement between commissioners and providers as to how and when contracts will reflect the new currency.

However, you may want to consider how the Mental Health cluster pathway has been costed and priced as that started off in a similar position.

5. Will the annual reference cost collection be changed to reflect the new currency?

It is possible but discussions about changing reference costs are at an early stage.

6. What is excluded?

The standard Payment by Result exclusions apply so, for example, ARV drugs are excluded.

In addition this is an Adult tariff and so care delivered to Children (as per Payment by Results definition of 18 and under) whether it be in a Children's clinic, a transitioning clinic or an Adult clinic are excluded.

Non HIV care is excluded from this pathway approach. Whilst a pregnant lady with HIV will generate a complex category of patient the increased payment is to cover the increased complexity of HIV care and not for the maternity care.

HIV screening and/or diagnosis is also excluded from the pathway. This pathway is for patients already diagnosed with HIV.

7. What is the impact on our Service Line Reporting approach?

Ultimately it will mean that income will be received per patient rather than per attendance.

Depending on how you are currently paid for HIV Adult Outpatient care this might require a change in the presentation of income in your Service Line Reports.

In terms of costs we have kept the scope of the pathway to be HIV Adult Outpatient care and so the costs should match up with the income as they currently do.

8. What about joint clinics?

The Adult HIV Outpatient tariff only covers HIV care with non HIV care being excluded from this pathway approach.

If there is a joint clinic e.g. HIV and maternity then the HIV element of the clinic is covered via the pathway approach.

The non HIV element of the joint clinic needs to be separately costed and paid for.

9. What is the implementation timescale?

2012/13 is a period of shadowing the currency, giving providers and commissioners time to prepare for its introduction and to feedback on the currency development.

Currently we would advise providers and commissioners to plan on 2013/14 being the introduction of the mandatory currency but with pricing still being for local negotiation.

Further information

More information on the Adult HIV Outpatient Pathway PbR system can be found on the DH website¹ including the clinical pathway, currency guidance, dataset documentation, coding guidance and data validation rules.

The simple guide in particular is an excellent starting point.

There are also supporting FAQs tailored to different audiences of which this is one.

If you have any specific queries about Adult HIV Outpatient Services and PbR that are not answered here or on the website, please email pbrcomms@dh.gsi.gov.uk

In addition the Health Protection Agency have published the full dataset, HIV and AIDS Reporting System (HARS) which will ultimately replace SOPHID, and supporting FAQ at <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVAndAIDSReportingSystem/>

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133365