

Chapter H EWG coding report for BASK AGM meeting 4th November 2020

DS Johnson and D Prakash

Coding lead role on BASK Exec

- Nominated member is requested by NHS Digital Chapter H EWG on behalf of BOA of the BASK president.
- David Johnson currently in hand over to Divya Prakash, delayed by Covid.

Chapter H EWG committee meetings with NHS Digital / NHS I on behalf of BOA / Tariff setting

- 2019/20 prices rolled over to 2020/21 (no great surprise) with more information at:
<https://improvement.nhs.uk/resources/national-tariff/#h2-tariff-documents>
 - 2019/20 prices not far off what was requested.
 - Requested TKR for trauma (£5704) which pays less than elective TKR (£6044) to be uplifted by approx. £1200.
 - Block payments introduced for Covid related activity during the year.
- 2021/22 process – announced to EWG members last week Oct 2020:
 - Unclear but price setting seems to be going to be supported by SUS data against EWG advice but seems to be driven on consideration of costs rather than prices. However one proposal is to simply roll over 2020/21 prices as a starting point.
 - 1 year proposal but in light of previous years would be no great surprise if rolled over to 2022/23.
 - Financial framework:
 - System funding based on delivery of services to a population.
 - National pricing to go, not clear what will replace it.
 - Blended payments are in favour with a move back to block contracts, with variable element for some elective activity especially to focus on Covid backlog, but with no extra funding.
 - Specialist commissioning built within this (e.g. revision knee) and all blended with potential financial risk to some units.
 - Local agreement for low value contracts (£0.2M and £10M).
 - Quality incentives to be reviewed:
 - BPT's to become non mandatory with local application guidance / retain CQUINs at 1.25%.
 - Proposed timetable is exceptionally short and will be challenging to meet:
 - Engagement – now; consultation Dec 2020 – Jan 2021; final March 2021; start 1/4/21.
 - Covid effects to be built in and includes costs of how care is delivered (e.g. IPC measures).
 - Long term approach to payment setting is vague but introduces concept of value using better data.
 - EWG lead (Ro Kulkarni) to meet with BOA to discuss further for BOA response to go alongside EWG response once actual price proposals are published – objections will be made to BPT changes.

Data within the NHS – Discussion document produced by EWG / GIRFT clinical leads

- Recognition that there is much NHS data used with inefficient handling.
- Move to improve and published framework to do this with:
 - Clarity of ownership.
 - Provision of linked data to frontline clinicians.
 - Standardise collection of routine data.
 - Ensure NHS data is held in the NHS to produce a unified output.

Work continues with NHS Digital on new OPCS/ICD to HRG conversions

- New procedures in OPCS 4.9: <https://isd.digital.nhs.uk/trud3/user/guest/group/0/pack/37>
 - Requested: medial/lateral; tibial tuberosity; trochlea; ACL/PCL/MCL/LCL/PLC/MPFL; medial/lateral meniscus.
 - Only one accepted was the inclusion of trochlea – so trochleoplasty will be easy to code in future.
- Plan was to meet NHS Digital team to find alternative coding strategies for other procedures, but poor progress, especially for:
 - Meniscal replacement / transplant – identify way of coding and ensure correct payment which is challenging.
 - Request by Tim Spalding for code for ACL revision – which with current OPCS codes is not possible.
- Some discussion has arisen as a result of coding relating to NICE guidance: IPG 430 (scaffold replacement of meniscus); IPG 560 (patch without ACI) and IPG 637 (PRP use). This has led to discussions on meniscal replacement / transplant that are on-going and might resolve the problems above.

Coding guidance for members / other coding work

- DSJ to write coding guidance section on website – General guide and Top 10 procedures – was going to be part of coding project with NOA and NCIP with Andy Wheeler (RNOH) – work was due to start autumn 2019 but was delayed. Now restarted as a new work stream for the NOA alone with DSJ representing the Greater Manchester Orthopaedic Alliance. DSJ happy to share this independent work with BASK.
- As well as coding guidance for procedures it was planned to include guidance on how to improve coding (e.g. trapping common miscodes / getting surgeons to review their own codes). This work was also delayed and has now separated from the EWG with a team from NHS X / NHS E/I who are creating a set of rules to try and ensure equitable price setting when using PLICS data. This group have sought involvement from local providers, with DSJ representing Stockport NHS FT. DSJ has requested as part of the same work a similar application of rules that could be used to improve a Trusts data quality by identifying codes options that should not be used. DSJ happy to share this independent work with BASK.
- Any work that produces guidance can be included on the BASK website and DP to co-ordinate this with the BASK webmaster.

PHIN

- No change from last year with no approach from PHIN in the past 12 months.
- At last review PHIN asked BASK to endorse their publication – BASK said no until members were happy with data and this remains the case.

NCIP

- New stream of work from NHS Digital NHS I to produce surgeon level outcome report. Effectively this group are doing really well what PHIN are struggling to do. Will only include NHS work, but look set to possibly include PHIN work. Awaiting results from 4-5 pilot sites, delayed by Covid. Continue to be engaged with BASK and hopefully will renew roll out with a delay

GIRFT / Model Hospital

- Member should be aware that a rich source of data about their own Trust, which is now much more contemporary (updated every 3 months) is available at the Model Hospital. All should be able to gain access to this. GIRFT data is being fed into this resource. Link to: <https://model.nhs.uk/>