

Service specifications & commissioning in breast cancer

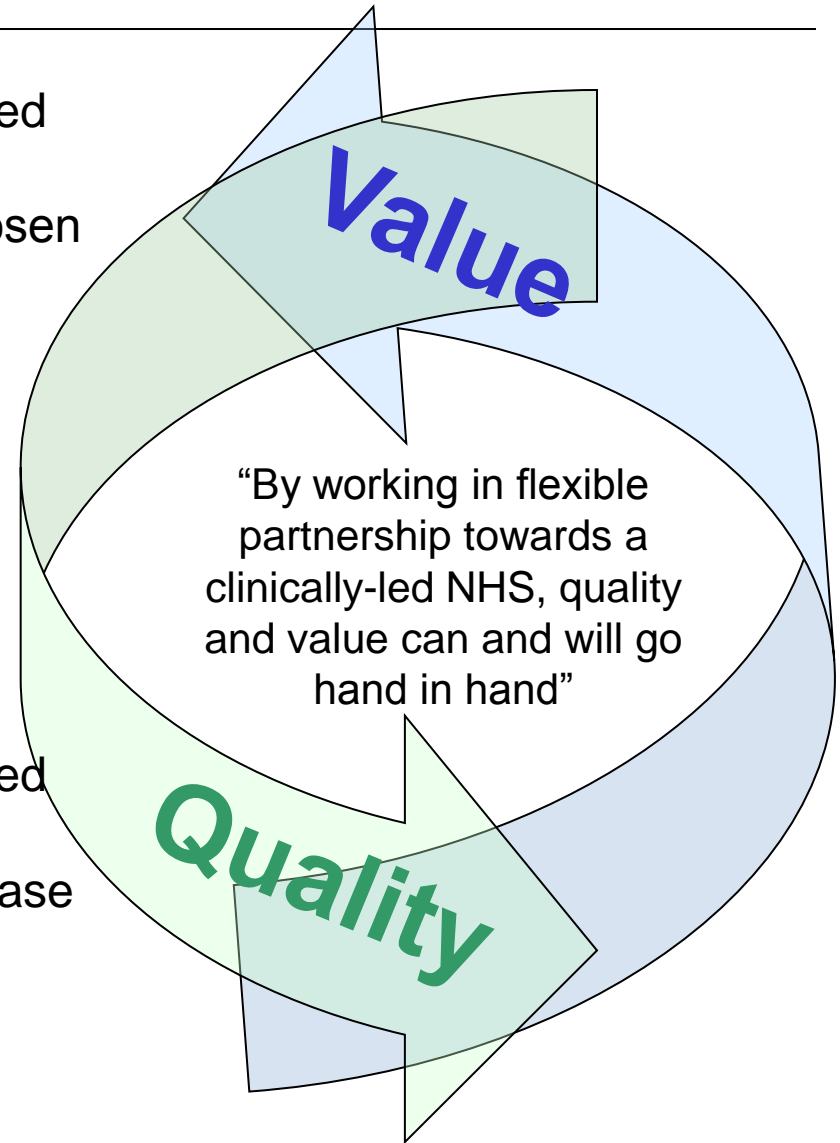
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PbR - Best Practice Tariffs
Breast Cancer Workshop,
Monday 18th March 2012

What are Best Practice Tariffs (BPTs)?

- National Tariffs (System Enabler) priced and/or structured in order to improve 'Quality' and 'Value for Money' for chosen service areas
- Developed with clinical experts, providers, commissioners and other key PbR governance groups
- Focused on service areas characterised by significant unexplained variation in current practice, where an evidence base and clear consensus of clinical best practice constitutes available



Incentivising daycases – Breast surgery

- For 2012-13, the list of procedures covered by the BPT model for incentivising higher day case rates (where clinically appropriate) is being expanded.
- The majority of the procedures selected for BPTs come from the third edition of the British Association of Day Surgery BADS directory. They are high volume, and have day case rates that vary significantly between providers and are nationally below the BADS rates.
- In consultation with NHS Improvement, we developed BPTs for the following breast surgery procedures for 2012-13:
 - Excision of breast +/- sentinel lymph node biopsy or axillary sample
 - Simple mastectomy +/- axillary surgery
 - Sentinel lymph node biopsy or axillary sample
 - Axillary clearance
- The BPTs will be operational from April 2012

Daycase rates for BPTs

Procedure	BADS rate	Tariff Calculation Rate	Current Rate
Excision of breast - quadrantectomy - partial excision - any other excision	15% 15% 95%	75% (for all procedures)	52% (average)
Excision of breast with sentinel lymph node biopsy or axillary sample	n/a	75%	21%
Simple mastectomy (with or without axillary surgery)	n/a	15%	2%
Sentinel lymph node biopsy or axillary sample	n/a	80%	48%
Axillary clearance	n/a	40%	7%

Operational guidance

- The BPT is made up of a pair of prices for each procedure: one applied to day case admissions the other to ordinary elective admissions.

HRG code	HRG name	Day case tariff (£)	Ordinary Elective tariff (£)
JA07B	Major Breast Procedures category 2 with Intermediate CC	1,661	1,361
JA07C	Major Breast Procedures category 2 without CC	1,571	1,271

- A day case is defined in the NHS Data Dictionary as:
“A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission”.

Operational guidance (2)

- For all procedures the BPT prices apply at the sub-HRG level, with the use of a BPT flag to capture the relevant procedures within the HRGs.
- The *tariff information spreadsheet* details the prices, the BPT flags and the relevant OPCS codes.

<http://www.dh.gov.uk/health/2012/02/confirmation-pbr-arrangements/>

- SUS PbR will automate payment by:
 - Generating the relevant flag
 - Applying relevant prices to the BPT flag within relevant HRGs.

Tariff prices – main spreadsheet

Microsoft Excel - 2012-13 tariff information spreadsheet (Final) v2

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B678 Intermediate Breast Procedures with Major CC

2012-13 tariff - admitted patient care & outpatient procedures									
Best practice tariff information									
HRG code	HRG name	Outpatient procedure tariff (£)	Combined day case / ordinary elective tariff (£)	Day case tariff (£)	Ordinary Elective spell tariff (£)	Non-elective spell tariff (£)	HRGs within scope of BPTs? (if '1' see 'BPTs' sheet)	BPT applies at HRG level, sub-HRG level or other basis?	
670	JA03Z	Pedicled TRAM Reconstruction of Breast	-	5,361	-	-	5,361		
671	JA05Z	Pedicled Myocutaneous Breast Reconstruction with or without Insertion of Prosthesis	-	4,625	-	-	4,625		
672	JA06Z	Major Breast Procedures category 3	-	2,945	-	-	2,945	1	sub-HRG
673	JA07A	Major Breast Procedures category 2 with Major CC	-	2,702	-	-	2,702		
674	JA07B	Major Breast Procedures category 2 with Intermediate CC	-	2,257	-	-	2,257	1	sub-HRG
675	JA07C	Major Breast Procedures category 2 without CC	-	2,037	-	-	2,048	1	sub-HRG
676	JA08Z	Major Breast Procedures category 1	-	1,266	-	-	1,266		
677	JA09B	Intermediate Breast Procedures without CC	-	1,091	-	-	1,988	1	sub-HRG
678	JA09C	Intermediate Breast Procedures with Major CC	-	1,600	-	-	5,132	1	sub-HRG
679	JA09D	Intermediate Breast Procedures with Intermediate CC	-	1,300	-	-	3,319	1	sub-HRG
680	JA12A	Malignant Breast Disorders with Major CC	-	690	-	-	3,187		
681	JA12B	Malignant Breast Disorders with Intermediate CC	-	330	-	-	2,106		
682	JA12C	Malignant Breast Disorders without CC	-	330	-	-	2,042		
683	JA13Z	Non-Malignant Breast Disorders	-	1,308	-	-	907		
684	JA14Z	Free Perforator Flap Breast Reconstruction	-	7,012	-	-	7,012		
685	JA15A	Minor Breast Procedures with Major CC	-	1,600	-	-	4,043		
686	JA15B	Minor Breast Procedures with Intermediate CC	-	946	-	-	1,573		
687	JA15C	Minor Breast Procedures without CC	378	-	378	807	998		
688	JA16Z	Mastectomy with Breast Reconstruction	-	5,970	-	-	5,970		

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Tariff prices – BPT sheet

Microsoft Excel - 2012-13 tariff information spreadsheet (Final) v2

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B20 Major Breast Procedures category 2 without CC

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5 The BPT for each procedure is made up of a pair of prices: one applied to day case admissions, the other to ordinary elective admissions.

6 For some procedures the BPT will apply to the HRG and for others it will apply at the sub-HRG level with the use of a BPT flag to capture the relevant activity within the associated

7 Where the BPT applies at the sub-HRG level, with the use of a BPT flag, there will be a conventional tariff applicable to the HRG. The conventional tariff however is to reimburse the costs of the activity unrelated to the BPT within the same HRG. The BPT is the mandatory tariff for the activity identified by the flag and is therefore not optional.

8 Elective long stay payments and specialist top-ups apply where appropriate.

9 SUS PbR will automate payment by: (a) generating the relevant flag, where required (b) applying relevant prices either to the BPT flag within relevant HRGs or at the HRG as

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HRG code	HRG name	Surgical sub speciality	Procedure	Day case tariff (£)	Ordinary Elective tariff (£)	BPT applies to:	
						HRG or sub-HRG level	BPT Flag (see BPT Flag sheet)
JA07B	Major Breast Procedures category 2 with Intermediate CC	Breast Surgery	Excision of breast*	1,661	1,361	sub-HRG	BP29
JA07C	Major Breast Procedures category 2 without CC			1,571	1,271		
JA09B	Intermediate Breast Procedures without CC		1,147	847	sub-HRG	BP30	
JA07B	Major Breast Procedures category 2 with Intermediate CC		Excision of breast* with sentinel lymph node biopsy or axillary sample	1,809			1,509
JA07C	Major Breast Procedures category 2 without CC		1,719	1,419	sub-HRG	BP28	
JA09B	Intermediate Breast Procedures without CC		1,295	995			
JA06Z	Major Breast Procedures category 3		Simple mastectomy without axillary surgery**	3,049	2,749	sub-HRG	BP43
JA07B	Major Breast Procedures category 2 with Intermediate CC		2,445	2,145			
JA07C	Major Breast Procedures category 2 without CC		2,309	2,009	sub-HRG	BP31	
JA06Z	Major Breast Procedures category 3		Simple mastectomy with axillary surgery**	3,197			2,897
JA07B	Major Breast Procedures category 2 with Intermediate CC		2,593	2,293	sub-HRG	BP32	
JA07C	Major Breast Procedures category 2 without CC		2,457	2,157			
JA09B	Intermediate Breast Procedures without CC		Sentinel lymph node biopsy or axillary sample	1,202	902	sub-HRG	BP32
JA09D	Intermediate Breast Procedures with Intermediate CC		1,204	904			
JA07B	Major Breast Procedures category 2 with Intermediate CC	Axillary clearance	2,169	1,869	sub-HRG	BP32	
JA07C	Major Breast Procedures category 2 without CC	2,057	1,757				

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Further information and questions

- Extensive guidance on the new and existing best practice tariffs is contained in section 8 of the *2012/13 PbR Guidance*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132654

- Guidance covers:
 - rationale of the policy
 - service-specific detail on tariff and implementation
 - sign-posts to further reading on clinical evidence and useful documents to help organisations change pathways.
- Email the PbR team via PbR Comms mailbox