

BOA Response to *Fair and transparent pricing for NHS services: A consultation on proposals for revising the objection mechanism to the pricing method*

About the British Orthopaedic Association

The British Orthopaedic Association (BOA) is the Surgical Specialty Association (SSA) for Trauma & Orthopaedic Surgery in the UK, representing approximately 40% of the surgical workforce. We promote excellence in professional practice, training and education, and research as part of our mission to support surgeons and care for patients.

Introduction

The BOA has no general comments to make beyond those stated in response to the questions below.

Question 1: Do you agree that the objection mechanism for the NHS national tariff should be revised to provide greater certainty on prices in advance of a new financial year?

The BOA remains very concerned that Monitor has not paid heed to a number of serious issues raised by clinicians in regard to the pricing and tariff setting process. This must be improved to ensure a robust tariff is in place that is clinically valid and that there is no adverse impact on patients as a result of poor pricing decisions. The engagement process for the 2015/16 tariff was both inadequate and deeply flawed: it is unacceptable that these issues have not been fully addressed for 2016/17. The entire methodology requires strengthening to enable Monitor to take account of the views of expert clinicians.

Had this been the case last year objections to the 2015/16 tariff would not have been nearly as pronounced. The T&O EWG and BOA are more than happy to be involved in detailed pricing discussions with Monitor, just as the EWG was with the Department of Health. Indeed the EWG started a process with the Department of Health to improve underlying costing information feeding into the tariff, but unfortunately this was stopped by Monitor when they took over responsibility for tariff. We would very much welcome a pragmatic and practical approach to the current tariff issues, namely assisting Monitor in setting the prices for 2016/17 now and working with them, NHS England and the wider service towards a longer term solution to the setting of Orthopaedic prices.

If the issues above are addressed the BOA considers that this would obviate the need for formal objections as the tariff would be set at a reasonable and sustainable level for the betterment of patient care.

Question 2: Do you agree that the objection threshold based on providers' share of supply should be removed? If not, why should this threshold remain? If it should remain, at what level should it be set?

The BOA is concerned that removal of the objection threshold will have a disproportionate effect on Orthopaedic services. Orthopaedic services are not supplied by all providers and Orthopaedic providers do not all supply the same services. This could become even more pronounced as a consequence of current developments in Getting it Right First Time, whereby some organisations may see changes in their service provision.

The BOA considers that the share of supply threshold should remain in place as this is a relatively fair way of determining which providers supply which services. We accept that the threshold could be increased, but only following collaborative engagement between Monitor, NHS England and expert clinicians as highlighted in our response to Question 1.

Question 3: Do you agree that the objection threshold for providers and commissioners should be raised and, if so, to what level?

Without a share of supply objection our view is that any threshold affecting Orthopaedic services should be based on a percentage of those providers which supply Orthopaedic services.

Question 4: Are you aware of any equality issues or of any particular group for whom the proposed changes could have either a detrimental or differential impact?

The BOA has no comment on equality issues in relation to age, gender, ethnicity or disability.

Question 5: Do you consider there to be any significant impact on health services as a result of the proposed changes to the objection process?

If these changes are made in their current form they could have a detrimental effect on the delivery of Orthopaedic services, unless the necessary engagement alluded to above is delivered.

Tariff currently needs significant improvement and must reflect the fact that the services providers deliver vary widely. For example, services such as highly complex spinal surgery could become severely compromised by an inadequate tariff price, as proposed for 2015/16.