

Payment for Device Follow-up

Steve Fearn

Abbott Medical UK

steve.fearn@abbott.com

Payment

- Record activity
 - If provided face-to-face, record activity to show what you are doing.
 - If provided remotely, record activity to show what you are doing.
 - If you are doing either but not getting paid for it, record activity.
- If it's not recorded, it didn't happen.
- At least one hospital has lost services because the activity did not show something had been done.

Tariff

- Only applies to England, but is a good example of where payment levels could be.
- Tariff for 2020-21 (up to April 2021) was released last week, but is not used for payment in many areas.
- Most hospitals operating on block contract (a fixed amount of money to provide services).
- Payment will increasingly go this way. Think population-based payment and previous activity as determining future payment (which is why it's important to record activity).

Examples of Payment Amounts

HRG or Treatment Function Code	HRG or Treatment Function Description	Out-patient Tariff Value 2020-21
EY11Z	Testing of Cardiac Pacemaker or Cardioverter Defibrillator	£125
320	Cardiology (consultant-led follow-up attendance, single professional)	£78
320	Cardiology (non-consultant-led, non-face-to-face follow-up attendance). (Non-mandatory).	£47

- Best to agree activity and payment with CCGs (so that hospital gets paid).
- Agree what it will be paid against.
- Do it before CCG decides its spending for the new financial year.

Place in Current Practice

- Avoids unnecessary out-patient attendances.
- Reduces the risk of COVID-19 spreading due to patients not attending hospital.
- Reduces the risk to NHS staff by not exposing them to risk.
- Reduces cost to the patient.
- Reserves face-to-face appointments for those who really need one.
- Helps deliver the NHS long-term plan.

Summary

- Record, record, record.
- Agree activity and payment with CCGs.
- Consistent with good practice.
- Supportive in the COVID-19 era.