



PAYMENT BY RESULTS

Chemotherapy and Radiotherapy

A simple guide

Gateway Reference: 13237

This guide is intended to provide an overview of Payment by Results (PbR) for chemotherapy and radiotherapy and the work to develop it nationally.

Background

Payment by Results is a method of funding NHS activity which was first used in England in 2003/04. It aims to provide a transparent, rule-based system for paying healthcare providers. It seeks to reward efficiency, support patient choice and encourage productivity. It replaces a situation where provider funding is reliant principally on historic budgets and local negotiating skills.

National tariffs for chemotherapy and radiotherapy do not yet exist. For these services, the underlying structure is now in place and is in the process of being refined. However, the introduction of a national tariff is subject to a number of factors. In particular, we are working to improve the recording and quality of data for these services.

Your Contribution:

Are your chemotherapy and radiotherapy patients being recorded in your patient administrative systems (PAS)?
Check with your Information department.

The PbR Currency

PbR uses Healthcare Resource Groups (HRG) as the unit for payment. The current version (HRG4) is used to define the healthcare delivered to groups of patients who receive similar

treatments and similar amounts of resource. Typically, one core HRG is produced for each patient spell¹ (from admission to discharge). However, chemotherapy and radiotherapy services are “unbundled” services. This means that when these services are delivered, multiple HRGs are generated for a patient. One “core” HRG is created based on the surgical procedures or primary diagnosis, and additional “unbundled” HRGs are created to reflect the chemotherapy or radiotherapy treatment².

Underpinning the HRGs is a system of coding. When a hospital treats a patient, their diagnosis and treatments are recorded and coded. To describe chemotherapy and radiotherapy services, OPCS Procedure codes³ are used.

Costing Chemotherapy and Radiotherapy activity

Cost data in relation to the HRGs is collected nationally via the NHS Reference Cost Collection. This is a mandatory annual return of cost data. It is important that this data is as accurate as possible to ensure that any future tariff reflects the true cost of providing services⁴.

1 A spell can loosely be described as the period from admission to discharge- for a more precise definition see the NHS Data Dictionary.

2 “Cores” are also generated for outpatients- where they are based on treatment function codes (TFCs). For further information please see the IC’s “Guide to Unbundling”

3 OPCS codes classify procedures. OPCS is named after the Office of Population, Census and Statistics.

4 The tariff is based on the most up-to-date data available- however it is historic cost data. The 2010/11 tariff calculation uses 2007/08 reference cost data.

Your Contribution:

Do you know what the costs of delivering radiotherapy and chemotherapy services are? Ask your finance colleagues what the reference cost returns were for your trust and work with them help improve the quality of the data.

Radiotherapy

The radiotherapy OPCS codes have been updated for use by the NHS in 2009/10 and beyond. This was done by NHS Connecting for Health (NHSCFH) together with the National Cancer Action Team (NCAT) Radiotherapy Coding Working Group and the Cancer Expert Reference Panel so that the codes better represent radiotherapy, including IMRT and IGRT

Your Contribution:

Are your radiotherapy patients being coded using the current OPCS-4.5 codes?

Table 1: OPCS 4.5 codes for Radiotherapy 2009/10

Codes for Planning of Radiotherapy	
X671	Preparation for intensity modulated radiation therapy
X672	Preparation for total body irradiation
X673	Preparation for hemi body irradiation
X674	Preparation for simple radiotherapy with imaging and dosimetry
X675	Preparation for simple radiotherapy with imaging and simple calculation
X676	Preparation for superficial radiotherapy with simple calculation
X677	Preparation for complex conformal radiotherapy
X678	Other specified preparation for external beam radiotherapy
X679	Unspecified preparation for external beam radiotherapy
X681	Preparation for intraluminal brachytherapy
X682	Preparation for intracavitary brachytherapy
X683	Preparation for interstitial brachytherapy
X688	Other specified preparation for brachytherapy
Y921	Technical support for preparation for radiotherapy
Codes for Delivery of Radiotherapy	
X651	Delivery of a fraction of total body irradiation
X652	Delivery of a fraction of intracavitary radiotherapy
X653	Delivery of a fraction of interstitial radiotherapy
X654	Delivery of a fraction of external beam radiotherapy NEC
X655	Oral delivery of radiotherapy for thyroid ablation
X656	Delivery of a fraction of intraluminal brachytherapy
X658	Other specified radiotherapy delivery
X659	Unspecified radiotherapy delivery
Y801	Inhalation anaesthetic using muscle relaxant
Y802	Inhalation anaesthetic using endotracheal intubation NEC
Y803	Inhalation anaesthetic NEC
Y804	Intravenous anaesthetic NEC
Y805	Rapid sequence induction of anaesthetic
Y808	Other specified
Y809	Unspecified
Y911	Megavoltage treatment for complex radiotherapy
Y912	Megavoltage treatment for simple radiotherapy
Y913	Superficial or orthovoltage treatment for radiotherapy
Y914	Megavoltage treatment for adaptive radiotherapy
Y918	Other specified
Y919	Unspecified

Due to the changes in the OPCS-4.5 structure, new HRGs are needed. These are being designed by the NHS Information Centre (NHSIC) and will be released in April 2010 for use in the 2009/10 reference cost collection.

To prepare for the introduction of a national tariff in the future, we encourage a shift away from block contracting in all services. Once the new HRGs have been released, we would encourage trusts to begin shadowing the new HRGs with local prices in mid 2010/11 (where possible) or in 2011/12.

NCAT has a project dedicated to support improvements in the costing of radiotherapy services. They are working on a costing template and guidance which should help finance, information professionals and clinicians, better understand the costs associated with this service. It is intended that this template will be made available on the NCAT website.

Chemotherapy

The codes for chemotherapy fall into two main groups: Chemotherapy Regimen procurement codes and Chemotherapy delivery codes. The codes associated with each chemotherapy regimen are identified on the regimens list which is found on the NHSCFH website.

The list has been updated by the Network Pharmacists and will continue to be updated to ensure it is accurate and fit for purpose. The list is currently focussed on adult regimens. We are investigating how paediatric regimens and clinical drug trials can be included on the list in the future.

Your Contribution:

Check with your coding department that the correct codes are being recorded according to the most up-to-date list. For 2009/10, this is OPCS-4.5, which can be found here:

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/codingstandards/opcs4/opcs45downloads/opcs-4-5-downloads>

The regimens list cannot be used alone without clinical consensus. Please work with your clinical coders to agree how regimens are documented, in particular to agree regimen names and cycle length for all regimens.

If you would like submit a request for a regimen that is not on the Regimens list, please forward your request to the DH/NHSIC Portal:

http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSFinancialReforms/DH_109534

HRGs for chemotherapy have a one-to-one mapping with the underlying OPCS-4.5 codes (see table 2). Currently, for a cycle of chemotherapy (in addition to the core HRG) there will be:

- one HRG for procurement and one or more delivery HRGs for regular day admissions, regular night admissions and outpatients; or
- only a procurement HRG for inpatients (no delivery HRGs)⁵

5 . For inpatients, the costs of delivering chemotherapy to inpatients are expected to be included within the "core" HRGs (based on surgical procedure or primary diagnosis). See the IC's chapter summary on HRG chapter SB for more information.

Table 2: Chemotherapy HRGs- grouping Logic (reference costs 2008/09)

OPCS4.5	HRG	HRG Label
<i>Chemotherapy Procurement HRGs</i>		
X70.1	SB01Z	Procure Chemotherapy drugs for regimens in Band 1
X70.2	SB02Z	Procure Chemotherapy drugs for regimens in Band 2
X70.3	SB03Z	Procure Chemotherapy drugs for regimens in Band 3
X70.4	SB04Z	Procure Chemotherapy drugs for regimens in Band 4
X70.5	SB05Z	Procure Chemotherapy drugs for regimens in Band 5
X70.8	SB16Z	Procure Chemotherapy drugs for regimens not on the national list
X71.1	SB06Z	Procure Chemotherapy drugs for regimens in Band 6
X71.2	SB07Z	Procure Chemotherapy drugs for regimens in Band 7
X71.3	SB08Z	Procure Chemotherapy drugs for regimens in Band 8
X71.4	SB09Z	Procure Chemotherapy drugs for regimens in Band 9
X71.5	SB10Z	Procure Chemotherapy drugs for regimens in Band 10
<i>Chemotherapy Delivery HRGs</i>		
X73.1	SB11Z	Deliver exclusively Oral Chemotherapy
X73.8	SB11Z	Deliver exclusively Oral Chemotherapy
X73.9	SB11Z	Deliver exclusively Oral Chemotherapy
X72.3	SB12Z	Deliver simple Parenteral Chemotherapy at first attendance
X72.2	SB13Z	Deliver more complex Parenteral Chemotherapy at first attendance
X72.1	SB14Z	Deliver complex Chemotherapy, including prolonged infusional treatment at first attendance
X72.4	SB15Z	Deliver subsequent elements of a Chemotherapy cycle
X72.9	SB17Z	Deliver chemotherapy for regimens not on the national list

NCAT launched a chemotherapy costing project in September 2009. This project seeks to understand the nationally collected cost data and how it can be improved. This will be done by examining the reference cost data together with data from the National Cancer Action Team's Chemotherapy Planning Online Resource Tool (CPORT)⁶ tool.

6 For further information on CPORT please see: www.cport.co.uk

We are still working to improve the framework for PbR and chemotherapy. In the interim, providers and commissioners should consider a move away from block contracting by 2012/13.

Other Important Issues

Chemotherapy

1. Electronic prescribing has been shown to promote patient safety by reducing errors. It also facilitates collection of standardised data. Those chemotherapy services which do not currently use electronic prescribing should strongly consider doing so at the earliest opportunity⁷.
2. Work is now ongoing to develop a National Chemotherapy Dataset by the National Cancer Action Team.

Radiotherapy

3. In addition to submitting radiotherapy information through the National Radiotherapy Dataset, it is important to send mandatory data through the Commissioning Datasets (CDS). This is because although the radiotherapy dataset is useful for clinical purposes data, if data does not flow through the CDS HRGs will not be generated, nor will any future tariff be automatically paid.

7 "Chemotherapy Services in England: Ensuring quality and safety": National Cancer Advisory Group Report 2009

Further Information:

Payment by Results is built upon a number of different elements which are the responsibility of different organisations:

Department of Health (DH)

DH has overall responsibility for PbR and the national tariff. Although national tariffs do not exist for chemotherapy and radiotherapy, the majority of “core” HRGs are within the scope of tariff. To view the 2009/10 tariff, or for further information, please see the DH’s website.

<http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSFinancialReforms/index.htm>

Information on the costing of chemotherapy and radiotherapy can be found in the reference cost guidance on DH website (Managing Your Organisation section). Previous nationally aggregated reference costs return data is also available.

<http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHScostingmanual/index.htm>

NHS Information Centre (NHSIC)

The NHSIC has responsibility for the HRG4 classification. If you wish to better understand the structure of HRG4 please view their website at:

<http://www.ic.nhs.uk/services/the-casemix-service>

In particular you may wish to read HRG chapter summaries for chapters SB (chemotherapy) and SC (radiotherapy).

<http://www.ic.nhs.uk/services/the-casemix-service/using-this-service/reference/downloads>

If you would have an enquiry regarding how procedures and diagnoses group to HRGs, please email: enquiries@ic.nhs.uk

NHS Connecting for Health (NHSCFH)

NHSCFH has overall responsibility for the OPCS classification system. They publish the coding manual and coding guidance and train coders. The latest chemotherapy regimens list is available on the NHSCFH website

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/codingstandards/opcs4/opcs45downloads>.

If you have any questions in relation to coding please see:

<http://www.connectingforhealth.nhs.uk/contact>

National Cancer Action Team (NCAT)

NCAT has taken a strong interest in PbR and provides expert advice and support. It works to support PbR by gathering evidence to improve the various elements.