

SPECIALIST ORTHOPAEDIC TARIFF

BACKGROUND

For many years the NOA has been clear that the current system fails to appropriately reimburse providers of orthopaedic care, particularly when undertaking specialist and complex work. This underfunding threatens the ability of our members to deliver continued improvements in standards of care. It also undermines well-established principles around the centralisation of specialist care.



BUILDING A CASE FOR CHANGE

The NOA undertook detailed analysis which focused on 3 core themes:

- Patients who travel to specialist hospitals are more complex, and hence more expensive, than those at non-specialist hospitals even within specific HRGs
- Small volume and high complexity HRGs are under-priced, and specialist organisations are losing out as a result of having a disproportionate number of these
- There are specific, known areas of cost that are not fully/ not at all reflected in tariff

Despite having a strong (and agreed) evidence base, the NOA had to undertake substantial influencing activities to build support for change.

HOW MEMBERS BENEFITED

As a result of work and campaigning, the NOA:

- Secured £30m of additional funding for specialist orthopaedic activity. This took the form of £20m in tariff adjustments that were directed to activity that was more prevalent in specialist trusts, and an additional £10m in direct funding split between our founder member trusts.
- Contributed to the development of a new pilot for funding complex knee revisions. The model is based around a hub and spoke arrangement, with direct funding to the specialist hubs to support triage and assessment, and enhanced funding for cases that require specialist care.

MEMBER TESTIMONIAL

“Great progress has been made in resolving some of the longstanding issues with tariff for complex orthopaedic procedures. The credible evidenced based approach and unity of NOA members has been instrumental in securing this and in raising the profile of the NOA as a key stakeholder organisation. Whilst there is more to do we can look forward with greater confidence that complex procedures will be appropriately funded. **Craig Macbeth, NOA Financial Lead & Chief Finance Officer, RJAH**”