

## Best Practice Tariffs (BPT) and the Aligned Payment Incentive (API)

### A briefing note from The British Thoracic Society, Asthma and Lung UK, The National Asthma and COPD Audit Programme

#### Background

Acute exacerbations of COPD and asthma are common and important events. They utilise considerable healthcare resource and are responsible for substantial morbidity and mortality. Audit data show that there is still unwarranted variation in the delivery of care, in patient experience, and in patient outcomes.

Best Practice Tariffs (BPTs) were first introduced in 2010/11, to reduce unwarranted variation in clinical quality, spread best practice and improve patient outcomes. More information is available at: <https://www.england.nhs.uk/publication/national-tariff-payment-system-documents-annexes-and-supporting-documents/>

The conditions considered for a BPT are high volume activities, showing significant variation or a significant impact of care on patient outcomes, that are supported by a strong evidence base and a clinical consensus as to what constitutes best practice that needs to be implemented systematically. BPTs have existed for several years for COPD and pleural disease. We are pleased to note that BPTs not only remain under the new payment system, the Aligned Payment Incentive (API), that commenced in April 2022, but are also now extended to include adult asthma. This document provides some important information in relation to the COPD and Asthma BPT for 2022/23.

#### BPTs for COPD and Asthma in 2022/23

The COPD and the adult asthma BPT will be paid for admitted patients based on achieving a specified level of activity in the administration of a series of evidence-based interventions to improve outcomes, which includes delivery of the relevant care bundle.

#### The COPD BPT for 2022/2023 comprises:

Specialist review within 24 hours of admission

Delivery of the discharge care bundle that includes:

- understanding medication and inhaler use
- self-management/emergency drug pack
- smoking cessation
- referral for pulmonary rehabilitation if appropriate
- timely follow-up organised

#### The adult (aged 19 or over) Asthma BPT for 2022/23 comprises:

Specialist review within 24 hours of admission (as defined for COPD)

Delivery of a care bundle that includes:

- A personalised asthma action plan (PAAP)
- Inhaler technique (including maintenance medication review)
- Smoking cessation advice, referral or support
- non mandatory but recommended are:
  - Asthma triggers addressed
  - Specialist review requested within 4 weeks of discharge

For both asthma and COPD evidence of the discharge bundle must be found in the case records and the discharge summary. Additionally there is a new non-mandatory recommendation that “**providers**

BTS/ALUK/NACAP 25 May 2022

***should review both preventer and reliever inhaler technique with consideration to giving the lowest environmental impact inhaler device”.***

**To achieve the best practice payment a threshold of 60% of coded COPD and 50% of coded asthma patients must have the review performed and the bundle delivered.** This is measured by the returns made to the NACAP audit in each case. The BPT stresses both the importance of delivering the aspects of the care bundle but also ensuring that the information is entered into the NACAP data collection website to ensure the activity is captured and payment can then follow.

### **The Aligned Payment Incentive (API)**

April 2022 sees the introduction of a new payment system, the API, which is a development of the previous Payment By Results (PBR) system and the blended payment approaches that were planned for urgent care prior to the COVID-19 pandemic. To maintain system stability during COVID a block contract system was introduced and been used for the past 2 years.

The new API has a fixed element based on funding an agreed level of activity and a variable component that increases or decreases the payment based upon levels of elective activity undertaken and quality of care delivered.

### **What API means in practice**

Clinicians, NHS providers and CCGs/ICBs should work together to agree the level of activity to be delivered for the BPTs which will be paid for within the fixed element. For example, in an organisation already achieving the BPT threshold, and expecting to continue to achieve the threshold in 2022/23, then the payment for the activity should be included in that fixed element that includes BPT ‘additional funding’. This should be based upon the 22/23 tariff prices that vary for each severity of patient illness and the resources that they consume during their patient stay, one of a number of Health Resource Groups (HRGs). The actual payment of the BPT component varies within these HRGs and indicative prices can be seen in the National Tariff Workbook - [https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT\\_Annex-A-National-tariff-workbook\\_Apr22.xlsx](https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_Annex-A-National-tariff-workbook_Apr22.xlsx).

Where the level of BPT performance is different to that anticipated in setting the fixed payment, the variable payment is used to adjust funding accordingly. For example, where a provider was expecting to exceed the 60% COPD threshold, but actually delivers below this, the commissioner will remove the additional funding for the BPT that had been paid as part of the fixed payment. Conversely, where a provider was not anticipating meeting the 60% threshold, and so had no additional BPT funding factored into the fixed payment, they can still earn the additional funding if they end up surpassing the threshold.

Providers and commissioners can agree other arrangements (for example higher payments if performance goes past 70%) but these need to be submitted and approved by NHSE&I before they can be operationalised. In the same way, providers and commissioners cannot vary away from the BPT arrangements altogether without explicit NHSE&I approval.

### **Next steps**

The API is a new payment process and builds upon the previous PbR and blended payment systems that colleagues have become familiar with. However, it allows financial incentives for improving outcomes and this is especially useful where we have an evidence base of improved outcomes by delivering the asthma and COPD care bundles.

**Discussions should take place between clinicians, providers and commissioners at an early stage to ensure the benefits of care bundles are delivered to the patients and the appropriate remuneration for the BPT provision, measured by the NACAP returns.**

Contacts:

British Thoracic Society: [bts@brit-thoracic.org.uk](mailto:bts@brit-thoracic.org.uk)

NACAP: [NACAP@rcp.ac.uk](mailto:NACAP@rcp.ac.uk)

Asthma and Lung UK: [info@asthmaandlung.org.uk](mailto:info@asthmaandlung.org.uk)

BTS/ALUK/NACAP May 2022