

## Data submission template

*Note: All information included in this template include any information from which an individual can identify any other confidential information relating to the patient.*  
**Macros should be enabled when completing the template.**  
**The currency and price sheet is a mandatory requirement.**

LV01	Title
LV02	Service areas

### BACKGROUND INFORMATION (all fields mandatory)

LV03	Overview
LV04	Type of local variation
LV05	History of local variation
LV06	Previous local variation templates, if applicable
LV07	Local prices
LV08	Nature of changes introduced in the local variation
LV09	Commissioner model
LV10	Commissioner(s)
LV11	Contracting model
LV12	Provider(s)
LV13	Start date of agreement
LV14	End date of agreement
LV15	Procurement method

### COMPLIANCE WITH LOCAL PRICING PRINCIPLES

LV16	Constructive engagement
LV17	Constructive engagement details
LV18	Patient benefit to local variation
LV19	Sharing best practice

**CHANGES TO SERVICE DELIVERY AND CASE**

LV20	Patient casemix
LV21	Service delivery model without local variation
LV22	Planned service delivery model
LV23	Rationale for changes to service delivery model
LV24	Patient groups impacted
LV25	Care setting used when local variation is in place
LV26	Care setting used if local variation was not in place
LV27	Acuity of care delivery
LV28	Clinical assurance of changes in care intensity

**CHANGES TO PRICES/CURRENCIES (all fields)**

LV29	Currency bundling, unbundling
LV30	Pay for performance
LV31	Details on changes to prices/currencies

**RISK SHARING**

LV32	Existence of risk sharing arrangements
LV33	Details of risk sharing arrangements

**RATIONALE FOR CHANGES TO PRICES/CURRENCIES**

LV34	Rationale for changes to prices/currencies
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**IMPACT**

LV35	Estimated annual spend if nationally determined prices were used
LV36	Estimated annual spend with local variation in place
LV37	Wider impact
LV38	Measurement
LV39	Evaluation
LV40	External supporting information

**ADDITIONAL POINTS**

<b>LV41</b>	<b>Additional points</b>
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**CONTACT DETAILS (all fields mandatory)**

<b>LV42</b>	<b>Contact organisation</b>
<b>LV43</b>	<b>Name and sign off from responsible Finance Director</b>
<b>LV44</b>	<b>Contact details</b>

*By submitting this template the commissioner  
2014/2015 National Tariff Payment System*



## ate for local variations

ate will be made publicly available and therefore should not  
 vidual patient can be identified. In addition, it should not include  
 to third parties, unless consent has been obtained.  
**ing this template to enable adding and deleting rows.**  
**ry part of this template.**

This should describe the local variation

**Locally agreed price for ENT - Laryngeal Papillomatosis**

Please include any service areas that apply to the local variation. Either select from the drop down menu or enter a service area not on the list manually by typing below. Add more rows to enter multiple service areas.

Acute Care

ENT

**andatory)**

Provide an overview of the local variation. If necessary include a summary of relevant previous variations.

The treatment for laryngeal papillomatosis is a laser treatment which is currently done under GA in theatre, DBH have purchased a flexible endoscope that can be used to treat laryngeal papillomatosis in outpatients under LA therefore reducing the risk to patients, avoiding an unnecessary daycase admission and also reduces scarring on the larynx. There is no OPPROC price for this service therefore a local price is required.

Please select an option from the drop down menu.

**Change to price**

Using the drop down menu, please tell us whether this local variation is related to any previous local variations

**Entirely new local variation.**

If applicable, include links to previous local variation templates, including from Monitor's website

Does this local variation include services without national prices?

Please provide the local price detail under cell LV45 of the currency and price table, as appropriate.

No

Is the local variation a result of differences in the service delivery model, including changes in setting, service bundling or unbundling, casemix differences, from the national tariff?

Yes

Either select from the drop down menu or describe a commissioner model not on the list manually by typing below.

**Group of NHS commissioners.**

Include all commissioners party to the local variation. Add more rows to enter multiple commissioners. If an organisation is not on the list you can add it on the

NHS DONCASTER CCG

NHS Bassetlaw CCG

NHS north lincolnshire CCG

NHS Vale of York CCG

NHS Wakefield CCG

Either select from the drop down menu or describe a contracting model not on the list manually by typing below.

**Agreed with single provider.**

Include all providers party to the local variation. Add more rows to select multiple providers. If an organisation is not on the list you can add it on the Title page.

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

Provide the date from which this local variation takes effect.

01/04/15

Provide the date on which this local variation ends.

31/03/16

Either select from the drop down menu or describe a procurement model not on the list manually by typing below.

Standard contracting framework

**IPLES (all fields mandatory)**

Was the agreement process consistent with the constructive engagement requirements in 7.1.3 of the National Tariff? This includes: having framework for negotiations; information sharing; involvement of clinicians and other stakeholders; and having short- and long-term objectives.

Yes

Provide details of the constructive engagement prior to the local variation being agreed. If possible include links to external documents demonstrating this. Details may include which forums were used to discuss it, when meetings took place, and which organisations were involved. Where relevant discuss barriers to agreement

Both Consultants and GPs were signed up to this change before implementation.

Explain how the local variations meets the best interests of patients using the criteria in 7.1.1 of the National Tariff. This includes: quality; cost effectiveness; innovation; and allocation of risk.

Quality of care as patients receive treatment as OP rather than IP stay

Have you undertaken action to promote any best practice associated with this local variation, including clinical, payment or contractual practices?

No

**MIX (all fields mandatory if there is a change in services)**

Is the local variation being used to address differences in patient casemix?

No

How would the services be delivered without the adoption of the local variation?

Inpatient

Include a description of how the services are to be delivered to patients, including care setting and patient pathways. It is not necessary to disclose detailed information which would harm the commercial interests of the provider(s).

DBHFT will provide laryngeal papillomatosis using a flexible endoscope which allows them to provide the service in an outpatient setting under LA.

Why have the commissioner(s) agreed to change the delivery of services?

Patient experience is improved by carrying out the activity in outpatients rather than them having to go to theatre. The cost of the activity is also lower in outpatients meaning that resource is released for commissioners to be invested elsewhere. The local tariff is based on the cost of the outpatient service.

Describe patient group(s) and the projected volume of patients impacted by the agreed local variation.

ENT patients expected 20 activity per year

Where are services delivered using this local variation?

Select the appropriate option from the below drop down list:

Acute care - Outpatient

Where would the services be delivered if this local variation was not used? This may be the same as with the local variation.

Select the appropriate option from the below drop down list:

Acute care - Inpatient

How does the local variation change the acuity of care delivery?

No change

If care is less intensive has this change undergone clinical assurance?

Yes

**is mandatory)**

Does the local variation bundle or unbundle currencies? If so ensure this is clear on the **Currency and price table**.

No

Does the local variation introduce outcome payments? If so ensure this is clear on the **Currency and price table**.

No

Provide details on changes to prices and currencies and any pay for performance, excluding risk share arrangements.

Change from paying inpatient tariff to a local price for service in OP setting

Does the local variation include risk sharing arrangements?

No

If yes, explain the allocation of financial risk agreed under the local variation, and how risks may be mitigated and shared.

**RENCIES (all fields mandatory)**

What is the rationale for planned changes to prices and/or currencies, including the method for determining the alternative prices and/or currencies for the services delivered.

Other Trusts undertake as Inpatient, DBHFT can provide in Outpatient setting therefore local price required and price is based on the cost of providing the service

Complete LV45 from the **Currency and price table** to see the estimated annual spend under national prices and currencies.

£38,500.00

Complete LV46 from the **Currency and price table** to see the estimated annual spend with the local variation in place.

£3,116.00

Where applicable, describe the wider health economy impact of the change in service delivery and the local variation, for example impact on choice and competition, provider capacity and capabilities and sector efficiency.

Patients are able to access this service in an outpatient settings, approx 20 patients per year

Which SMART objectives will be used to measure the impact of the LV. Include measurement of quality of service, waiting times, patient access and financial impact. Also discuss the regularity of measurements.

Quality, waiting time and financial impacts will all be monitored through the existing infrastructure of contract monitoring.

Where applicable, include results of existing evaluation, and how these show the local variation has a positive impact.

Otherwise provide details of future evaluation, including when this will be take place, and when decisions on whether to continue the local variation will be made.

Ongoing evaluation through normal contract monitoring and annual review at contract setting.

Include links to any online supporting documentation or evidence, including service specs, business cases and NHS standard contracts.