

Classification: Official

Publication approval reference: PAR1394



2022/23 National Tariff Payment System
– a consultation notice

Annex CnB: Responding to this consultation, and the statutory objection process

Version 2 – updated for re-consultation

24 February 2022

Contents

1. Introduction.....	2
2. Scope: what constitutes the ‘method’	3
3. Who can object to the method?	5
4. The process for objecting to the method.....	6
5. The procedure for reference to the CMA	10
6. The timetable.....	12
6.1 Proposed timetable if neither of the objection thresholds are met.....	12
6.2 Proposed timetable if any of the objection thresholds are met.....	12

1. Introduction

1. The purpose of this annex is to provide guidance on the process by which clinical commissioning groups (CCGs)¹ and ‘relevant providers’ can object to the proposed method for determining national prices. In this annex, we:
 - describe what constitutes the proposed method
 - explain which CCGs and providers can object to the proposed method
 - detail how CCGs and relevant providers can submit objections to the proposed method
 - explain the process for a reference to the Competition and Markets Authority (CMA)
 - set out the proposed timetable for publication of the 2022 to 2023 National Tariff Payment System (2022/23 NTPS).
2. Please note: an initial consultation on the 2022/23 NTPS ran from 25 December 2021 to 28 January 2022.² Following consideration of the feedback received, NHS England and NHS Improvement have decided to propose a 2022/23 NTPS with some changes to that initially consulted on. This requires a re-consultation. This document gives details of the objection process for the re-consultation. Process changes from the initial consultation are highlighted.
3. Since 1 April 2016, Monitor and the NHS Trust Development Authority have been operating as a single integrated organisation known as NHS Improvement, and from 1 April 2019 have come together with NHS England to act as a single organisation. This document is, however, issued in exercise of functions conferred on Monitor by Section 116 of the Health and Social Care Act 2012. In this annex, ‘NHS Improvement’ means Monitor, unless the context requires otherwise.

¹ Please note: The Health and Care Bill proposes transferring the responsibilities of CCGs to Integrated Care Boards (ICBs). However, until the Bill passes through Parliament and comes into effect, the provisions in the Health and Social Care Act 2012 (which refer to CCGs) govern this consultation.

² The initial consultation was published in December 2021 at: [2022/23 National Tariff Payment System – a consultation notice](#).

2. Scope: what constitutes the ‘method’

4. Section 120 of the Health and Social Care Act 2012 (the 2012 Act) provides that commissioners and relevant providers can formally object to the method or methods proposed for determining the national prices to be specified in the national tariff.³ The statutory objection process only applies to the proposed method(s) for determining national prices, and not to other proposals in the consultation notice. The ‘method’ is the data, methodology and calculations used to arrive at the proposed set of national prices, but not the prices themselves.
5. Further, the method is separate from and does not include:
 - the proposed national variations
 - the rules, methods and principles that we propose to adopt in respect of locally determined prices, including the aligned payment and incentive rules.
6. National variations, which include the market forces factor (MFF) and top-up payments for specialised services, apply to national prices but are not part of the method for determining those prices. CCGs and providers may still comment on the proposals for national variations in their response to the consultation, but any objections to national variations in those responses do not count for the purpose of the statutory objection process. Further explanation is provided on the next page.
7. Our proposed method for calculating 2022/23 national prices has several elements that are described in detail in Section 6 of Part B of the consultation notice. For ease of reference, in the rest of this annex, references to ‘the method’ include all the proposed methods for calculating national prices set out in that section of the consultation notice.

³ The 2012 Act, sections 118(3)(b) and 120(1).

Objecting to national variations

The 2012 Act does not permit statutory objections to national variations such as the market forces factor. In this box we explain why.

- Section 120 of the 2012 Act sets out the statutory objections process. In particular, it states that if Monitor receives more than a prescribed percentage of objections from either CCGs or relevant providers ‘to a method it proposes under section 118(3)(b)’, Monitor may not publish that national tariff unless it has made a reference to the CMA. In those circumstances Monitor would also have the option of amending the proposals and reconsulting under section 118 of the 2012 Act.
- It follows that the statutory objection process is limited to proposals under section 118(3)(b). Section 118(3)(b) states that the notice published by Monitor must include ‘the method or methods it proposes to use for determining the national prices of the specified services’.
- While section 118 of the 2012 Act provides that Monitor must (or may) specify a number of other matters in the notice, these are not subject to the objection process. These include national variations under section 118(5)(a) of the 2012 Act, which are applied to national prices but are not part of the method for determining those prices.

Of course, while the national variations cannot be objected to formally under the statutory objection process, we welcome feedback on all our proposals.

3. Who can object to the method?

8. The 2012 Act specifies that it is only objections to the method from CCGs and “relevant providers” that count for the purposes of the statutory objection process.⁴ This means only these objections can determine whether NHS Improvement can proceed to publish without further consultation or a reference to the CMA.
9. There are two categories of relevant provider:
 - Licence holders. For the consultation on the 2022/23 NTPS, this includes all NHS foundation trusts and many independent sector providers of NHS services.
 - Other relevant providers as specified in the NHS (Licensing and Pricing) Regulations 2013.⁵ The effect of those regulations is that a person is a relevant provider if they provide an NHS service for which there is a national price proposed in this consultation notice. This refers to current providers of the service. The definition of relevant provider includes all NHS trusts currently providing services that would be subject to a proposed national price.
10. Other commissioners and providers can respond to the consultation and voice their objections to the proposals, but those objections will not be included in the statutory objection process. This includes objections from prospective providers who intend to provide a service for which there is a national price next year, but who do not currently provide that service.

⁴ 2012 Act, section 120(1).

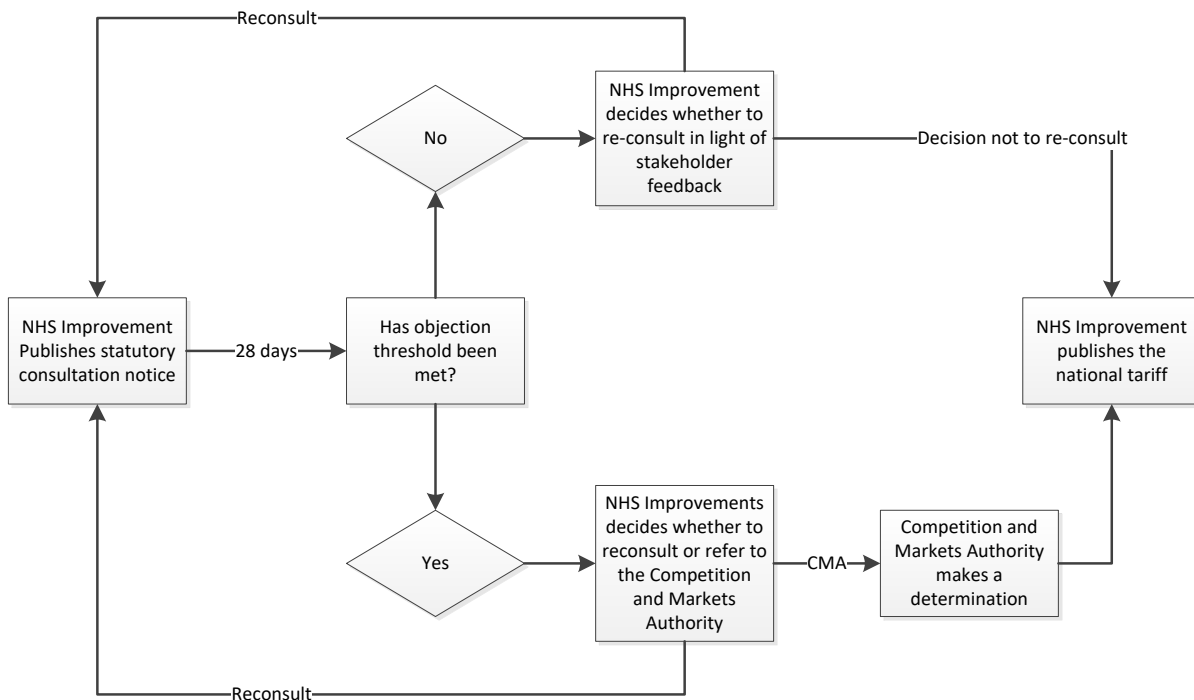
⁵ SI 2013/2214; see Regulation 6. The regulations are available at www.legislation.gov.uk/uksi/2013/2214/pdfs/ukxi_20132214_en.pdf

4. The process for objecting to the method

11. The 2012 Act provides that Monitor may not publish the final national tariff (without a reference to the CMA) unless:
 - the proportion of CCGs objecting to the method is less than the prescribed percentage
 - the proportion of relevant providers objecting to the method is less than the prescribed percentage.
12. The percentages have been prescribed in regulations.⁶ The relevant prescribed percentage in each case is 66%.
13. This means that NHS Improvement must either reconsult or make a reference to the CMA for its determination if either:
 - the percentage of CCGs objecting to the method is greater than, or equal to, 66%
 - the percentage of relevant providers objecting to the method is greater than, or equal to, 66%.
14. Figure 1 illustrates the process for determining whether to publish the national tariff, reconsult or make a referral to the CMA.

⁶ See Regulation 5 of the National Health Service (Licensing and Pricing) Regulations 2013 (SI 2013/2214), as amended by the National Health Service (Licensing and Pricing) (Amendment) Regulations 2015 (SI 2015/2018).

Figure 1: Publish, reconsult and referral cycle



15. There are the following possible outcomes after statutory consultation:

- If neither objection threshold has been reached and NHS Improvement decides, after considering stakeholder feedback, that it is not necessary to make any significant changes to the proposed method or any of the other proposals in the consultation notice which require further consultation, NHS Improvement will publish the 2022/23 NTPS.
- If neither objection threshold has been reached, and NHS Improvement decides, after considering stakeholder feedback, that it is necessary to make significant changes to the proposals which require further consultation, NHS Improvement will issue a revised consultation notice and reconsult for 28 days.
- If one or both of the objection thresholds has been reached, and NHS Improvement decides to reconsult, NHS Improvement will issue a revised consultation notice and reconsult for 28 days.
- If one or both of the objection thresholds has been reached, NHS Improvement can make a reference to the CMA for their determination. The 2012 Act provides for the procedure on such references. At the end of the procedure the CMA would issue a determination. If the CMA determines that the proposed method is not appropriate, NHS Improvement would have

to reconsider the matter and make changes to the method in accordance with the CMA's directions. Subject to the CMA's power to veto any proposed changes, NHS Improvement may then publish the 2022/23 NTPS with the revised method.

16. This re-consultation is being undertaken following the second scenario outlined above – the objection threshold for the initial consultation was not met but, after considering stakeholder feedback, NHS England and NHS Improvement have made significant changes to the proposals which require further consultation.
17. If NHS Improvement issues a revised consultation notice for another 28-day period, this further consultation will be subject to the same process – that is, CCGs and relevant providers could object to the proposed method, and all stakeholders can submit their views on the proposals. This process would continue until:
 - neither objection threshold is met
 - the CMA upholds NHS Improvement's method or
 - changes are made to the method, in accordance with the CMA's determination.
18. The 2022/23 NTPS cannot be published until one of these three outcomes has been achieved.
19. Objections to the method should be made by the CCG or relevant provider, not by individual teams or departments of those bodies. An objection should be an objection agreed by the respondent, rather than the view of an individual or team within it. It is the responsibility of individual CCGs and relevant providers to ensure proper internal processes for deciding to make an objection (for example, a process of obtaining agreement of members, governing bodies or the board).
20. CCGs and relevant providers should provide reasons for their objection to the method. A failure to do so does not invalidate the objection, but if the reasons are not raised at this stage, it may impact our assessment of the objection and

they may be subsequently disregarded by the CMA when it determines any reference.⁷

21. Should a CCG or relevant provider decide to object to the method proposed for the 2022/23 NTPS, the organisation's objection can be registered in an [online survey](#).⁸
22. Irrespective of the number of separate objections from a CCG or relevant provider, for the purposes of calculating the objection percentages (as set out above), each respondent will be counted only once.

⁷ See paragraph 5 of Schedule 12 to the 2012 Act.

⁸ www.engage.england.nhs.uk/pricing-and-costing/reconsultation-2022-23-tariff

5. The procedure for reference to the CMA

23. The procedure NHS Improvement would follow when referring the method to the CMA, should any one of the objection thresholds be reached, is set out in the 2012 Act.⁹ In addition, in February 2014 rules and guidance were published by the Competition Commission, which provide further details of the procedure to be followed.¹⁰ The following paragraphs provide a brief summary of the procedure.
24. Section 121(4) of the 2012 Act sets out the grounds on which the CMA may determine that the proposed method is not appropriate. NHS Improvement's reference must include its reasons for proposing the method and its representations as to why those grounds do not apply. A copy of the reference will be sent to the objectors, who will have an opportunity to make representations to the CMA.¹¹ The representations must be submitted within 10 working days of receiving the reference. Those representations should include:
- the reasons that the objector considers NHS Improvement's decision on the method was wrong, on the basis of one of the grounds set out in Section 121(4) of the 2012 Act
 - any changes to the method the objector considers appropriate
 - any supporting documents.
25. Third parties may also have an opportunity to submit representations within 10 days of the publication of the reference on the CMA website.

⁹ See sections 120 to 123 of the 2012 Act and Schedule 12 to the 2012 Act.

¹⁰ See the National Tariff Methodology Reference Rules under the Health and Social Care Act 2012 (CC21) and the National Tariff Methodology Reference Rules under the Health and Social Care Act 2012 (CC22). Although published by the Commission, they have been adopted by the CMA and are available at www.gov.uk/government/collections/cma-regulatory-appeals-and-references-guidance

¹¹ See Schedule 12 to the 2012 Act.

26. NHS Improvement will have an opportunity to make a written reply to any representations.
27. All participants in the process will be encouraged to provide the CMA with a coherent and comprehensible explanation of any technical issues.
28. A group appointed by the chair of the CMA will determine the reference, based on NHS Improvement's submissions, the objectors' representations and any other evidence submitted to or gathered by the CMA (for example, submissions made by interested third parties).
29. The CMA must determine the reference within 30 working days.¹² The CMA expects to set an administrative timetable designed to enable the CMA and the parties to conduct a satisfactory reference process within the statutory timescale. The CMA is entitled to disregard any matter raised by an objector in their representations that was not raised at the time of their original response to NHS Improvement.¹³
30. The CMA must order the payment of its costs at the end of the process. If the CMA decides the method is suitable, objectors will be required to meet the costs incurred by the CMA, and they may also be ordered to pay some of NHS Improvement's costs. If the CMA decides the method is not suitable, NHS Improvement will be required to pay the CMA's costs and may be ordered to pay some of the objectors' costs.

¹² This may be extended by 20 working days.

¹³ Similarly, the CMA is entitled to disregard any matter raised by Monitor in its replies to objectors' representations, if not raised in Monitor's reference document.

6. The timetable

31. This section sets out our expected timetable for publication of the 2022/23 NTPS, if:
- neither of the objection thresholds is met
 - either or both of the objection thresholds are met, and consequently NHS Improvement needs to either reconsult or make a reference to the CMA.

6.1 Proposed timetable if neither of the objection thresholds are met

32. The statutory consultation period of 28 days ends on **25 March 2022**. After this, NHS Improvement will calculate the objection percentages. If none of the objection thresholds are reached, and subject to consideration of consultation responses, NHS Improvement would aim to publish the 2022/23 **NTPS before 1 April 2022**. The prices, methods and rules in the 2021/22 NTPS will continue in force until the new national tariff comes into effect.

6.2 Proposed timetable if any of the objection thresholds are met

33. If the proportion of objections is 66% or greater for either objection threshold, NHS Improvement will either:
- revise the method in light of the objections and reconsult
 - make a reference to the CMA.
34. In the latter case, for some of the steps that would need to be taken the 2012 Act specifies the number of days for completion. For other steps, the 2012 Act does not specify a time period. This means it is difficult, at this stage, for us to be prescriptive or definitive about the likely timetable.
35. Notwithstanding the above, for guidance the table below sets out the main steps (and associated timeframes, where known) in the event that NHS Improvement refers the method to the CMA.

Table 1: Main steps under a referral to the Competition and Markets Authority

Step	Number of days prescribed by the 2012 Act	Date(s)
NHS Improvement issues section 118 Notice	n/a	24 February 2022
Statutory consultation period	28 (consecutive, working and non-working) days.	Start: 25 February 2022 End: 25 March 2022
NHS Improvement determines whether objections are below/above objection thresholds set out in the regulations	Not specified in the Act	Unknown at this stage
NHS Improvement sends a reference to the CMA	n/a	Unknown at this stage
NHS Improvement informs objectors of the reference to the CMA	n/a	Same time as the notice is submitted to the CMA
Objectors submit their representations to the CMA and NHS Improvement	10 (working) days	Unknown at this stage
NHS Improvement responds to objectors' representations and sends a copy of the response to objectors and the CMA	10 (working) days	Unknown at this stage
The CMA determines reference (including any oral hearing and written submissions)	30 (working) days	Unknown at this stage
The CMA extends the period for determining the reference	Up to 20 additional (working) days. These are in addition to the 30-day period, which the CMA can add, if required.	Unknown at this stage

36. Based on the above, if there is a CMA reference, publication of the 2022/23 NTPS is likely to be significantly delayed.

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