

Amendments to the 2023/25 NHS Payment Scheme to take effect from 1 April 2024

The 2023/25 NHS Payment Scheme (NHSPS) came into effect on 1 April 2023 and was set for two years – 2023/24 and 2024/25. During December 2023 and January 2024, NHS England consulted on a small number of amendments to the initially published NHSPS. Following consideration of the feedback received, NHS England have made changes to some of the amendments consulted on. In particular, due to issues around data flows highlighted in consultation responses, we are not introducing unit prices for renal transplants and brachytherapy services, or guide prices for haematopoietic stem cell transplantation (HSCT) services for 2024/25.

The table below gives details of the main amendments made to the initially published 2023/25 NHSPS. For full details, amendments are highlighted in the published PDFs of the 2023/25 NHSPS (amended).

The NHSPS has also been updated to reflect the 2024/25 cost uplift and efficiency factors, including an updated set of prices for 2024/25. These updates are part of the two-year payment scheme and were not subject to further consultation.

For more information, please contact pricing@england.nhs.uk.

Please note: The pay cost estimates used to set the NHSPS cost uplift factor for 2024/25 do not reflect final pay arrangements for 2024/25, which have not yet been agreed.

Amendment	How the amendment has been implemented	Changes between proposed amendment and amendment implemented
Guarantee each specialist provider a minimum level of top-up payment	<ul style="list-style-type: none"> • NHSPS document: API rules updated • Annex A: tab added containing provider floor values 	<p>No change to the policy of the amendment consulted on.</p> <p>The following changes to the floor values published in Annex A:</p> <ul style="list-style-type: none"> • Remove values for Aspen Healthcare Limited (NYW) and Spire Healthcare (NT3) as they are not subject to the minimum floor values contract. • Values added for eligible providers' non-elective top-up fixed payment.
Create new unit prices for radiotherapy	<ul style="list-style-type: none"> • Annex A: unit prices for SABR, SRST and SIRT added to Tab 4 • Annex B: new section on specialist radiotherapy currencies added (Section 5.2.2) 	Unit prices not set for brachytherapy following consideration of consultation feedback
Reduce the unit prices for two cataract HRGs	<ul style="list-style-type: none"> • Annex A: Prices updated for BZ34A and BZ34B and moved to tab 4, Other unit prices. • Annex A: Separate prices set for day case and normal elective cataracts • Annex D: Details added for manual adjustment of the cataract prices for 2024/25 	Separate prices set for day case and normal elective cataracts, following consideration of consultation feedback.

Amendment	How the amendment has been implemented	Changes between proposed amendment and amendment implemented
Pause the nationally mandated CQUIN incentive scheme	<ul style="list-style-type: none"> • NHSPS document: API rules updated to remove references to adjustments for CQUIN criteria achievement. • Annex D: References to CQUIN updated to reflect pause • NHS provider payment mechanisms: References to CQUIN updated to reflect pause 	No
Ensure payment for some activity covered by the Evidence-Based Interventions (EBI) programme requires an approved IFR	<ul style="list-style-type: none"> • Annex A: details added to tab 10 (Processing and zero price) • NHS provider payment mechanisms: EBI sections updated to provide more detail 	The consultation proposed that zero prices would be used for all activity that is not accompanied by an approved individual funding request (IFR). Implementation of this policy has changed so that the commissioners' prior approval is required, but not necessarily an IFR.
Update excluded items lists	<ul style="list-style-type: none"> • Annex A: tabs updated 	No change to the policy of the amendment consulted on. Some changes to the items listed in the Consultation annex – see Appendix for details
Set MFF value for merged trust	<ul style="list-style-type: none"> • NHSPS document: clarification that changes to MFF values would not be made without consultation • Annex A: MFF value updated 	No

Amendment	How the amendment has been implemented	Changes between proposed amendment and amendment implemented
Update LVA values to include delegated services	<ul style="list-style-type: none"> Annex A: LVA values tab updated 	<p>No change to the policy of the amendment consulted on.</p> <p>The published LVA values tab contains the overall LVA payment schedule. It also includes separate tables showing core LVA values, secondary dental services and delegated specialized services, which combine to form the overall LVA values.</p>
Change the weighting of the pay element of the cost uplift factor	<ul style="list-style-type: none"> Annex D: cost uplift and description of calculation reflects amended methodology 	No
Support the GIRFT Right Procedure Right Place programme	<ul style="list-style-type: none"> NHSPS document: payment principles updated 	No
Update fragility hip and femur fracture BPT	<ul style="list-style-type: none"> Annex C: criteria updated 	No

Appendix: Changes to the excluded items lists

Compared to the excluded items lists published in the Consultation annex, the following changes have been made to the 2024/25 Annex A.

High cost devices

- Updated the comments/notes section for Biodegradable spacers to reflect consultation feedback
- Corrected the NICE IPG for Pressure-controlled intermittent coronary sinus occlusion to NG185.
- Removed references to the Tack Endovascular System® following consideration of consultation feedback which highlighted that the device was included in error.

- Corrected the NICE IPG for Irreversible Electroporation Probes (prostate cancer only) to IPG768.
- Changed the heading in column J Column from 'commissioned by' to 'responsible commissioner' to avoid potential confusion.

High cost drugs

- Added Telotristat drug to the list.
- Removed one entry of Venetoclax, which had been duplicated on the list.
- Updated the indication for six drugs that previously were classed as cancer exclusions: Afatinib, Arsenic trioxide, Nintedanib, Obinutuzumab, Rituximab and Venetoclax.
- Added Epcoritamab to the list.

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