South Manchester
Clinical Commissioning Group

Marginal Rate Emergency Rule (MRET) - Investing the Retained Funds

Under the above rule, Clinical Commissioning Groups are required to publish details of our plans for the investment of retained funds and send copies of such plans to Monitor and NHS England. We are also required to publish details on our website.

The marginal rate emergency rule (MRET) was introduced in 2010/11 in response to a growth in emergency admissions in England that could not be explained by population growth and Accident & Emergency (A&E) attendance growth alone. This growth in emergency admissions was made up primarily of emergency spells (a patient's time with the provider from admission to discharge) lasting less than 48 hours.

MRET sets a baseline value for income from emergency admissions for each provider. For emergency admissions above this baseline, the provider receives 30% of the normal price under the Default Tariff Rollover (DTR) tariff. The 70% of the value of the emergency admissions above a provider's baseline that is retained by the commissioner must be spent on managing the demand for admitted emergency care.

If the Enhanced Tariff Option (ETO) has been adopted then the provider will receive the 70% of the normal price and the 30% will be reinvested in managing the demand.

The exact value will be determined by the level of non-elective activity undertaken in 2015-16 and any investment of retained funds will be done in line with the National guidance.

Plans to invest the retained funds have been developed across the following schemes:

- Rapid Assessment Interface and Discharge (RAID)
- Rapid Alcohol Detox Acute Hospital Referral (RADAR)
- GP 7 Day Working Model
- Minor Ailments Scheme
- Improving Access to Psychological Therapy (IAPT) Services

If further information is required, please contact communicationsmanchester@nhs.net