DCB3003: Patient Level Contract Monitoring (PLCM)

Requirements Specification

NHS England and NHS Improvement

DCB3003: Patient Level Contract Monitoring (PLCM): Requirements Specification

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Data Coordination Board

This Information Standard (DCB3003) has been approved for publication by the Department of Health and Social Care under section 250 of the Health and Social Care Act 2012.

Assurance that this Information Standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This Information Standard comprises the following documents:

- Change Specification
- Requirements Specification
- Implementation Guidance.

An Information Standards Notice (DCB3003 Amd 76/2020) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the Standard.

The controlled versions of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 8 April 2021

Glossary of terms

Term	Acronym	Definition
Aggregate Contract Monitoring	ACM	Aggregate Contract Monitoring provides a summary of the volume of clinical activity performed by a healthcare provider and associated costs chargeable to the commissioner for that activity. This report serves the contractual requirement for the aggregate finance and activity report, submission of which is required under Schedule 6 of the NHS Standard Contract.
Clinical Commissioning Group	CCG	An organisation responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are comprised of groups of GP practices that are responsible for commissioning most health and care services for patients.
Commissioning Data Sets	CDS	Commissioning Data Sets (CDS) are maintained and developed by NHS Digital, in accordance with the needs of the NHS and the Department of Health and Social Care. They form the basis of data on activity carried out by organisations reported centrally for monitoring and payment purposes.
Commissioning Support Unit	CSU	An organisation that provides commissioners with external support, specialist skills and knowledge to support them in their role.
Data Landing Portal	DLP	A system, developed by NHS Digital that allows data to be securely transferred between organisations. The system enables Data Services for Commissioners Regional Offices to set up data specifications, against which incoming data from Providers is validated.
Data Services for Commissioners Regional Office	DSCRO	Regional offices staffed by NHS Digital that support the data management needs of commissioners with the provision of appropriate technical and procedural controls and legal basis to store and process personal confidential data.
Information Governance	IG	The set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information at an enterprise level, supporting an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

Glossary of terms (cont/...)

Term	Acronym	Definition
Information Standards Notice	ISN	A publication that announces new or changes to information standards published under section 250 of the Health and Social Care Act 2012.
Information Technology	IT	The use of any computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data.
National Information Board	NIB	A partnership group with membership from organisations across the health and care system.
Patient Level Contract Monitoring	PLCM	Patient Level Contract Monitoring is a means to enable the interchange, in a uniform format, of monthly patient-level contract monitoring data between commissioners and providers of healthcare.
Secondary Uses Service	SUS+	SUS+ is a comprehensive repository for commissioning data sets in England. It is held by NHS Digital and it enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Contents

1. Background and context

The purpose of the Patient Level Contract Monitoring (PLCM) Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly patient level contract monitoring data between commissioners and providers of healthcare. This will ensure that contract monitoring and reporting is consistent and comparable across all commissioning organisations and their footprints.

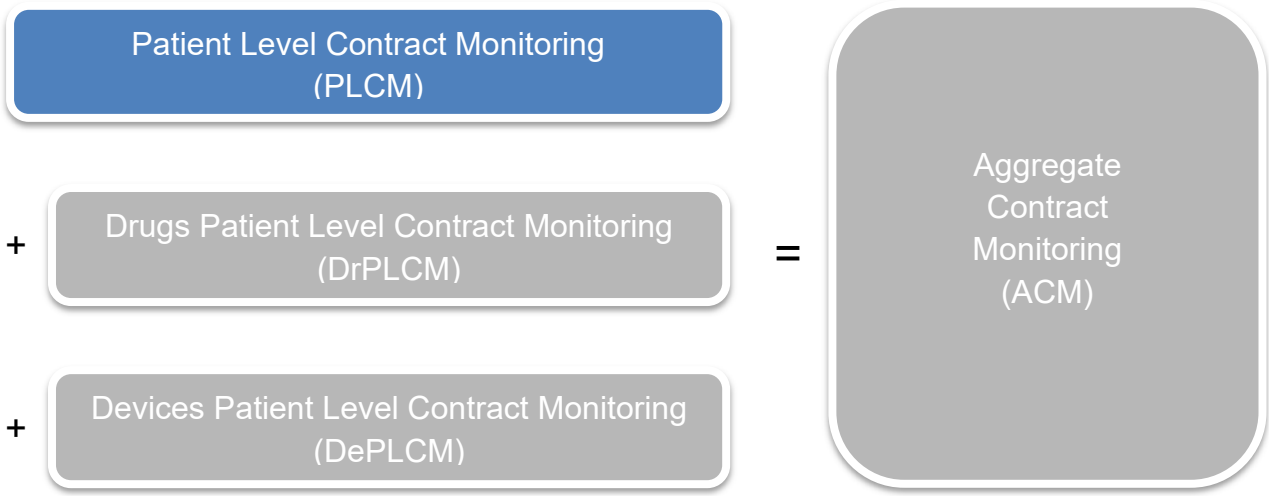
The PLCM is a patient level report containing patient identifiers. Its purpose is to substantiate and provide detail to the aggregate information contained within the Aggregate Contract Monitoring (ACM).

The ACM is the Activity and Finance Report which each provider is required to submit to its commissioners as a requirement of Schedule 6A of the NHS Standard Contract. It demonstrates the volume of activity and the aggregated cost of commissioned clinical care provided to patients as well as financial adjustments not attributed directly to clinical care.

It is expected that the PLCM will match the ACM for the relevant activity.

Diagram 1 below shows how the PLCM relates to the three other contract monitoring data flows, each of which is covered by a separate data standard.

Diagram 1.



1.1 Relationship to other policies, programmes, projects and services

This new information standard is aligned to the National Information Board's (NIB) Domain H (Data Outcomes for Research and Oversight) and the high-level rationale for modular data. It is designed to collect data more efficiently and includes services either not recorded by Commissioning Data Sets (CDS) or services commissioned using different units of volume than those recorded by CDS. This information is essential to the efficient running, planning and development of the NHS and enables data to be analysed in new and different ways for the health and social care system.

1.2 Supporting information

This Standard should be read alongside the following supporting documents or information resources contained within the following websites:

#	Name	Summary
1.	Patient Level Contract Monitoring (PLCM): Implementation Guidance	Implementation guidance for users of the Standard.
2.	Patient Level Contract Monitoring (PLCM): User Guidance for Providers and Commissioners	Guidance for users of the Standard including population guidance for individual data elements and answers to a number of frequently asked questions (FAQs).
3.	NHS Data Model and Dictionary v3	Includes definitions for many of the data elements contained within the Standard
4.	NHS Digital Data Landing Portal	Resources and user guides relating to the Data Landing Portal (DLP) – the means by which providers can securely transfer data to Data Services for Commissioners Regional Offices (DSCROs).

2. Purpose and scope

2.1 Users of the Standard

Patient Level Contract Monitoring (PLCM) is to be used across the NHS and Independent Sector organisations in England, primarily within commissioning functions. The main users of this are:

- Staff in providers responsible for contracting, finance and business intelligence (informatics);
- National bodies which support the delivery of Health and Social Care such as NHS Digital, NHS Improvement, the Care Quality Commission and Public Health England (PHE);
- NHS England, its commissioning regions and local offices;
- All NHS England direct commissioning functions, clinical commissioning groups (CCGs), Data Services for Commissioners Regional Offices (DSCROs) and organisations providing a commissioning support unit (CSU) service;
- Any other NHS organisations that replace any of the above and take on their functions in future.

2.2 Scope

The scope of the Standard is **all NHS-funded acute clinical care (excluding drugs and devices not covered by National Tariff which are covered by separate data standards) provided to patients, as well as financial adjustments not attributed directly to clinical care, for all commissioners**. The total charged to a commissioner in the PLCM must be equivalent to the monetary value (excluding drugs and devices not covered by National Tariff) shown in the ACM for a particular commissioner.

This covers:

- All NHS and independent sector acute providers operating under the full-length version of the NHS Standard Contract – see table below, but not primary care from whom the NHS commissions healthcare;
- All NHS commissioners;
- All contracted activities and financial adjustments not attributed directly to clinical care (excluding drugs and devices not covered by National Tariff).

The table below is a detailed list of the scope of the Standard for providers.

Provider Type and NHS Standard Contract version	Patient Level Contract Monitoring (PLCM)
NHS or Independent Sector provider commissioned to provide acute services under the full-length version of the NHS Standard Contract	Mandatory
NHS or Independent Sector provider commissioned to provide mental health services under the full-length version of the NHS Standard Contract	
NHS or Independent Sector provider commissioned to provide community services under the full-length version of the NHS Standard Contract	
NHS provider commissioned to provide ambulance services under the full-length version of the NHS Standard Contract	
NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract	

In future, once SUS+ has sufficient coverage, is better aligned to record *all* health care activities and do so in a manner by which these services are commissioned, this should be the source by which the content of the ACM can be validated.

In order to utilise national commissioning data sets for this purpose it is important that both provider and commissioner assure the content and suitability (in terms of contract currency for example) of the national data set by performing local data reconciliations.

Until SUS+ is better suited for commissioning purposes, the PLCM will be the means by which the contents of the ACM can be verified.

2.3 Rationale

Currently, local providers and commissioners can agree amongst themselves the content and format of a contract monitoring dataset. For providers this can result in a range of different formats for different commissioners and when multiplied by the number of providers across the country this can become a large number of differing formats.

Where an individual provider is required to generate a different reporting format for each commissioning function it increases the data collation and reporting burden for the provider.

A requirement under the current Schedule 6 of the NHS Standard Contract is the production of an Activity and Finance Report and that *"…this report may also serve as the reconciliation account to be sent by the Provider by the First Reconciliation Date under SC36.28, or under SC36.31)*". Aggregate Contract Monitoring (ACM) submissions can therefore be a means by which the initial monthly financial value claimed by the provider can be validated by the commissioner.

The PLCM is a patient level report, containing patient identifiers, whose purpose is to substantiate and provide detail to the information contained within the ACM. It also contains details about patient level clinical activities that are not found in standard CDS flows submitted to SUS+.

In order for a commissioning organisation to have a total view of its commissioning spend and commitments, there is a need to aggregate contract monitoring reports. In many instances this requires the re-mapping of differing provider returns into a common format, resulting in an additional administrative burden.

2.4 Benefits

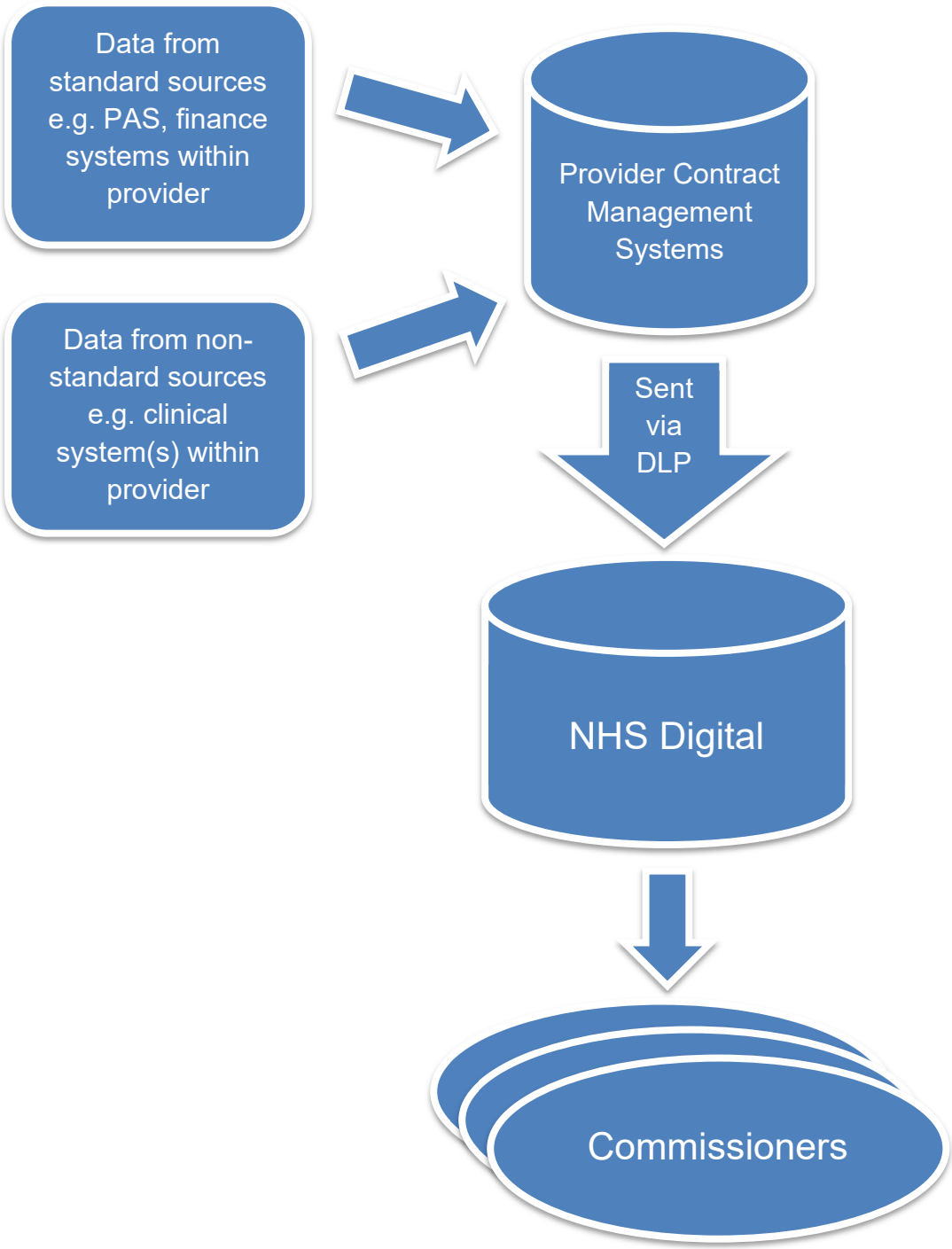
The Standard will ensure that monthly contract monitoring data that flows from providers to commissioners via NHS Digital will contain a consistent set of data items of sufficient quality. This will:

- Minimise the burden on providers through convergence to a single report format for use by all commissioning functions regardless of organisation;
- Reduce the burden on commissioners and their CSUs through convergence to a single report format from all providers;
- Allow the development of a standard automated reconciliation process for secondary care activity and finance which will increase efficiency through removal of manual validation checks;
- Improve year-end forecasting and forecasting against plan for all services for commissioners, especially those not covered by SUS+;
- Improve the monitoring of access to healthcare services, especially those not evidenced in SUS+;
- Improve the regional and national consistency of reporting of NHS England directly-commissioned services, resulting in national economies of scale.

2.5 High level process

Diagram 2 provides a high-level overview of the data flows associated with the production and submission of the Standard.

Diagram 2.



3. Requirements

3.1 Definitions

The definitions of the key words MUST, SHOULD and MAY are taken from the Internet Engineering Task Force Best Current Practice Document. Other terms used below and elsewhere in this Specification are defined as follows:

Term	What it stands for
Organisations	Organisations required to implement and comply with the Standard, that is: • All NHS and independent sector acute providers operating under the full-length version of the NHS Standard Contract, but not primary care from whom the NHS commissions healthcare; • All NHS commissioners.
Relevant Staff	Employees or contractors of organisations to which the Standard applies who have a contracting, commissioning, performance, finance, business informatics or IT role.
Systems	Any clinical, contracting, financial, administrative or contract management system used in the capture of data for, or in the production of, the Standard.

- All MUST requirements must be met;
- All SHOULD requirements must be met or there be a credible and legitimate reason for why they have not been;
- Any MAY requirements are purely optional.

3.2 General requirements

#	Requirement
Implementing the Standard: Procedures, Systems and Governance	
1.	Organisations MUST prepare for the implementation of the Standard, by assessing their current systems and processes, developing a local implementation plan and the subsequent roll-out of this plan.
2.	Organisations SHOULD refer to and utilise the Implementation Guidance accompanying this Standard to help steer decisions.
3.	Organisations MUST review their current systems used in the production of the Standard to ensure that the necessary data items are held and are in the correct format. In cases where data items used in the Standard are missing IT systems MUST be suitably adapted.
4.	Information governance leads MUST review the information governance implications of implementation of the Standard within their organisation and if necessary plan to implement mitigating actions to address any identified risks such that they are as low as reasonably possible.
Implementing the Standard: Workforce	
5.	Organisations MUST provide, arrange and/or support relevant staff to receive any training which is identified as locally necessary to enable effective implementation of and conformance to the Standard.
Ongoing Compliance with the Standard: Accuracy of Data	
6.	Organisations MUST ensure that data recorded for compliance to the Standard is accurate. Systems to quality assure data MUST be put in place.

#	Conformance Criteria
Implementing the Standard: Procedures, Systems and Governance	
1.	Organisations prepared effectively for implementation of the Standard, assessed their current systems and processes and developed a local roll-out plan. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Implementation Guidance accompanying this Standard was read and used to inform local decision-making. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
3.	Systems used in the production of the Standard were reviewed and, in cases where data items used in the Standard were missing these systems were suitably adapted, to allow production of the Standard. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity.

	2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
4.	Information governance risks associated with implementation of the Standard were identified and mitigating actions completed such that residual risks were as low as reasonably possible. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Implementing the Standard: Workforce	
5.	Staff competency/training records indicated that relevant staff received any training identified as locally necessary that enabled implementation of and conformance to the Standard. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Ongoing Compliance with the Standard: Accuracy of Data	
6.	Quality assurance processes were in place to enable verification of the accuracy of data recorded for production of the Standard. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

3.3 Those with responsibility for data capture and IT solutions

#	Requirement
Overview	
	Those responsible for IT systems used in the capture of data for, or in the production of the PLCM MUST update, change or replace those systems so that they allow conformance to the Standard.
Functionality: Data Items	
1.	Systems MUST enable recording of all data items contained within the Standard, in their specified format. Local systems MAY hold more information than is required by the Standard.
2.	Systems MUST allow for changes to the data items associated with the Standard over time, including the release of new or amended codes.
Functionality: Timeliness	
3.	Systems MUST enable recording of all data items contained within the Standard, in a timely fashion in order to allow production of the PLCM in line with national reporting timetables.

#	Conformance Criteria
Functionality: Data Items	
1.	Systems enabled recording of all data items defined in the Standard and in their specified formats. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Systems allowed for changes to data items associated with the Standard over time, including the release of new or amended codes (where used by relevant systems). Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Functionality: Timeliness	
3.	Systems allowed for recording of all data items contained in the Standard, in a timely fashion in order to allow production of the Standard in line with national reporting timetables. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

3.4 Those with responsibility for the production/submission of the Standard

#	Requirement
Overview	
	Those responsible for contract management reporting and the production of the PLCM MUST ensure that routine submissions are made that conform to the Standard.
Functionality: Data Items	
1.	Systems MUST be populated with data items required by the Standard, in their specified format. Local systems MAY hold more information that is required by the Standard.
2.	Systems MUST allow for changes to the data items associated with the Standard over time, including the release of new or amended codes.
Functionality: Timeliness	
3.	Systems MUST be populated with all data items (where relevant) contained within the Standard, in a timely fashion in order to allow production and submission of the PLCM in line with national contracting / commissioning timetables.

#	Conformance Criteria
Functionality: Data Items	
1.	Systems were populated with data items defined in the Standard and in their specified formats. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Systems allowed for changes to data items associated with the Standard over time, including the release of new or amended codes (where used by relevant systems). Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Functionality: Timeliness	
3.	Systems were populated with all data items (where relevant) contained in the Standard, in a timely fashion in order to allow production and submission of the Standard line with national contracting/commissioning timetables. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

3.5 Those who are other users of the data

#	Requirement
Overview	
	Relevant staff SHOULD be familiar with the contents of the PLCM and have an understanding of its uses and relevance.
Implementing the Standard: Workforce	
1.	Organisations SHOULD provide, arrange and/or support relevant staff to receive any training and/or awareness programme which is identified as locally necessary to enable effective implementation of and conformance to the Standard.

#	Conformance Criteria
Implementing the Standard: Workforce	
1.	Staff competency/training records indicate that relevant staff have received training identified as locally necessary to enable effective implementation of and conformance to the Standard. Measurement beginning in October 2021: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

4. When should the Standard be submitted?

The submission of the Standard is an NHS Standard Contract requirement and must be in line with the timescale indicated in the National Requirements Reported Locally section within Schedule 6 of the NHS Standard Contract.

5. How should the Standard be submitted?

All submissions up to the agreed submission date must be on a bulk replacement/update basis i.e. each submission/resubmission will overwrite and replace in full any previous submissions for the same reporting period or periods.

The completed monthly PLCM should be transmitted using the NHS Digital Data Landing Portal (DLP). The DLP allows data to be transferred securely between organisations using a centrally managed system. It also facilitates the standardisation of local data transfers nationally.

Before first submission, users MUST alert their DSCRO so that the necessary loading files for the Standard can be created prior to use.

The DLP currently accepts files in a comma-separated value (CSV) format, or CSV files compressed using the gzip format. It has a maximum allowable file size of 1Gb for uncompressed CSV files (or 100Mb for compressed files). The first row must contain column headers, the names of which must match those in the specification being used when submitting the file. **Spaces used in the data element names of the Specification must be replaced by underscores.**

For more detailed guidance on submission of data using the DLP please refer to guidance on the NHS Digital Data Landing Portal (DLP) site. Users should be aware that the DLP interface is accessed using Google Chrome installed with the NHS Digital Chrome Extension or using Internet Explorer 11.

If using Google Chrome please refer to the Google Chrome Installation Guide which can be downloaded from the NHS Digital DLP webpage. The guide provides full instructions on installing Google Chrome and the required NHS Digital Chrome Extension.

6. How should the Standard be completed?

Providers must use a consistent method of completion to populate the Standard with data for each submission/resubmission.

The Standard must be completed in such a manner that it contains data relating to the current reporting month and all previous months, with all previous months shown individually. Each submission must contain data for each of the submission periods prior to the current submission period i.e. the submission relating to activity in September 2021 must contain actual and plan data for activity and finance relating to April, May, June, July, August and September 2021 **all shown separately**.

Where a financial credit is required to be documented within the Standard this must be shown by the presence of a negative (i.e. a minus) symbol in the TOTAL COST data element

Patient-level details relating to high cost Tariff-excluded drugs and devices should not be included in this Standard, but be included instead within their own respective Standards - the Drugs Patient Level Contract Monitoring(DrPLCM) and Devices Patient Level Contract Monitoring (DePLCM).

7. Specific data requirements

The table below defines the detailed data requirements of the Standard, listing each data element and its format. All data elements listed below MUST be included, their completion being determined by the completion criteria (M/R/O) shown in the final column.

For a detailed technical specification of the Standard showing individual data elements and lists of valid codes (where these are not contained within the NHS Data Model and Dictionary v3) please refer to the Patient Level Contract Monitoring (PLCM): User Guidance for Providers and Commissioners document.

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
FINANCIAL MONTH	max an2	1=April, 2= May, 3 June….12=March, with no leading zeros.	The month in which the activity occurred. For activities that span more than one month e.g. a hospital provider spell, this should be the month in which the activity ended.	M
FINANCIAL YEAR	an6	202122=2021/22, 202223=2022/23 etc. The slash (/) symbol must not be included.	The financial year in which the activity occurred. For activities that span a financial year e.g. a hospital provider spell, this should be the financial year in which the activity ended.	M
DATE AND TIME DATA SET CREATED	an19 CCYY-MM-DD hh:mm:ss	Valid date and time format - as shown in the Specification.	The date and time that the file was created prior to its submission to the DLP. This timestamp will be used to ascertain the latest version of the submission.	M
REPORTING TYPE INDICATOR	an1	Whether the record submitted in the data set is frozen (post-reconciliation) and not subject to further updates.		M

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		Y=record is frozen, N=record can be flexed.		
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an6	Valid ODS code – see the NHS Digital ODS Portal for valid codes. NHS Providers must complete this data element with their valid national 3-character Trust code with no trailing zeros (i.e. RNA not RNA00). Non-NHS providers should complete this data element with their valid national full 5-character code. Only where a hospital site is required for specific contract monitoring purposes should NHS providers use a valid national 5-figure code.		M
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	min an5 max an9	Valid ODS code – see the NHS Digital ODS Portal for valid codes. Where the POINT OF DELIVERY CODE is one of the non-activity codes this should be left blank.	This data element is included for organisations that may have a requirement for data at this level of granularity, for example where a provider has more than one site and there is a requirement to differentiate these.	R
ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	min an3 max an5	Valid ODS code – see the NHS Digital ODS Portal for valid codes.	This is the responsible CCG code. The organisation responsible for the GP Practice where the patient is registered, irrespective of whether they reside within the boundary of the Clinical Commissioning Group	M

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
			(CCG).	
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	min an3 max an5	Valid ODS code – see the NHS Digital ODS Portal for valid codes. Where the POINT OF DELIVERY CODE is one of the non-activity codes this should be left blank.	This is the responsible CCG code based on whether a patient resides within the boundary of the Clinical Commissioning Group (CCG).	R
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	min an3 max an5	Valid ODS code – see the NHS Digital ODS Portal for valid codes.	The derived commissioner as derived with reference to the NHS England Commissioner Assignment Method (CAM) and hierarchy for assigning NHS England directly-commissioned services.	M
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	an6	Valid ODS code – see the NHS Digital ODS Portal for valid codes.		M
WITHHELD IDENTITY REASON	an2	Valid code - see the NHS Data Model and Dictionary website for valid codes. To be populated where any of the patient identifiable fields are not provided due to withheld identity reasons and the POINT OF DELIVERY CODE is not one of the non-activity codes. Where the ACTIVITY TREATMENT FUNCTION CODE or SPECIALISED SERVICE CODE indicate activity relating to a sensitive data item e.g. HIV or G-U Medicine no patient identifiable fields should be populated and the		R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		appropriate WITHHELD IDENTITY REASON code used.		
NHS NUMBER	n10	If the NHS NUMBER does not exist the LOCAL PATIENT IDENTIFIER (EXTENDED) must be populated. The population of this data element is not required where the WITHHELD IDENTITY REASON is populated or for records that do not relate to patient level activity.		R
LOCAL PATIENT IDENTIFIER (EXTENDED)	max an20	To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.		R
POSTCODE OF USUAL ADDRESS	max an8	The population of this data element is not required where the WITHHELD IDENTITY REASON is populated or for records that do not relate to patient level activity. Where the POSTCODE OF USUAL ADDRESS is not known, (for example, the patient has no fixed abode, the patient is an overseas visitor etc.) the appropriate ODS pseudo postcode must be used.		R
PERSON BIRTH DATE	an10 CCYY-MM-DD	The population of this data element is not required where the WITHHELD IDENTITY REASON is populated or for records that do not		R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		relate to patient level activity.		
AGE AT ACTIVITY DATE (CONTRACT MONITORING)	max n3	To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.	For admitted patient care this is the age of the patient at the episode end date (for FCEs) or end date of the hospital provider spell (for spells). For non-admitted care and diagnostic tests this is the age of the patient at the date of attendance or contact. For packages of care activities this is the age of the patient at the start date of the package of care. For emergency care attendances this is the age of the patient at the arrival date to the department. For critical care this is the age of the patient at the end date of that particular level of critical care.	R
PERSON STATED GENDER CODE	an1	Valid code - see the NHS Data Model and Dictionary website for valid codes. To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.		R
ETHNIC CATEGORY	an2	Valid code - see the NHS Data Model and Dictionary website for valid codes. To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.		R
CDS UNIQUE IDENTIFIER	max an35		Where the data is from standard	R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
			CDS flows.	
NON CDS UNIQUE IDENTIFIER	max an35	This data element must be populated where the CDS UNIQUE IDENTIFIER data element is not populated.	This is an ID from a source not covered by a standard CDS flow.	R
ACTIVITY TREATMENT FUNCTION CODE	an3	Valid code - see the NHS Data Model and Dictionary website for valid codes. Where the POINT OF DELIVERY CODE is ADJUSTMENT, BLOCK, CQUIN or NAOTHER this should be left blank.		R
LOCAL SUB-SPECIALTY CODE	max an8	Local code. The population of this data element is optional.	This data element is included where it can be used to support local commissioning processes.	O
HOSPITAL PROVIDER SPELL IDENTIFIER	max an20	When relevant to admitted patient care (inpatient) activity, else blank.	The format of this data element should be in the same format as that submitted to SUS+ in order to enable accurate linkage between the data sets.	R
OUT-PATIENT ATTENDANCE IDENTIFIER	max an20	When relevant to non-admitted patient care (out-patient) activity, else blank.	The format of this data element should be in the same format as that submitted to SUS+ in order to enable accurate linkage between the data sets.	R
EMERGENCY CARE ATTENDANCE IDENTIFIER	max an12	When relevant to emergency care (A&E) activity, else blank.	The format of this data element should be in the same format at that submitted to SUS+ in order to enable accurate linkage between the data sets.	R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
ACTIVITY START DATE (CONTRACT MONITORING)	an10 CCYY-MM-DD	To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.	For admitted patient care this is the episode start date (for FCEs) or the start date of the hospital provider spell (for spells). For non-admitted care and diagnostic tests this is the date of attendance. For packages of care or years of care this is the start date of a particular element of activity within the package or year of care. For critical care this is the start date of a continuous level of critical care as indicated by its HRG. To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.	R
ACTIVITY END DATE (CONTRACT MONITORING)	an10 CCYY-MM-DD	To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes.	For admitted patient care this is the episode end date (for FCEs) or the end date of the hospital provider spell (for spells). For non-admitted care and diagnostic tests this can be left blank. For packages of care this is the end date of a particular element of activity within the package of care. For emergency care attendances this is the departure date from the department. For critical care this is the end date of a continuous level of critical care as indicated by its HRG.	R
ADJUSTED LENGTH OF STAY	max n4	To be populated where the POINT	The adjusted length of stay as per	R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		OF DELIVERY CODE is not one of the non-activity codes.	the National Tariff Payment System guidance.	
PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)	an10 CCYY-MM-DD	To be populated where the POINT OF DELIVERY CODE is for a package of care (POC) or year of care (YOC) service, else blank.	For a package of care this is the agreed initial start date of a package of care. In the case of year of care service e.g. Cystic Fibrosis patients, this will be the date from which their current banding was assigned.	R
UNBUNDLED EPISODE INDICATOR	an1	Y=Unbundled activity, N=Episode is not unbundled activity.		M
LOCAL TREATMENT CATEGORY CODE	an2	Valid code - as listed in the Specification. Where the POINT OF DELIVERY CODE is one of the non-activity codes this should be left blank.		R
LOCAL TREATMENT CODE	max an30	A clinical code (ICD or OPCS) or locally-defined code providing additional detail relating the treatment of the patient. The type of code submitted in this data element must correspond to the relevant national code value in the LOCAL TREATMENT CATEGORY CODE data element.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	R
LOCATION OF ACTIVITY START	max an50	Local code to capture the location where an activity started, where this is not at a valid ODS code. This could be a post code or grid	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		reference. The population of this data element is optional.		
LOCATION OF ACTIVITY END	max an50	Local code to capture the location where an activity ended where this is not at a valid ODS code. This could be a post code or grid reference. The population of this data element is optional.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
PROVIDER REFERENCE NUMBER	max an17		To be used for a specific locally-agreed purpose between a provider and a commissioner e.g. where treatment requires prior approval.	R
NHS SERVICE AGREEMENT LINE NUMBER	max an10		Free text but may be used to identify a specific NHS service agreement between a provider and a commissioner. **No Patient Identifiable Data (PID) should be recorded in this data element.**	R
COMMISSIONED SERVICE CATEGORY CODE	an2	Valid code - as listed in the Specification.	This should be derived with reference to the NHS England Commissioner Assignment Method (CAM) and hierarchy for assigning NHS England directly-commissioned services.	M
SERVICE CODE	max an12	Valid code - see NHS England Directly Commissioned Services Reporting Requirements. This is		R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		only required where NHS England is the commissioner.		
POINT OF DELIVERY CODE	max an10	Valid code - as listed in the Specification.	This data element must be populated with the particular code based on the respective patient type and its associated measure (unit of volume).	M
POINT OF DELIVERY FURTHER DETAIL CODE	max an10	This data element must be populated where the point of delivery patient type taxonomy is starred (**), indicating that it requires more detail. Where the POINT OF DELIVERY CODE is indicated as requiring the completion of the POINT OF DELIVERY FURTHER DETAIL CODE data element it is suggested that providers show the local code used for this service.	This data element is similar to the 'Ad Hoc' fields found in many contracting software products. **No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	R
POINT OF DELIVERY FURTHER DETAIL DESCRIPTION	max an100	This data element must be populated where the point of delivery patient type taxonomy is starred (**), indicating that it requires more detail. Where the POINT OF DELIVERY CODE is indicated as requiring the completion of the POINT OF	This data element is similar to the 'Ad Hoc' fields found in many contracting software products. **No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		DELIVERY FURTHER DETAIL DESCRIPTION data element it is suggested that providers show the local description and/or measure used for this service. It is advised that where providers and commissioners need to capture structured data in the POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data element, a delimiter is used by local agreement. Where it may add value e.g. where the POINT OF DELIVERY CODE is CQUIN, the POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data element may be used to provide further information.		
LOCAL POINT OF DELIVERY CODE	max an50	Providers may wish to populate this data element if the content aids identification or validation of the activity. This data element MUST map to the POINT OF DELIVERY CODE with the same measure (unit of volume).	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
LOCAL POINT OF DELIVERY DESCRIPTION	max an100	Providers may wish to populate this data element if the content aids identification or validation of the	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		activity.		
LOCAL CONTRACT CODE	max an20	A locally-defined code to monitor a specific contract line for an activity provided under a specific agreement.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
LOCAL CONTRACT MONITORING CODE	max an30	A locally-defined code which helps to differentiate across separate contracts and subcontracting arrangements for the same provider and commissioner combination.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
LOCAL CONTRACT MONITORING DESCRIPTION	max an100	A local description that adds detail to the LOCAL CONTRACT MONITORING CODE data element.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)	max an50	Very general purpose (VGP) data element. The population of this data element can be used for differing purposes by local agreement.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)	max an100	Very general purpose (VGP) data element. The population of this data element can be used for differing purposes by local agreement.	**No Patient Identifiable Data (PID) or sensitive data should be recorded in this data element.**	O
TARIFF CODE	max an50	To be populated where the POINT OF DELIVERY CODE is not one of the non-activity codes or OTHER, DRUG or DEVICE. HRG code together with any relevant National Tariff suffix adjustment codes. Adjustments	This should be calculated in accordance to National Tariff Guidance.	R

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
		should be added to the base HRG as a suffix beginning with a "/" i.e. National HRG code/Specialist Services Top-up Flag/Best Practice Tariff Code. Where a Specialist Services Top-up Flag and Best Practice Tariff Flag apply to the same base HRG the Specialist Services Top-up Flag should be listed first e.g. EY41D/NCBPS13F/BP50 for NHS England Specialised Service or HN54C/BP15 for a CCG-commissioned service. Where the activity has been passed through the HRG Grouper software or assigned a local HRG this should be populated. The population of this data element is not required for records that do not relate to patient level activity.		
NATIONAL TARIFF INDICATOR	an1	Y=National Tariff, N=locally-agreed tariff.		M
ACTIVITY COUNT (POINT OF DELIVERY)	max n10.max n3	Actual activity for the reporting period.	This is required in cases where a patient may have more than one activity on a particular day.	M
ACTIVITY UNIT PRICE	max n18.max	Cost per unit of activity (base +	This should include any Specialist	M

Data Element	Format and Length	Population Guidance	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
	n8	MFF).	Services Top-up or Best Practice Tariff adjustments.	
TOTAL COST	max n18.max n8	Actual full value (base + MFF) for the reporting period.	This should be calculated in accordance to National Tariff Guidance and should include any adjustments such as Specialist Services Top-up or Best Practice Tariff.	M