

Data Provision Notice for Patient Level Information and Costing Systems (PLICS)

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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, now known as NHS Digital and thereafter referred to by this name, statutory powers, under section 259(1) (b), to request data from health or social care bodies, or organisations who provide health or adult social care in England, where it has been Directed to establish an information system by the Department of Health (DH) (on behalf of the Secretary of State) or NHS England, or as part of a Mandatory Request from another organisation.

The data, as specified by NHS Digital in this published Data Provision Notice, is requested to support a Mandatory Request from NHS Improvement to NHS Digital. Therefore, organisations that are in scope of the notice are requested, under section 259(4) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

The information gathered from this collection will be used to enable NHS Improvement* to perform its pricing and licensing functions under the Act more effectively. It will:

- Inform new methods of pricing NHS services;
- Inform new approaches and other changes to the design of the currencies used to price NHS services;
- Inform the relationship between provider characteristics and cost;
- Help trusts to maximise use of their resources and improve efficiencies, as required by the provider licence;
- Identify the relationship between patient characteristics and cost; and
- Support an approach to benchmarking for regulatory purposes.

*From 1 April 2016, NHS Improvement is the operational name for an organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety (including the National Reporting and Learning System, Advancing Change Team and Intensive Support Teams).

Benefits of the collection

Understanding how providers spend money is essential in tackling short-term deficits; supporting the development of new models of care and reducing the variation in resource utilisation.

Benchmarking using current Reference Costs data cannot identify precisely where there is potential for efficiency gains. Such data is limited in its ability to reflect the complexity of patient care and identifying cost variation between individual patients. By introducing a standardised method of reporting cost information at patient level this can be rectified. This is known as Patient Level Information and Costing Systems (PLICS).

NHS Improvement's Costing Transformation Programme (CTP) was established to implement PLICS across Acute, Mental Health, Ambulance and Community providers. The programme entails:

- Introducing and implementing new standards for patient level costing;
- Developing and implementing one single national cost collection to replace current multiple collections;
- Establishing the minimum required standards for costing software and promoting its adoption; and
- Driving and encouraging sector support to adopt Patient Level Costing methodology and technology.

This collection is being undertaken as part of that Programme and comprises data from six pilot trusts that have been using PLIC Systems for several years. The data will enable testing and review of the draft new standards developed by NHS Improvement in relation to patient level costing, and allow further refinement and development to create a more accurate and appropriate set of draft standards for issue/further testing as required.

Legal basis for the collection, analysis, publication and dissemination

Section 62 of the Health and Social care Act 2012 states:

“The main duty of Monitor in exercising its functions is to protect and promote the interests of people who use health care services by promoting provision of health care services which—

(a) is economic, efficient and effective, and

(b) maintains or improves the quality of the services.”

NHS Digital has received a Mandatory Request from Monitor, as a Principal Body, under sections 255 and 256 of the Health and Social Care Act 2012; to establish and operate a system for the collection of a pilot data set as follows:

- Data collection- ability for pilot group of providers to submit PLICS data direct to NHS Digital;
- Data linkage – ability to link PLICS data with Hospital Episode Statistics (HES) data
- Data Quality and validation; and
- Data Supply - provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis.

The NHS Digital Board has considered the Mandatory Request, by Chair’s Action, and accepted the action associated.

An application has been made to the Data Access Advisory Group (DAAG) and this was approved (9 August 2016). (Minutes of this are available here:

http://digital.nhs.uk/media/21973/DAAG-Minutes-09-August-2016/pdf/DAAG_Minutes_09.08.161.pdf)

Persons consulted

Following receipt of a Mandatory Request to establish and operate a system for the collection and analysis of Patient Level Information and Costing Systems data (“PLICS”),

NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

Site	ODS Code
NHS Improvement	
Royal Free London NHS Foundation Trust	RAL
Guy's & St Thomas NHS Foundation Trust	RJ1
The Royal Marsden NHS Foundation Trust	RPY
Chelsea & Westminster NHS Foundation Trust	RQM
The Royal Orthopaedic Hospital NHS Foundation Trust	RRJ
University Hospitals Birmingham NHS Foundation Trust	RRK
Buckinghamshire Healthcare NHS Trust	RXQ

Chelsea and Westminster NHS Foundation Trust were consulted on the PLICS pilot collection as per above. Subsequently, NHS Improvement requested they were not included in the pilot collection in September 2016, and so are not included in the scope of this Data Provision Notice.

Scope of the collection

Under sections 255 and 256 of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS Digital duty, to the following:

- Buckinghamshire Healthcare NHS Trust
- Guy's and St Thomas' NHS Foundation Trust
- The Royal Free London NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust

The six trusts above are NHS Improvement Roadmap Partners and they are requested to submit activity and financial data for all NHS acute services relating to them, including contracted-out activity (to other NHS providers or the independent sector), any qualified provider and overseas reciprocal. Activity includes:

- admitted patient care (APC, including patients not discharged as at 31 March 2016)

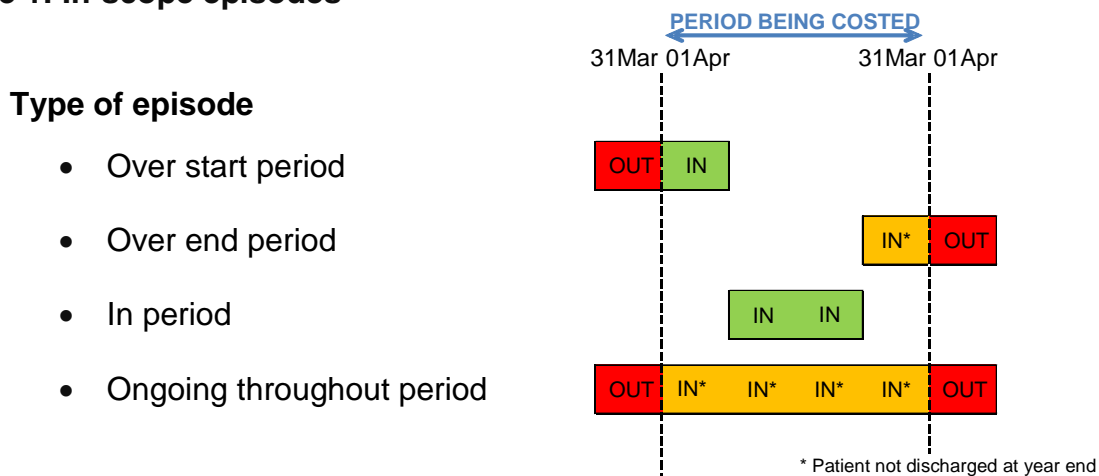
- non-admitted patient care (NAPC, including non-admitted patients – did not attend) also known as outpatients (OP)
- accident and emergency (A&E).
- The collection year begins on 1 April 2015 and ends on 31 March 2016. All episodes and attendances completed within the collection year or episodes still open at the end of the collection year are in scope of this collection.

As shown in Figure 1, this includes:

- all episodes and attendances that start and end between 1 April 2015 and 31 March 2016 (any A&E attendances ending after 23:59:59 on 31 March 2016 should be excluded from this collection year and reported in the 2016/17 collection)
- all episodes that start between 1 April 2015 and 31 March 2016 and are incomplete as at 31 March 2016
- all episodes that start before 1 April 2015 but end between 1 April 2015 and 31 March 2016
- all episodes that start before 1 April 2015 and are incomplete as at 31 March 2016.

Only resources used and activities undertaken within the collection year should be included, regardless of when the episode started or ended.

Figure 1: In-scope episodes



There are three elements which collectively describe the composition of the extract.

- **Extract header information**
The message header is used to describe the contents of the extract.
- **The activity records**
The activity records detail the characteristics of each patient episode and attendance.
- **The resource activity cost records**

This part of the extract captures the individual resource and resource activity that link to the activity extract. There is a one-to-many relationship between the activity and the financial records (resources and resource activities) where we expect multiple resources and activity combinations to be reported against an activity record.

The specification for the collection can be found in Appendix A.

Form of the collection

The submissions will be sent into NHS Digital in XML format.

Manner of the collection

To transfer data in a secure manner the NHS Digital Secure Electronic File Transfer (SEFT) platform will be used. This service is currently used to submit a range of information in a secure manner. The platform is a web based solution that does not require the installation of any software, apart from the use of a compatible web browser. Please see the link below:

<http://digital.nhs.uk/seft>

The collection will also be supported by a range of technical and business controls at NHS Digital, including validation of data submitted against the XML Schema.

Period of the collection

Collections are scheduled to take place from 19 September to 30 September 2016. (Recognising that this is a pilot, then in the event of a technical issue being identified which requires the end date to be extended slightly, Trusts will be contacted to agree a contingency collection date in October 2016). This is a one-off collection to provide pilot data for the use described. There are no planned further collections after the pilot has been completed under this Notice.

Any further collection of PLICS data post the pilot will be subject to additional further notification and associated governance.

Data Quality

The data collected will enable testing and review of the draft new standards developed by NHS Improvement in relation to patient level costing, and allow further refinement and development to create a more accurate and appropriate set of draft standards for issue/further testing as required.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital has ensured the use of the SEFT mechanism of transfer providing a known, secure and fast method for the required data provision.

In seeking to minimise the burden it imposes on others, in line with sections 253(2a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This pilot collection will support a detailed burden assessment being carried out ahead of any wider collection of PLICS data.

This detailed assessment will be carried out by the Burden Advice and Assessment Service (BAAS) which carries out a Detailed Burden Assessment (DBA) and reports findings and recommendations, as part of the overarching SCCI process. The Committee oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

An initial assessment of the burden for the pilot has been undertaken (which is not deemed to be excessive) and is set out below.

Burden assessment findings

Assessed costs

The associated (estimated) burden of the pilot data collection is:

Burden on providers	£16k	
Set up costs for the data collection	£187 k	Includes provider and NHS Digital set up costs.

The above figures, which for providers are the estimated total for the 6 trusts involved, are based on a response from one of the 6 trusts.

Some of the data items to be collected are already submitted by trusts and could be obtained from systems such as HES. The pilot will allow the approach to be refined in order to understand opportunities to rationalise a future PLICS collection.

BAAS will work with the collection owners to eliminate any duplication of collection ahead of the wider collection.

Help us to identify inappropriate collections

NHS Digital's Burden Advice and Assessment Service (BAAS) offers a Collection Referral Service which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

For more details and information on how to refer a collection, please visit:
<http://www.digital.nhs.uk/article/6183/Collection-Referral-Service>

More about the Burden Advice and Assessment Service can be found at:
<http://digital.nhs.uk/baas>

For further information

www.digital.nhs.uk

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Appendix A – Detailed Data Specification

Costing Transformation Programme collection requirements

NHS Digital is being asked to collect information on three levels that, collectively, form the extract being sought by NHS Improvement.

- The message header
- The activity records
- The activity cost records.

Message Header information

The message header is used to describe the contents of the extract

Field Name	Description
Organisation Code (code of submitting organisation)	The organisation code of the health care provider, acting as the physical sender of the data extract
Reporting Period Start	The start of the reporting period the extract covers
Reporting Period End	The end of the reporting period the extract covers
Extract Creation Date Time	The date and time the extract was created
Feed Type	The data set the extract covers
Number of Activity Records	The total number of activity records included in the extract
Number of Cost Records	The total number of cost records included in the extract

Activity Records

The activity records detail the characteristics of each patient episode and attendance.

Field Name	Description
Organisation Code (Code of Provider)	The organisation code of the health care provider, providing the service
CDS Unique Identifier *	A Commissioning Data Set data element providing a unique identity for the life-time of an episode carried in a Commissioning Data Set message
Activity Identifier *	A unique number or set of characters that is applicable to only one activity for a patient within an organisation
Hospital Provider Spell Number *	A unique identifier for each hospital provider spell. The identifier is present across all inpatient episodes

Episode Number	Field used to uniquely identify episodes, and is the sequence number for each consultant episode within a Hospital Provider Spell
NHS Number *	The primary identifier of a patient
Contracted out Indicator	Flag to indicate whether patient activity was contracted out. For patients where activity WAS contracted out use the code '1', otherwise use '0'
Activity HRG code	Episodic Reference Cost HRG code generated from local use of the 2015/16 reference cost grouper
Spell HRG code	Spell Reference Cost HRG code generated from local use of the 2015/16 reference cost grouper
Episode Type	A field to indicate whether the inpatient consultant episode completed within the financial year
Activity Start Date and Time	The date and time the activity started
Activity End Date and Time	The date and time the activity ended
Age	Patients age on admission or attendance
Person Stated Gender Code	The stated gender of a person
Patient Classification	Only applicable for APC records. The field is derived from the Admission Method, Intended Management and the duration of stay within the provider
Admission Method	Only applicable for inpatient activity, the method of admission to a hospital provider spell
Attended or Did Not Attend	Only applicable for OPD records. The field indicates whether an appointment took place or not
Treatment Function Code	The code that is used to report the specialised service within which a patient is treated
Patient Pathway Identifier *	The field together with the organisation code of the issuer, uniquely identifies a patient pathway

*The values in these fields will not be received by NHS Improvement in identifiable format. These values will be provided by NHS Digital already pseudonymised.

Activity Cost Records

Each activity record will have one or more costs associated with it, which may be indirect or direct.

Field Name	Description
Resource ID	Unique identifier to report resources
Resource Activity ID	Unique identifier to report activities
Resource Group ID	An aggregation of resource IDs into logical groupings, to report resources at an aggregated level
Resource Activity Group ID	An aggregation of activity IDs into logical groupings, to report activities at an aggregated level
Activity Count	Sum of the number of activities performed
Cost	The financial value of the resources consumed by the activities carried out