

Data Provision Notice for Patient Level Information and Costing Systems (PLICS) - Acute 2017

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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)(a), to require data from health or social care bodies, or organisations that 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 required to support a Mandatory Request from NHS Improvement to NHS Digital. Therefore, organisations that are in scope of the notice are required, under section 259 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;

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- 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 78 trusts. The data will enable more detailed testing and review of the 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 standards for issue as required.

Legal basis for the collection, analysis, publication and dissemination

Under section 255 of the HSCA, NHS Digital has received a Mandatory Request from NHS Improvement to continue to establish and operate a system for the collection and analysis of PLICS data as follows:

- Data collection- ability for providers to submit PLICS data direct to NHS Digital;
- Potential to link PLICS data with Hospital Episode Statistics (HES) data (NIC – 15814 C6W9R);
- Data Quality and validation; and
- Data Supply – the functionality to provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis.

The NHS Digital Board considered and accepted the Mandatory Request at the 28 March 2017 meeting.

The signed Mandatory Request is available here:

<https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance#directions>

The minutes of the NHS Digital Board meeting are available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612709/00_Part_1_Public_Board_Minutes_28_March_2017_RATIFIED.pdf

In terms of disseminating the data once held by NHS Digital, the Data Access Request Service (DARS) process verifies that there is an appropriate legal basis for the applicant to access the requested data and that appropriate safeguards are in place to ensure that the applicant will store and handle data safely and securely.

A Data Sharing Agreement (DSA) application (via the Data Access Request Service), between NHS Digital and NHS Improvement, has been made to the Independent Group Advising on the Release of Data (IGARD) which was approved on 18th May 2017; (the minutes of this are available at <http://content.digital.nhs.uk/IGARD>).

The DSA has been signed by NHS Improvement.

Persons consulted

Following receipt of a Mandatory Request to continue 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:

NHS Improvement

Acute trusts detailed in Annex B* of the Mandatory Request

* The original Annex B in the Mandatory Request contained 87 trusts and so a larger number of trusts than is shown at Annex B in this document were consulted by NHS Digital. NHS Digital has subsequently received an updated Annex B of the Mandatory Request from NHS Improvement containing a subset of 78 trusts in scope for this collection; these 78 trusts are set out at Annex B of this document.

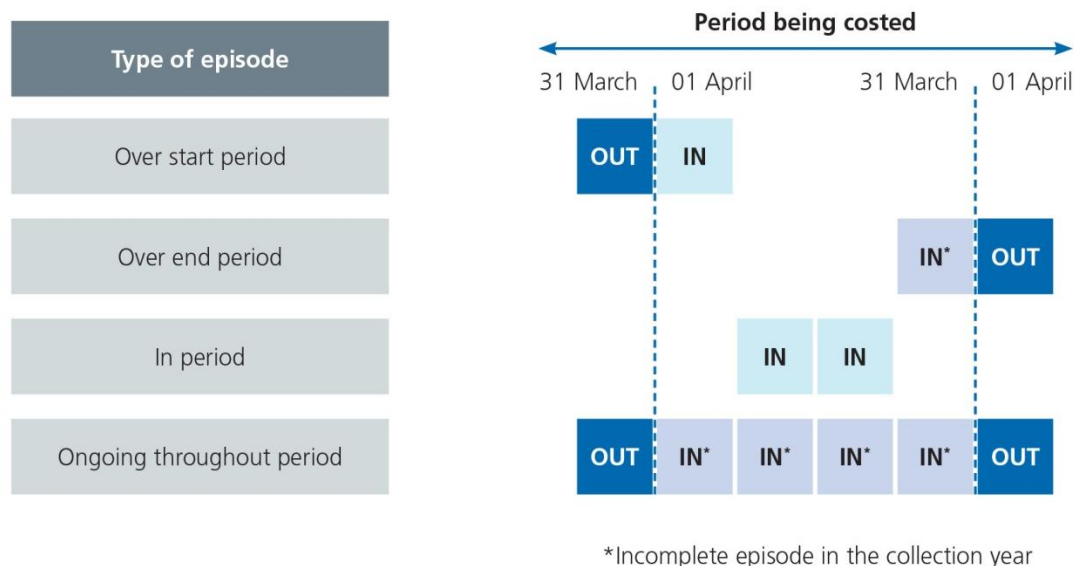
Scope of the collection

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, on the trusts at Annex B.

The trusts (as per Annex B) are the NHS Improvement Early Implementers and they are required 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 2017)
- non-admitted patient care (NAPC attendances) also known as outpatients (OP), including ward attenders
- accident and emergency (A&E).
- The collection year begins on 1 April 2016 and ends on 31 March 2017. 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. A&E attendances that started on 31 March 2016 and finished on 1 April 2016 are also in scope.

Figure 1: In-scope episodes



Only resources activities undertaken in the collection year should be reported. If part of the episode falls outside the collection year, this should **not** be costed, as shown in Figure 1 above.

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 cost records**
This part of the extract captures the collection resources and collection activities that link to the activity records. There is a one-to-many relationship between the activity and the cost records, where we expect multiple resources and activity combinations to be reported against an activity record.

Form of the collection

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

The submissions will be sent into NHS Digital in XML format. The format of the XML files is detailed here <https://improvement.nhs.uk/resources/201617-plics-cost-collection-guidance-file-specifications/#h2-structure-of-xml-files-for-submission-to-nhs-digital>

Manner of the collection

Trusts submitting data will transfer data in a secure manner using the NHS Digital Secure Electronic File Transfer (SEFT) platform. 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

The data collection is scheduled to take place from July to December 2017; this is a single annual collection exercise from each trust at Annex B. Trusts should be aware of their individual collection dates within the schedule following previous communications from NHS Improvement. The schedule has been agreed between NHS Digital and NHS Improvement with trusts input as part of its development.

Data quality

The data collected will enable testing and review of the costings 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.

Sensitive and Legally restricted data – guidance for the 2016/17 PLICS collection

There are two services where legal restrictions apply, preventing the flow of patient identifiable data to NHS Digital. They are In vitro fertilisation (IVF) and gender recognition.

In vitro fertilisation (IVF)

The Human Fertilisation and Embryology Act 1990 as amended by the Human Fertilisation and Embryology Act 2008 lays out specific restrictions.

In order to comply with the above Act, providers submitting data in this collection must remove any episodes or attendances that contain the IVF HRGs (MC*) and procedure codes listed below from their admitted patient care and outpatient datasets. NHS Digital will reject any files that contain a MC* HRG.

To support identification of this data the table below sets out the relevant OPCS-4 codes which must be excluded:

Category	Code Type	Code	Code Description
IVF	OPCS-4	N34.2	Collection of sperm NEC
IVF	OPCS-4	N34.4	Microsurgical epididymal sperm aspiration
IVF	OPCS-4	N34.5	Percutaneous epididymal sperm aspiration
IVF	OPCS-4	N34.6	Testicular sperm extraction

IVF	OPCS-4	Q13.1	Transfer of embryo to uterus NEC
IVF	OPCS-4	Q13.2	Intracervical artificial insemination
IVF	OPCS-4	Q13.3	Intrauterine artificial insemination
IVF	OPCS-4	Q13.4	Intrauterine insemination with superovulation using partner sperm
IVF	OPCS-4	Q13.5	Intrauterine insemination with superovulation using donor sperm
IVF	OPCS-4	Q13.6	Intrauterine insemination without superovulation using partner sperm
IVF	OPCS-4	Q13.7	Intrauterine insemination without superovulation using donor sperm
IVF	OPCS-4	Q13.8	Other specified introduction of gametes into uterine cavity
IVF	OPCS-4	Q13.9	Unspecified introduction of gametes into uterine cavity
IVF	OPCS-4	Q21.1	Transmyometrial transfer of embryo to uterus
IVF	OPCS-4	Q38.3	Endoscopic intrafallopian transfer of gametes
IVF	OPCS-4	Q48.1	Endoscopic transurethral ultrasound directed oocyte recovery
IVF	OPCS-4	Q48.2	Endoscopic transvesical oocyte recovery
IVF	OPCS-4	Q48.3	Laparoscopic oocyte recovery
IVF	OPCS-4	Q48.4	Transvaginal oocyte recovery

IVF	OPCS-4	Q48.8	Other specified oocyte recovery
IVF	OPCS-4	Q48.9	Unspecified oocyte recovery

Gender recognition

The Gender Recognition Act 2004 makes provision for and in connection with change of gender. The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005 prescribes circumstances, additional to those set out in the 2004 Act, in which disclosure of protected information about a person's gender history is not an offence under section 22 of the 2004 Act. The Act provides that it is an offence for a person who has acquired protected information in an official capacity to disclose that information to another person. There are exemptions to this such as where the person to whom the information relates is not identifiable or has agreed to the disclosure.

Gender reassignment is identifiable via OPCS-4 codes.

OPCS-4 code fields are not included in the PLICS collection and there are no HRGs which exclusively relate to gender reassignment.

All episodes and attendances containing either the ICD-10 code F64.0 Transsexualism or OPCS-4 codes below must be removed from the PLICS collection to ensure this data does not flow to NHS Digital:

Category	Code Type	Code	Code Description
Gender reassignment	OPCS-4	X15.1	Combined operations for transformation from male to female
Gender reassignment	OPCS-4	X15.2	Combined operations for transformation from female to male
Gender reassignment	OPCS-4	X15.4	Construction of scrotum
Gender reassignment	OPCS-4	X15.8	Other specified operations for sexual transformation
Gender reassignment	OPCS-4	X15.9	Unspecified operations for sexual transformation

Burden of the collection

In seeking to minimise the burden it imposes on others, in line with sections 253 (2)(a) 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 assessment is carried out by the Burden Advice and Assessment Service (BAAS) which carries out a Detailed Burden Assessment (DBA) and reports findings and recommendations.

Detailed burden assessment findings

Recommendation to BAAS -

1. BAAS to look at the Materiality and Quality Score data collection administered by NHS Improvement which has been highlighted as possible duplication of this collection.

Recommendations to NHS Improvement -

2. To maintain best practice, consider the possibility of merging the Reference Costs and existing voluntary PLICs guidance together whilst both collections remain.
3. Ensure that the data being collected is the most appropriate – inpatient data, bed days, unused bed time, theatre time, clinical photography and the patient's language are areas that could be considered for inclusion.
4. Consider the standardisation of costs pools across the NHS to allow data to be even more meaningful.
5. Consider what the future is for the Reference Costs and the Education and Training data collections and how they fit together with this new collection or what the plan is for the decommissioning of these.

Assessed costs

The associated burden of the data collection is:

18,212 person days equates to £4.7m + £12.6m for set-up and other costs combined to an overall total of £17.2m (rounded).

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>

Annex A – Data Extract Requirements

- Reconciliation tables
- The message header
- The activity records
- The activity cost records

Reconciliation tables

Final audited accounts table

Field Name	Description
Final audit accounts ID	Identifier which describes the financial transactions charged to the statement of comprehensive income
Cost or Income value	Financial transaction value

Cost group main table

Field Name	Description
Cost group ID	Identifier to report costed activities
Total Cost	The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each resource reported
Other operating income	Income from non-patient-care services

Cost group sub table

Field Name	Description
Cost group ID	Identifier to report costed activities
Service ID	Identifier to report services within a cost group
Total Cost	The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each

	resource reported
Other operating income	Income from non-patient-care services
Activity	The number of episodes or attendances undertaken in the financial year for a service

Message Header

Field Name	Description
Organisation Identifier (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 (i.e. the period the Finished Consultant Episodes end)
Reporting Period End	The end of the reporting period the extract covers. (i.e. the period the Finished Consultant Episodes end)
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
Total Costs	The total sum of the costs within the extract

Activity Information – Admitted patient care

Field Name	Description
Organisation Identifier (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.
NHS Number	The primary identifier of a person within the NHS in England and Wales

NHS number status indicator	Codes in this field indicate whether the patient's NHS Number is present, and if it is verified. If the NHS Number is absent, the indicator gives the reason why.
Postcode	Postcode of usual address
Date of Birth	Date of Birth is the date of birth of the patient
Person Stated Gender Code	The gender of a PERSON.
Patient Classification Code	Classification of patients who have been admitted. The field is derived from the Admission Method, Intended Management and the duration of stay within the provider.
Admission Method Code	The method of admission for the hospital provider spell
Hospital Provider Spell Number	A number to provide a unique identifier for each Hospital Provider Spell for a Health Care Provider.
Episode Number	Field used to uniquely identify episodes, and is the sequence number for each consultant episode within a Hospital Provider Spell
Episode Type	A field to indicate whether the inpatient consultant episode completed within the financial year
Start Date (Episode)	The date and time the episode started. Use in CDS types: 120,130,140,170,180,190,200
End Date (Episode)	The date the episode ended. Use in CDS types: 120,130,140,170,180,190,200
FCE HRG	FCE HRG based on the 16/17 Reference Cost HRG grouper

Spell HRG	Spell HRG based on the 16/17 Reference Cost HRG grouper
Unbundled HRGs	Unbundled HRGs based on the 16/17 Reference Cost HRG grouper
Adjusted Length of Stay	Difference between the End Date (Episode) and Start Date (Episode) adjusted to remove critical care days, rehabilitation days and specialist palliative care days
Contracted out Indicator	Flag indicating whether patient activity was contracted out.
Consultant	The CONSULTANT CODE is derived from either the GENERAL MEDICAL COUNCIL REFERENCE NUMBER for GENERAL MEDICAL PRACTITIONERS, or the GENERAL DENTAL COUNCIL REGISTRATION NUMBER for GENERAL DENTAL PRACTITIONERS (where the dentist doesn't have a GENERAL MEDICAL COUNCIL REFERENCE NUMBER).
Local Patient Identifier (Mother)	A number used to identify a PATIENT uniquely within a Health Care Provider. It may be different from the PATIENT's case note number and may be assigned automatically by the computer system. LOCAL PATIENT IDENTIFIER (MOTHER) uniquely identifies the mother, where the baby's identity is recorded by use of LOCAL PATIENT IDENTIFIER.
Patient Pathway Identifier	The field together with the ORGANISATION CODE of the issuer uniquely identifies a PATIENT PATHWAY.
Activity Treatment Function Code	TREATMENT FUNCTION CODE is a unique identifier for a TREATMENT FUNCTION. TREATMENT FUNCTION CODE is recorded to report the specialised service within which the PATIENT is treated. It has the same attributes as Activity Treatment Function Code
Organisation Identifier (Patient	The Organisation code of the organisation

Pathway Issuer)	issuing the Patient Pathway identifier
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Activity Information – Outpatients

Field Name	Description
Organisation Identifier (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.
NHS Number	The primary identifier of a person within the NHS in England and Wales
NHS number status indicator	Codes in this field indicate whether the patient's NHS Number is present, and if it is verified. If the NHS Number is absent, the indicator gives the reason why.
Postcode	Postcode of usual address
Date of Birth	Date of Birth is the date of birth of the patient
Person Stated Gender Code	The gender of a PERSON.
Attendance Identifier	A sequential number or time of day, assigned locally, that is unique to only one activity for a patient within an organisation. As this field is often locally generated, the data in this field are not currently unique within a dataset. However, as the NHS moves towards central systems this should change.
HRG	HRG based on the 16/17 Reference Cost HRG grouper
Unbundled HRGs	Unbundled HRGs based on the 16/17 Reference Cost HRG grouper
Appointment Start Date and Time	An Out-Patient Appointment is an APPOINTMENT for a PATIENT to see or have contact with a CARE PROFESSIONAL at an Out-Patient Clinic.

Consultant led or non consultant led	Is the lead care professional a consultant
Activity Treatment Function Code	<p>TREATMENT FUNCTION CODE is a unique identifier for a TREATMENT FUNCTION.</p> <p>TREATMENT FUNCTION CODE is recorded to report the specialised service within which the PATIENT is treated.</p> <p>It has the same attributes as Activity Treatment Function Code</p>
Consultant	The CONSULTANT CODE is derived from either the GENERAL MEDICAL COUNCIL REFERENCE NUMBER for GENERAL MEDICAL PRACTITIONERS, or the GENERAL DENTAL COUNCIL REGISTRATION NUMBER for GENERAL DENTAL PRACTITIONERS (where the dentist doesn't have a GENERAL MEDICAL COUNCIL REFERENCE NUMBER).
Contracted out Indicator	Flag indicating whether patient activity was contracted out.
HIV category code	<p>Clinically designed clinical pathway for three groupings of adult patients that supports an annual year of care approach. Category 1: New (newly diagnosed or newly on ARV drugs)</p> <p>Category 2: Stable</p> <p>Category 3: Complex</p> <p>The currency only applies to HIV Adult outpatients and NOT inpatient or paediatric care.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214924/HIV-Outpatients-A-Simple-Guide.pdf</p>
Patient Pathway Identifier	The field together with the ORGANISATION CODE of the issuer uniquely identifies a PATIENT PATHWAY.
Organisation Identifier (Patient Pathway Issuer)	The Organisation code of the organisation issuing the Patient Pathway identifier

Activity Information - Accident and Emergency

Field Name	Description
Organisation Identifier (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.
NHS Number	The primary identifier of a person within the NHS in England and Wales
NHS number status indicator	Codes in this field indicate whether the patient's NHS Number is present, and if it is verified. If the NHS Number is absent, the indicator gives the reason why.
Postcode	Postcode of usual address
Date of Birth	Date of Birth is the date of birth of the patient
Person Stated Gender Code	The gender of a PERSON.
Attendance ID	Identifier allocated by an A&E department to provide a unique identifier for each A&E attendance
HRG	HRG based on the 16/17 Reference Cost HRG grouper
Consultant	The CONSULTANT CODE is derived from either the GENERAL MEDICAL COUNCIL REFERENCE NUMBER for GENERAL MEDICAL PRACTITIONERS, or the GENERAL DENTAL COUNCIL REGISTRATION NUMBER for GENERAL DENTAL PRACTITIONERS (where the dentist doesn't have a GENERAL MEDICAL COUNCIL REFERENCE NUMBER).

Contracted out Indicator	Flag indicating whether patient activity was contracted out.
Arrival date and time at A&E	Arrival date and time of a patient in the A&E department
Departure date and time from A&E Department	The departure date and time of a patient from the A&E department. Only patients with a department date and time within the reporting period should be included.
Department type	A classification of A&E department type according to the activity carried out.

Costing information

Field Name	Description
Collection Activity ID	Unique identifier to report activities, which are measurable amount of work, performed using resources to deliver elements of patient care. Patient activity can be recorded and reported through various feeding systems.
Collection Resource ID	Unique identifier to report resources, which are components used to deliver activities, such as staffing, supplies, systems and facilities.
Collection Activity count	The number or duration of activities undertaken, e.g. number of tests or duration in theatre
Total cost	The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each resource reported

Annex B – List of trusts

Trust name
Alder Hey Children's NHS Foundation Trust
Ashford And St Peter's Hospitals NHS Foundation Trust
Barts Health NHS Trust
Basildon And Thurrock University Hospitals NHS Foundation Trust
Birmingham Women's And Children's NHS Foundation Trust
Bolton NHS Foundation Trust
Buckinghamshire Healthcare NHS Trust
Burton Hospitals NHS Foundation Trust
Calderdale And Huddersfield NHS Foundation Trust
Central Manchester University Hospitals NHS Foundation Trust
Chelsea And Westminster Hospital NHS Foundation Trust
City Hospitals Sunderland NHS Foundation Trust
Croydon Health Services NHS Trust
Dartford And Gravesham NHS Trust
Doncaster And Bassetlaw Hospitals NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
East And North Hertfordshire NHS Trust
East Cheshire NHS Trust
East Kent Hospitals University NHS Foundation Trust
East Sussex Healthcare NHS Trust
Gateshead Health NHS Foundation Trust
Great Ormond Street Hospital For Children NHS Foundation Trust
Guy's And St Thomas' NHS Foundation Trust
Harrogate And District NHS Foundation Trust
Heart Of England NHS Foundation Trust
Imperial College Healthcare NHS Trust
Ipswich Hospital NHS Trust
King's College Hospital NHS Foundation Trust
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Lewisham And Greenwich NHS Trust
Liverpool Heart And Chest Hospital NHS Foundation Trust
Maidstone And Tunbridge Wells NHS Trust
Mid Cheshire Hospitals NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
North Cumbria University Hospitals NHS Trust
North Middlesex University Hospital NHS Trust
Northampton General Hospital NHS Trust
Northern Devon Healthcare NHS Trust
Northern Lincolnshire And Goole NHS Foundation Trust

Nottingham University Hospitals NHS Trust
Oxford University Hospitals NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Poole Hospital NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Devon And Exeter NHS Foundation Trust
Royal Free London NHS Foundation Trust
Royal Liverpool And Broadgreen University Hospitals NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Royal United Hospitals Bath NHS Foundation Trust
Salford Royal NHS Foundation Trust
Sheffield Children's NHS Foundation Trust
Shrewsbury And Telford Hospital NHS Trust
South Tees Hospitals NHS Foundation Trust
St Helens And Knowsley Hospital Services NHS Trust
Stockport NHS Foundation Trust
Surrey And Sussex Healthcare NHS Trust
Taunton And Somerset NHS Foundation Trust
The Christie NHS Foundation Trust
The Dudley Group NHS Foundation Trust
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Royal Orthopaedic Hospital NHS Foundation Trust
The Royal Wolverhampton NHS Trust
The Walton Centre NHS Foundation Trust
Torbay And South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospital Of South Manchester NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Coventry And Warwickshire NHS Trust
University Hospitals Of Leicester NHS Trust
University Hospitals Of North Midlands NHS Trust
Warrington And Halton Hospitals NHS Foundation Trust
West Suffolk NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Worcestershire Acute Hospitals NHS Trust
Wrightington, Wigan And Leigh NHS Foundation Trust
Yeovil District Hospital NHS Foundation Trust

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