

Data Provision Notice

Patient Level Information and Costing
Systems (PLICS)

Costing and Disparities Collection

Information Asset Owner: Jack Hardman

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Contents

Background	3
Purpose	3
Benefits	4
Legal basis for collection, analysis, publication and dissemination	5
Collection and analysis	5
Publication	5
Dissemination	5
Persons consulted	6
Scope of the collection	6
Form of the collection	6
Manner of the collection	6
Period of the collection	7
Data quality	7
Sensitive and legally restricted data – guidance for the collection	7
HRG-level exclusions	7
Procedure-level exclusions	8
Diagnosis-level exclusions	10
Drugs and Blood Products	Error! Bookmark not defined.
Aggregated Feed type	Error! Bookmark not defined.
Burden of the collection	15
Steps taken by NHS England to minimise the burden of collection	15
Annex A Section 1: In Scope Providers	16

Background

The Health and Social Care Act 2012 (the Act) gives [NHS England](#) statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

The Costing Transformation Programme (CTP) was set up to implement PLICS across acute, mental health, ambulance and community providers.

Patient Level Information and Costing data is used to standardise the method of reporting cost information.

PLICS data enables NHS England to perform its pricing and licensing functions under the Health and Social Care Act 2012 (**the 2012 act**) more effectively. The data is used to:

- Analytics:
 - develop analytical tools, metrics and reports to help providers improve their data quality, identify operational and clinical efficiencies, and review and challenge their patient-level cost data at provider, population, system and national level
 - supporting efficiency and quality of care improvement programmes and other operational productivity dashboards such as the Model Hospital, Model Mental Health, Model Community and Model Ambulance
 - produce and distribute patient-level data in our tools for use by NHS providers, e.g. national PLICS portal and PLICS data quality tool
 - support efficiency and quality of care improvement programmes, e.g. Getting It Right First Time (GIRFT), and operational productivity in NHS providers
 - support additional functionality in new releases of our range of tools, e.g. the PLICS portal
- Investment, pricing and pathway design
 - inform the existing payment models including the NHS payment scheme
 - inform and model new methods of pricing NHS services
 - inform new approaches and other changes to currency design
 - review investment decisions, e.g. for technology and staffing
- Effectiveness, efficiency, and quality
 - implement integrated care systems and organisations
 - support efficiency and quality of care improvement programmes
 - inform the relationship between provider and patient characteristics and cost
 - inform the relationship between provider characteristics, patient characteristics and cost
 - understand the cost of patient care during and post the COVID-19 pandemic
- Improving costing
 - inform future cost collection design

- informing costing standards development
 - develop to the PLICS collection, including the impact assessment on mandating the submission of PLICS

Further collection and analysis regarding understanding NHS cost drivers and disparities across England (PLICS Costing and Disparities Collection) will be undertaken with a small number of Trusts. The collection and analysis will be for a limited period, with collection in July/August 2025 and analysis until the 31st December 2025 and will assess and identify any efficiencies which can be made to the PLICs collection.

Designated providers of acute activity are required to submit patient level costing data in accordance with Annex A, Section 1 of this document in Summer 2025.

Benefits

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.

The level of data collected in legacy aggregate collections were not granular enough to easily identify potential efficiency gains. Such data is limited in its ability to reflect the complexity of patient care and identify cost variation between individual patients.

NHS England'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.

Collecting patient-level cost data that links activity to specific cost centres and account codes will enable NHSE to identify which parts of the system drive the most variation and cost pressure and support planning decisions and initiatives to improve efficiency. This level of insight is necessary to support actionable intelligence that can support both operational and strategic decision-making.

Legal basis for collection, analysis, publication and dissemination

As of 1 July 2022, Monitor (NHS Improvement) was abolished and all mandatory requests to NHS Digital from Monitor were to be treated as a direction from NHS England to NHS Digital under section 254 Health and Social Care Act 2012 (the 2012 Act). On 1 February 2023, NHS Digital was merged into NHS England. The statutory functions of NHS Digital transferred to NHS England under the Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (Transfer Regulations). Under these Transfer Regulations, all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as directions from the Secretary of State for Health and Social Care to NHS England.

Therefore, the acceptance of the direction (formerly a mandatory request) is the legal basis to perform the PLICS collection.

Collection and analysis

NHS England is directed, under section 254 of the Health and Social Care Act 2012 (previously a mandatory request Health and Social Care Act 2012); to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the mandatory request (now Direction) and accompanying requirements specification, which sets out the legal basis under which this request was made, is published on the NHS England website: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/mandatory-requests-from-nhs-improvement/patient-level-information-and-costing-systems-plics-mandatory-collections-continued-implementation-mandatory-request-information-system>

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Publication

In accordance with section 260(1) of the 2012 Act, NHS England has a legal duty to publish all information it collects by complying with a request unless it falls within section 260(2) of the 2012 Act.

Dissemination

Information from the PLICS Costing and Disparities Data collection will be shared with NHS Trust Chief Financial Officers, for all NHS Trusts in scope. This will be limited to aggregate reports made available via a role-based access controlled PLICS Dashboard. The data will not be published or otherwise be made available for dissemination via the NHS England Data Access Request Service.

Persons consulted

Upon receipt of a request to establish a system to collect Patient Level Information and Costing Systems (PLICS) Integrated, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- NHS England
- Providers of Acute services in accordance with Annex A, Section 1, of this document.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- All trusts identified in Annex B Section 2 of the published Requirements Specification for Patient Level Information and Costing Systems (PLICS) Mandatory Collections continued implementation and associated Mandatory Request. These documents are published on the NHS Digital website: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/mandatory-requests-from-nhs-improvement/patient-level-information-and-costing-systems-plics-mandatory-collections-continued-implementation-mandatory-request-information-system>

The organisation specified in the above Scope are requested to comply with the Form, Manner and Period requirements below.

Further information on this PLICS collection is contained within the Approved Costing Guidance 2024 published by NHS England. [NHS England » Approved costing guidance](#)

Form of the collection

The data to be collected can be found in Annex B Section 1 of the published Requirements Specification for Patient Level Information and Costing Systems (PLICS) Mandatory Collections continued implementation and associated Mandatory Request. Data to be collected is for patients receiving care from providers of acute care trusts identified in Annex B Section 2, under the 2023/24 Month 12 BAU PLICS data reporting period.

Manner of the collection

Data in the NHS Trust PLICS system will be extracted using a SQL script provided to the in scope Trust and transferred via HSCN (formerly N3) using a secure, encrypted data transfer protocol, backed up with network monitoring and logging.

The collection will also be supported by a range of technical and business controls, including validation of data submitted to identify missing, inconsistent, or duplicate identifiers. Manual reviews and exception handling will be applied to investigate and resolve flagged records.

Period of the collection

This collection will be undertaken in July and August 2025 from those Trusts named in Annex B, Section 2 of the [Requirements Specification for Patient Level Information and Costing Systems \(PLICS\) Mandatory Collections continued implementation](#).

Data quality

Data quality will be supported by a range of technical and business controls, including validation checks to identify missing, inconsistent, or duplicate identifiers. Manual reviews and exception handling will be applied to investigate and resolve flagged records. Version control and audit trails are maintained to monitor any changes or updates to the data.

Sensitive and legally restricted data – guidance for the collection

Trusts must not submit data at a **patient level** PLICS for patients receiving services or treatments where there is sensitive/legally restricted data.

The list of excluded data covers the below treatment and diagnosis categories:

- HIV and AIDS
- sexually transmitted disease
- gender re-assignment
- reproductive medicine

The below table identifies the Healthcare Resource Groups (HRGs) which are **excluded at patient level**:

HRG-level exclusions

HRG	HRG description
MC07Z	Intrauterine insemination with superovulation
MC08Z	Intrauterine insemination with superovulation, with donor
MC09Z	Intrauterine insemination without superovulation
MC10Z	Intrauterine insemination without superovulation, with donor
MC11Z	Implantation of embryo
MC12Z	Oocyte recovery
MC13Z	Donor oocyte recovery
MC14Z	Oocyte recovery with intracytoplasmic sperm injection

HRG	HRG description
MC15Z	Oocyte recovery with pre-implantation genetic diagnosis
MC20Z	Surgical extraction of sperm
MC21Z	Collection of sperm
WJ10A	HIV disease with multiple interventions
WJ10B	HIV disease with single intervention, with CC score 5+
WJ10C	HIV disease with single intervention, with CC score 0–4
WJ10D	HIV disease without interventions, with CC score 5+
WJ10E	HIV disease without interventions, with CC score 2–4
WJ10F	HIV disease without Interventions, with CC score 0–1
WJ04Z	Genito-urinary medicine (GUM) infections
XD38Z	Antiretroviral Drugs, Band 1

NHS England will reject any submitted PLICS file if it contains one or more of the excluded HRGs above at **patient level**, as part of the file validation process.

You should filter out data to the most granular level (OPCS/ICD10 code) to ensure you capture all attendances and episodes that are excluded from the PLICS collection.

The below tables identify Procedure and Diagnosis level exclusions.

Procedure-level exclusions

OPCS code	Description
N341	Fertility investigation of male NEC
N342	Collection of sperm NEC
N343	Male colposcopy
N344	Microsurgical epididymal sperm aspiration
N345	Percutaneous epididymal sperm aspiration
N346	Testicular sperm extraction
Q131	Transfer of embryo to uterus NEC
Q132	Intracervical artificial insemination
Q133	Intrauterine artificial insemination

Q134	Intrauterine insemination with superovulation using partner sperm
Q135	Intrauterine insemination with superovulation using donor sperm
Q136	Intrauterine insemination without superovulation using partner sperm
Q137	Intrauterine insemination without superovulation using donor sperm
Q138	Other specified introduction of gametes into uterine cavity
Q139	Unspecified introduction of gametes into uterine cavity
Q211	Transmyometrial transfer of embryo to uterus
Q218	Other specified other introduction of gametes into uterine cavity
Q219	Unspecified other introduction of gametes into uterine cavity
Q382	Endoscopic injection into fallopian tube
Q383	Endoscopic intrafallopian transfer of gametes
Q481	Endoscopic transurethral ultrasound directed oocyte recovery
Q482	Endoscopic trans vesical oocyte recovery
Q483	Laparoscopic oocyte recovery
Q484	Transvaginal oocyte recovery
Q488	Other specified oocyte recovery
Q489	Unspecified oocyte recovery
Q561	Fertility investigation of female NEC
Q562	Fertiloscopy
U321	Human immunodeficiency virus blood test
X866	Antiretroviral drugs Band 1
X151	Combined operations for transformation from male to female
X152	Combined operations for transformation from female to male
X154	Construction of scrotum
X158	Other specified operations for sexual transformation
X159	Unspecified operations for sexual transformation
Y961	In vitro fertilisation with donor sperm
Y962	In vitro fertilisation with donor eggs
Y963	In vitro fertilisation with intracytoplasmic sperm injection

Y964	In vitro fertilisation with intracytoplasmic sperm injection and donor egg
Y965	In vitro fertilisation with pre-implantation for genetic diagnosis
Y966	In vitro fertilisation with surrogacy
Y968	Other specified in vitro fertilisation
Y969	Unspecified in vitro fertilisation

Diagnosis-level exclusions

ICD10 code	Description
A500	Early congenital syphilis, symptomatic
A501	Early congenital syphilis, latent
A502	Early congenital syphilis, unspecified
A503	Late congenital syphilitic oculopathy
A504	Late congenital neurosyphilis [juvenile neurosyphilis]
A505	Other late congenital syphilis, symptomatic
A506	Late congenital syphilis, latent
A507	Late congenital syphilis, unspecified
A509	Congenital syphilis, unspecified
A510	Primary genital syphilis
A511	Primary anal syphilis
A512	Primary syphilis of other sites
A513	Secondary syphilis of skin and mucous membranes
A514	Other secondary syphilis
A515	Early syphilis, latent
A519	Early syphilis, unspecified
A520	Cardiovascular syphilis
A521	Symptomatic neurosyphilis
A522	Asymptomatic neurosyphilis
A523	Neurosyphilis, unspecified
A527	Other symptomatic late syphilis

ICD10 code	Description
A528	Late syphilis, latent
A529	Late syphilis, unspecified
A530	Latent syphilis, unspecified as early or late
A539	Syphilis, unspecified
A540	Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess
A541	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A542	Gonococcal pelviperitonitis and other gonococcal genitourinary infections
A543	Gonococcal infection of eye
A544	Gonococcal infection of musculoskeletal system
A545	Gonococcal pharyngitis
A546	Gonococcal infection of anus and rectum
A548	Other gonococcal infections
A549	Gonococcal infection, unspecified
A55X	Chlamydial lymphogranuloma (venereum)
A560	Chlamydial infection of lower genitourinary tract
A561	Chlamydial infection of pelviperitoneum and other genitourinary organs
A562	Chlamydial infection of genitourinary tract, unspecified
A563	Chlamydial infection of anus and rectum
A564	Chlamydial infection of pharynx
A568	Sexually transmitted chlamydial infection of other sites
A57X	Chancroid
A58X	Granuloma inguinale
A590	Urogenital trichomoniasis
A600	Herpes viral infection of genitalia and urogenital tract
A601	Herpes viral infection of perianal skin and rectum
A609	Anogenital herpes viral infection, unspecified
A630	Anogenital (venereal) warts

ICD10 code	Description
A638	Other specified predominantly sexually transmitted diseases
A64X	Unspecified sexually transmitted disease
A65X	Non-venereal syphilis
A740	Chlamydial conjunctivitis
A749	Chlamydial infection, unspecified
B171	Acute hepatitis C
B200	HIV disease resulting in mycobacterial infection
B201	HIV disease resulting in other bacterial infections
B202	HIV disease resulting in cytomegaloviral disease
B203	HIV disease resulting in other viral infections
B204	HIV disease resulting in candidiasis
B205	HIV disease resulting in other mycoses
B206	HIV disease resulting in <i>Pneumocystis jirovecii</i> pneumonia
B207	HIV disease resulting in multiple infections
B208	HIV disease resulting in other infectious and parasitic diseases
B209	HIV disease resulting in unspecified infectious or parasitic disease
B210	HIV disease resulting in Kaposi sarcoma
B211	HIV disease resulting in Burkitt lymphoma
B212	HIV disease resulting in other types of non-Hodgkin lymphoma
B213	HIV disease resulting in other malignant neoplasms of lymphoid, haematopoietic and related tissue
B217	HIV disease resulting in multiple malignant neoplasms
B218	HIV disease resulting in other malignant neoplasms
B219	HIV disease resulting in unspecified malignant neoplasm
B220	HIV disease resulting in encephalopathy
B221	HIV disease resulting in lymphoid interstitial pneumonitis
B222	HIV disease resulting in wasting syndrome
B227	HIV disease resulting in multiple diseases classified elsewhere

ICD10 code	Description
B230	Acute HIV infection syndrome
B231	HIV disease resulting in (persistent) generalised lymphadenopathy
B232	HIV disease resulting in haematological and immunological abnormalities, not elsewhere classified
B238	HIV disease resulting in other specified conditions
B24X	Unspecified human immunodeficiency virus (HIV) disease
F640	Transsexualism
F641	Dual-role transvestism
F642	Gender identity disorder of childhood
F648	Other gender identity disorders
F649	Gender identity disorder, unspecified
F651	Fetishistic transvestism
F656	Multiple disorders of sexual preference
F660	Sexual maturation disorder
F661	Egodystonic sexual orientation
F662	Sexual relationship disorder
F668	Other psychosexual development disorders
F669	Psychosexual development disorder, unspecified
N46X	Male infertility
N970	Female infertility associated with anovulation
N971	Female infertility of tubal origin
N972	Female infertility of uterine origin
N973	Female infertility of cervical origin
N974	Female infertility associated with male factors
N978	Female infertility of other origin
N979	Female infertility, unspecified
N980	Infection associated with artificial insemination
O981	Syphilis complicating pregnancy, childbirth and the puerperium

ICD10 code	Description
O982	Gonorrhoea complicating pregnancy, childbirth and the puerperium
O983	Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth and the puerperium
O987	Human immunodeficiency virus (HIV) disease complicating pregnancy, childbirth and the puerperium
R75X	Laboratory evidence of human immunodeficiency virus (HIV)
R762	False-positive serological test for syphilis
Z113	Special screening examination for infections with a predominantly sexual mode of transmission
Z114	Special screening examination for human immunodeficiency virus (HIV)
Z202	Contact with and exposure to infections with a predominantly sexual mode of transmission
Z206	Contact with and exposure to human immunodeficiency virus (HIV)
Z21X	Asymptomatic human immunodeficiency virus (HIV) infection status
Z224	Carrier of infections with a predominantly sexual mode of transmission
Z310	Tuboplasty or vasoplasty after previous sterilization
Z311	Artificial insemination
Z312	In vitro fertilization
Z313	Other assisted fertilization methods
Z314	Procreative investigation and testing
Z315	Genetic counselling
Z316	General counselling and advice on procreation
Z318	Other procreative management
Z319	Procreative management, unspecified
Z350	Supervision of pregnancy with history of infertility
Z717	Human immunodeficiency virus (HIV) counselling
Z830	Family history of human immunodeficiency virus (HIV) disease

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

- sought to minimise the burden on general practices by using existing data already submitted to NHS England via activity datasets, rather than requesting information in another format which may be more burdensome to process.

In addition, in support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

In this case a burden assessment is not required as this is limited collection and is being undertaken for a limited period with named NHS Trusts. Outcomes from this collection and subsequent analysis may be used to improve the general PLICS collection, not in scope of this notice.

Annex A Section 1: In Scope Providers

Trust ODS Code	Trust Name
R0A	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
R1H	BARTS HEALTH NHS TRUST
R1K	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST
RA7	UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
RA9	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
RAJ	MID AND SOUTH ESSEX NHS FOUNDATION TRUST
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
RBV	THE CHRISTIE NHS FOUNDATION TRUST
RCB	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
RD8	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
REF	ROYAL CORNWALL HOSPITALS NHS TRUST
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST
RGM	ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST
RGR	WEST SUFFOLK NHS FOUNDATION TRUST
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
RH5	SOMERSET NHS FOUNDATION TRUST
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
RJ2	LEWISHAM AND GREENWICH NHS TRUST
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
RK9	UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST
RKE	WHITTINGTON HEALTH NHS TRUST
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST
RLQ	WYE VALLEY NHS TRUST
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

RM3	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST
RN7	DARTFORD AND GRAVESHAM NHS TRUST
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST
RP4	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
RP5	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
RP6	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST
RR8	LEEDS TEACHING HOSPITALS NHS TRUST
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST
RTH	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
RVJ	NORTH BRISTOL NHS TRUST
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
RXF	MID YORKSHIRE HOSPITALS NHS TRUST
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST
RYR	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST