

Data Provision Notice

NHS Continuing Health Care Patient Level Data Set

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Information and technology
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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 hereafter 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 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 or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from NHS England to NHS Digital. 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 NHS Continuing Health Care Patient Level Data Set (NHS CHC PLDS) is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent, and comparable information for people accessing NHS funded CHC services located in England.

NHS Continuing Health Care (CHC) means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a 'primary health need' as set out in the National Framework. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness, as defined by the [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#).

The purpose of NHS CHC PLDS is to (a) develop; (b) bring online; and (c) run as a monthly data collection, a patient level data set which will cover all aspects of NHS CHC and NHS Funded Care. This will be an end-to-end data set covering initial checklist all the way through the assessment process to the commissioning and monitoring of individual care packages. Processing of information is key in turning raw data into understandable intelligence on all aspects of performance, patient care and efficiency relating to NHS CHC.

This allows monitoring of patients going through local appeals processes, to ensure these are resolved quickly and highlight ICB localities where high number of eligibility decisions are being overturned on appeal. The data set may allow linkage at patient level to other data sets, so increased/reduced hospital admissions, medication and other important attributes are visible.

Detailed data on Checklists and Decision Support Tools will give insight into inappropriate referrals. For the first time there will be data on the length of time individuals are eligible for CHC; in particular this will show where individuals may have been fast-tracked inappropriately and where long-term CHC packages are not being reviewed annually. Development of this data set will align CHC data with the NHS IT strategy.

Benefits

This collection will improve the quality of patient experience and timely service delivery. The benefits could be divided in two parts: (1) financial and (2) operational.

1. Financial Benefits

The burden assessment for the current quarterly data collection (SCCI2117) estimated the annual cost of £200K (including 669 staff days). A burden assessment for this new collection is expected to show a reduction in burden as all NHS bodies commissioning NHS CHC services will no longer be required to process and aggregate their data before submission,

The longer-term intention is to retire this existing aggregated collection - Continuing Healthcare and NHS-funded Nursing Care (CHC).

2. Operational Benefits

This data set will process patient level NHS Continuing Health Care data, which will improve timeliness and completion of annual reviews, improve consistency of eligibility decisions between and within CCGs/ICBs, improving efficiency and value-for-money in commissioning care packages; identifying inappropriate use of fast-track CHC; reducing out-of-area placements. Furthermore, it will enable deeper analysis/linkage with other data sets. Through this analysis, improvements to CHC services can be made, for example by identifying best practice in service delivery. The insight gained through analysis of this detailed data will support delivery of better outcomes and better experience for patients.

Legal basis for collection, analysis, publication, and dissemination

NHS Digital has been directed by NHS England under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection of the NHS Continuing Health Care Patient Level Data Set (NHS CHC PLDS) from commissioning bodies providing CHC services in England.

The NHS CHC PLDs Data set Direction 2022 is published here <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/nhs-continuing-healthcare-directions-2022>

This information is required by NHS Digital 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 Digital 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 NHS Digital duty under section 259(8).

In line with the national data opt-out operational policy guidance, national data opt-outs will NOT apply to the flow of NHS CHC PLDs to NHS Digital, as the data collection is legally required under section 259 of the Health and Social Care Act 2012.

National data opt-outs will be applied to any dissemination of data collected via this DPN, including any products derived from such data, in line with the national data opt-out operation policy guidance: <https://digital.nhs.uk/services/national-data-opt-out-programme/operational-policy-guidance-document>

Publication

NHS Digital is directed not to publish any information obtained via the NHS CHC PLDs in accordance with the NHS Continuing Health Care Patient Level Data Set Directions 2022.

NHS CHC PLDS information will be published by NHS England, which ensures that NHS Digital's duty to publish data under section 260(1) of the Health and Social Care Act 2012, unless it falls within section 260(2) of the Act is met.

Dissemination

Under section 261(2)(e), NHS Digital may disseminate under section 261(1) of the 2012 Act the information it has obtained by complying with the Directions including to NHS England and other parties identified by NHS England that have a lawful basis to receive the information (in consultation with NHS Digital), where section 261(1) would otherwise not apply due to the restriction on publication above, and where it would be lawful for NHS Digital to do so.

NHS Digital will share data for which publication is not restricted with NHS England using NHS Digital's dissemination powers in section 261(5)(d) (statutory functions) of the 2012 Act. The data will be shared in accordance with a data sharing agreement with NHS England which will outline the data to be shared, the frequency, the method of transporting the data and what the data will be used for. Whilst the data collected and shared is not intended to identify individuals, both parties will put transparency notices in place. The Data Sharing Agreement will cover the publication of data by NHS England.

Under section 262(3) of the 2012 Act, NHS Digital is directed to exercise its powers under section 261(4) of the 2012 Act to disseminate the information it collects to the organisations that provided the information, where lawful to do so.

NHS Digital may also disseminate information collected as a result of, or obtained by complying with, the Directions in accordance with its powers under sections 261(4) and (5) of the 2012 Act.

Access to the data held by NHS Digital will be managed by the Data Access Request Service (DARS).

Organisations receiving data from NHS Digital are documented in the NHS Digital Data Release Register: <https://digital.nhs.uk/services/data-access-request-service-dars/register-of-approved-data-releases>

Persons consulted

Consultation has been conducted in three phases with external organisations involving:

1. General awareness raising prior to the commencement of the project.
2. Engagement exercise to agree the data set content and specification.
3. Ongoing engagement to keep internal and external stakeholders informed of the progress of the data set development.

Organisations consulted so far are:

1. All Clinical Commissioning Groups (191 CCGs)
2. All Commissioning Support Units (CSUs)
3. Yorkshire & Humber Network (CCG CHC leads and NHS England regional staff from Yorkshire & Humber)
4. Digital CHC
5. Bray Leino¹ (Suppliers of BroadCare system, which is the most widely used CHC management system)
6. Local authorities (England)
7. Department of Health and Social Care
8. Public Health England
9. ADASS (Association of Directors of Adult Social Services) England
10. CHC SIP Public, Patient and Third Sector Collaboratives (includes members of the public and around 15 third sector organisations)

Scope of the data set

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 Digital duty under section 259(8) on the following organisations:

- All commissioning bodies responsible (CCGs/ICBs) for NHS CHC services in England.

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below:

Form of the collection

The NHS CHC PLDS is an end to end, patient level data set that captures data relating to:

- **Patient details**

NHS Number, Date of Birth, Address, Post Code, Gender, Sexual Orientation, Ethnicity, Religious or other Beliefs, Date of Death.

- **Referral, Assessment and Outcome of the CHC services**

Referral Request or Notification Date, Referral type, Referral Source, Referring Agency and Professional, CHC Checklist completion date, Patient Location, Referral or Notification Outcome, Referral Discounted Reason and Date, Decision Tool Completion Date, Commissioner Eligibility Decision Date, Outcome and Decision sent to Patient date, Request Received to Commissioner Date, Activity type (referral or notification), Local Resolution Meeting Date [Formal/ Informal], Commissioner Review Outcome, Local Resolution (Start and End Date), Local Resolution Decision sent to Patient Date, Funding Start and End Date, Local Resolution Eligibility Start Date, Date Eligibility Begin following independent Review, PUPOC Decision Made Date, PUPOC Decision Outcome, CCG eligibility Decision (PUPOC) Sent to Requestor Date.

¹ Bray Leino <https://www.brayleino.co.uk/about-us>

- Care Package

Care Package Start Date, End Date. Personal Health Budget Type Code, Organisation Identifier, Care Provider Organisation Name, Post Code, Cost Code, Subjective Code, Care Product Type Code, Contract Unit Cost, Contract Unit Frequency, Commissioned Weekly Hours of Care

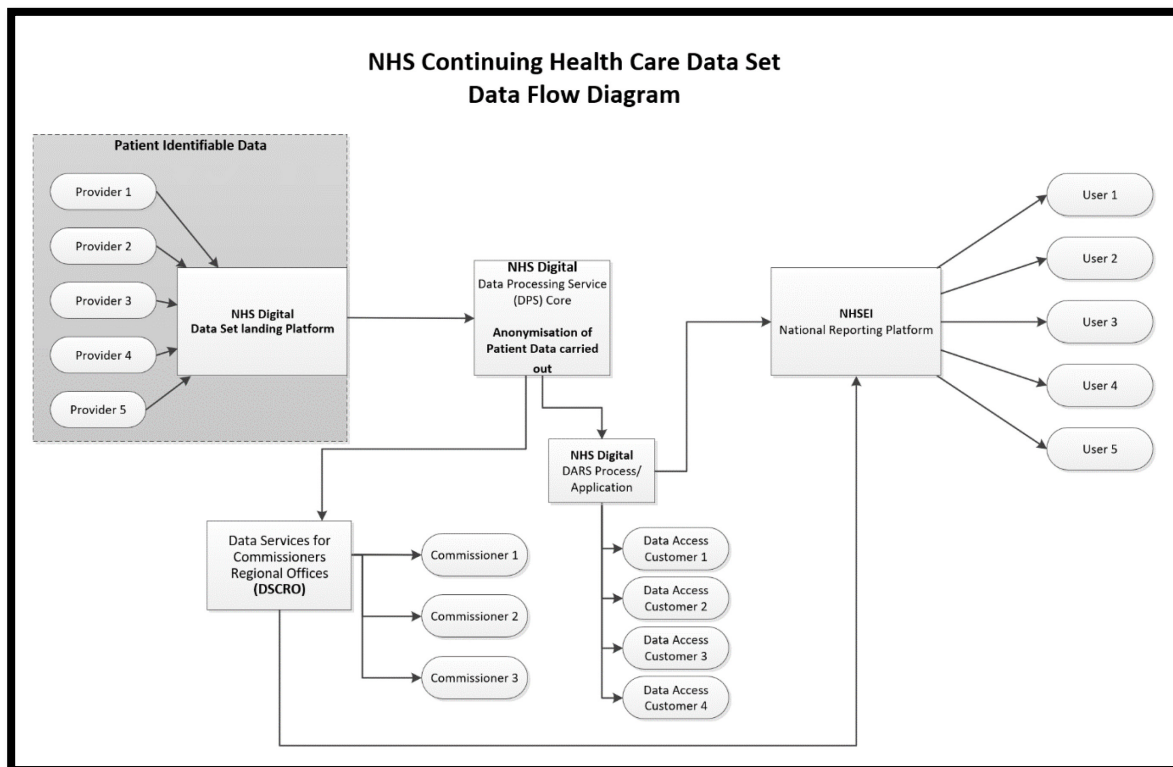
- Review of CHC services

Review Type Code, Review Date, Review Outcome (Care package and Eligibility) Eligibility Status Change Date, Planned Review Date.

The details of each data item are described in the Data Set Specification.²

Manner of the collection

Data will be extracted from the management systems of bodies commissioning NHS CHC services in England at ICB locality level and submitted to NHS Digital. NHS Digital will collect and process the NHS CHC PLDS provided by the CCGs/ICBs management systems via the MESH³.



² Data Set Specification is available at <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3085-nhs-chc-patient-level-data-set>

³ MESH is the main messaging service used across health and social care. Further information is available by following this link <https://digital.nhs.uk/services/data-landing-portal/set-up-guide/data-landing-portal-dlp-mesh-set-up-guide>

Period of the collection

- Collection start date: 01/04/2022
- First submission date: 31/05/2022
- Subsequent submission dates: Monthly
- Collection end date (ongoing).

Further detail of submission timetable could be found on the NHS Digital website: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/continuing-health-care-data-set/chc-plds-implementation-tools-and-guidance>.

Frequency of the Collection

- 1) In accordance with the Information Standard, DCB3085 Amd 51/2019, from 1 April 2022 all CCGs/ICBs commissioning NHS CHC services MUST be able to collect the information locally that they intend to use to produce the monthly CHC data set v1.0 extract, as defined in the Data Set Specification.
- 2) From 1 May 2022, all CCGs/ICBs commissioning NHS CHC services in scope of this Information Standard MUST begin ongoing monthly CHC Data Set submissions as per the instructions in the CHC Data Set v1.0 User Guidance⁴.
- 3) Collection Window: There will be a monthly lengthy period of 'single' submission allowing time for the CCGs/ICBs to upload quality data once.
- 4) Submission window closes on last working day of each calendar month, the submission timetable⁵ is published for CCGs/ICBs to plan their submission in a timely manner.

Data quality

As per the NHS CHC PLDS Requirements Specification, providers of NHS CHC services must review the NHS CHC PLDS Technical Guidance and other guidance to understand the data quality rules that will be applied. To access these documents and guidance, please follow the links below.

- [Requirement Specification, Implementation Guidance and Technical Output Specification](#)
- [User Guidance and other tools](#)

Data quality issues will be highlighted in data quality reports made available to the Commissioning bodies (data providers) for them to take further action. Providers of NHS CHC PLDS should make every effort to resolve inherent systemic errors and address recurring data quality issues.

⁴ User Guidance could be found here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/continuing-health-care-data-set/chc-plds-implementation-tools-and-guidance>

⁵ Submission Timetable is available here: [Public beta - NHS Continuing Health Care Patient Level Data Set \(NHS CHC PLDS\) v1.0: Implementation tools and guidance - NHS Digital](#)

Burden of the collection

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 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.

Assessed costs

The associated burden of the data collection is:

Burden on providers	£736,753	Year 1 costs (including set up costs)
Burden on providers	£642,822	Year 2 and ongoing annual costs

For further information

www.digital.nhs.uk

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