

DCB2212: Drugs Patient Level Contract Monitoring (DrPLCM)

Changes to Current Specification



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Data Coordination Board

This Information Standard (DCB2212) 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 (DCB2212 Amd 74/2020) 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.

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1. Background and context

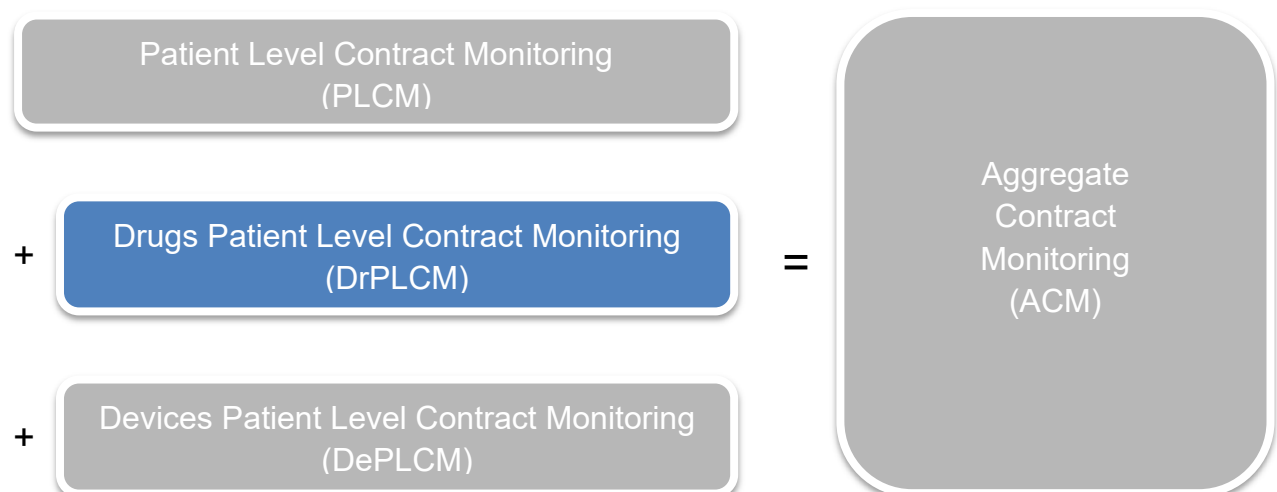
The purpose of the Drugs Patient Level Contract Monitoring (DrPLCM) Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly patient level drug contract monitoring data between commissioners and providers of healthcare. The Standard was first released in April 2019 on the basis that compliance would be on a voluntary basis. It was announced in that version however that the Standard would become mandatory in due course.

The Drugs Patient Level Contract Monitoring (DrPLCM) is a patient level report containing patient identifiers relating to high cost (National Tariff-excluded) drugs. Its purpose is to substantiate and provide further details of the 'DRUG' aggregate reporting line shown in the Aggregate Contract Monitoring (ACM) and is already widely used by most providers to report NHS England directly-commissioned services.

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. Although the financial reconciliation process in Service Condition 36 of the NHS Standard Contract allows for changes to be made to the amount charged after its submission, the ACM should be a very good indication of the amount a commissioner will be expected to pay for the period and therefore provides a good basis for validation. It is already widely used by most providers to report NHS England directly-commissioned services.

Diagram 1 below shows how the DrPLCM relates to the three other contract monitoring data flows, each of which is covered by a separate data standard. The DrPLCM **should not** contain any patient level **activity** information.

Diagram 1.



1.1 Supporting information

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

#	Name	Summary
1.	Drugs Patient Level Contract Monitoring (DrPLCM): Implementation Guidance	Implementation guidance for users of the Standard.
2.	Drugs Patient Level Contract Monitoring (DrPLCM): Requirements Specification	Requirements specification for users of the Standard.
3.	Drugs Patient Level Contract Monitoring (DrPLCM): 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).
4.	NHS Data Model and Dictionary v3	Includes definitions for many of the data elements contained within the Standard.
5.	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

The DrPLCM has been a contractually mandated data requirement for all NHS England directly commissioned services since 2019-20 (albeit implementing the Standard has prior to this revision been voluntary). This action has dramatically reduced the volume of different reports being exchanged by providers and commissioners. It has delivered greater processing efficiency for Commissioning Support Units (CSUs) involved in the processing of commissioning data.

Whilst this action has improved data flows for NHS England directly commissioned services healthcare providers have still been required to generate different reports (and different content) for their local CCG commissioners.

In order to further reduce the reporting burden for healthcare providers and improve system wide efficiencies in the processing of data flows, Information Standards are being created to enable the DrPLCM data set to be recognised as a mandatory data set for use by all healthcare providers (where applicable) and all commissioners.

The table below is a detailed list of the scope of the Standard for providers, it being optional for any NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract.

Table 1.

Provider Type and NHS Standard Contract version	Drugs Patient Level Contract Monitoring (DrPLCM)
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	Recommended (where applicable)
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	

3. Changes

3.1 General changes

Submission of the Standard will change from voluntary to mandatory for the specified provider types shown in Table 1 on the previous page. This will achieve national consistency in contract monitoring for all providers (where applicable) and commissioners. Providers should continue with their existing reporting arrangements and data sets until the implementation date of this revised Standard.

The suggested changes, designed to remove the number of very general purpose (VGP) data elements to improve information governance, improve consistency across other contract monitoring data sets and include recent changes made to the [NHS Data Model and Dictionary](#) result in a minor increase to the number of data elements for this Standard.

Table 2.

Metric	Count
Number of new data elements	10
Number of changes to existing data elements	7
Number of deleted data elements	8
Number of data elements in current Standard	50
Number of data elements after changes	52
Net change	+2

3.2 Specific changes - new data elements

Table 3.

Data Elements to be Added	Suggested Format
ETHNIC CATEGORY	an2
LOCAL CONTRACT CODE	max an20
LOCAL CONTRACT MONITORING CODE	max an30
LOCAL CONTRACT MONITORING DESCRIPTION	max an100
LOCAL POINT OF DELIVERY CODE	max an50
LOCAL POINT OF DELIVERY DESCRIPTION	max an100
NATIONAL CANCER DRUGS FUND FORM CODE	max an10
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	min an3 max an5
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	min an5 max an9
REPORTING TYPE INDICATOR	an1

3.3 Specific changes – existing data elements

Table 4.

Changes to Current Data Elements	Change
ATTENDANCE IDENTIFIER	Change in name to OUT-PATIENT ATTENDANCE IDENTIFIER and format to max an20 per DDCN 1808
CLINICAL INTERVENTION DATE (DRUG ADMINISTERED)	Change in name and definition to CLINICAL INTERVENTION DATE (DRUG DISPENSED)
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Change in population guidance
HOME DELIVERY CHARGE (HIGH COST TARIFF EXCLUDED DRUG)	Change in name and definition to COMMISSIONER SUPPORT CHARGE
HOSPITAL PROVIDER SPELL NUMBER	Change in name to HOSPITAL PROVIDER SPELL IDENTIFIER and format to max an20 per DDCN 1808
ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	Change in population guidance
SPECIALISED SERVICE CODE	Change in name to SERVICE CODE

3.4 Specific changes - deleted data elements

Table 5.

Data Elements to be Removed	Format
CONTRACT MONITORING ADDITIONAL DETAIL (SECOND)	max an50
CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND)	max an100
CONTRACT MONITORING ADDITIONAL DETAIL (THIRD)	max an50
CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD)	max an100
CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH)	max an50
CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH)	max an100
CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH)	max an50
CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH)	max an100