DCB3002: Devices Patient Level Contract Monitoring (DePLCM)

Implementation Guidance

NHS England and NHS Improvement

DCB3002: Devices Patient Level Contract Monitoring (DePLCM): Implementation Guidance

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Prepared by:	Martin Hart, NHS England
	Vicky Mathwin, NHS England

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Data Coordination Board

This Information Standard (DCB3002) 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 (DCB3002 Amd 75/2020) 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.

Date of publication: 8 April 2021

Glossary of terms

Term	Acronym	Definition
Aggregate Contract Monitoring	ACM	Aggregate Contract Monitoring provides a summary of the volume of clinical activity performed by a healthcare provider and associated costs chargeable to the commissioner for that activity. This report serves the contractual requirement for the aggregate finance and activity report, submission of which is required under Schedule 6 of the NHS Standard Contract.
Clinical Commissioning Group	CCG	An organisation responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are comprised of groups of GP practices that are responsible for commissioning most health and care services for patients.
Commissioning Data Sets	CDS	Commissioning Data Sets (CDS) are maintained and developed by NHS Digital, in accordance with the needs of the NHS and the Department of Health and Social Care. They form the basis of data on activity carried out by organisations reported centrally for monitoring and payment purposes.
Commissioning Support Unit	CSU	An organisation that provides commissioners with external support, specialist skills and knowledge to support them in their role.
Data Landing Portal	DLP	A system, developed by NHS Digital that allows data to be securely transferred between organisations. The system enables Data Services for Commissioners Regional Offices to set up data specifications, against which incoming data from Providers is validated.
Data Services for Commissioners Regional Office	DSCRO	Regional offices staffed by NHS Digital that support the data management needs of commissioners with the provision of appropriate technical and procedural controls and legal basis to store and process personal confidential data.
Information Governance	IG	The set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information at an enterprise level, supporting an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

Glossary of terms (cont/...)

Term	Acronym	Definition
Information Standards Notice	ISN	A publication that announces new or changes to information standards published under section 250 of the Health and Social Care Act 2012.
Information Technology	IT	The use of any computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data.
National Information Board	NIB	A partnership group with membership from organisations across the health and care system.
Patient Level Contract Monitoring	PLCM	Patient Level Contract Monitoring is a means to enable the interchange, in a uniform format, of monthly patient-level contract monitoring data between commissioners and providers of healthcare.
Secondary Uses Service	SUS+	SUS+ is a comprehensive repository for commissioning data sets in England. It is held by NHS Digital and it enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Implementation issues - contact details

In the event of issues or questions concerning the implementation of this Standard contact england.nccis@nhs.net.

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1. Introduction

The Devices Patient Level Contract Monitoring (DePLCM) Information Standard (hereafter the Standard) enables the interchange of monthly patient level device contract monitoring data between commissioners and providers of healthcare in a uniform format. This will ensure that device contract monitoring and reporting is consistent, comparable and fit for purpose across all commissioning organisations and their footprints.

The purpose of this Implementation Guidance is to provide guidance to all impacted users on how to implement the Devices Patient Level Contract Monitoring (DePLCM) Standard and any changes resulting from its release. It should be read in conjunction with the associated Devices Patient Level Contract Monitoring (DePLCM): Requirements Specification for the Information Standard.

2. Background and context

The Aggregate Contract Monitoring (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.

The Devices Patient Level Contract Monitoring (DePLCM) is a patient level report (containing patient identifiers) relating to all NHS-funded devices not reimbursed through National Tariff prices, as defined by the NHS Improvement National Tariff Payment System High Cost Devices List. It also covers high cost devices not associated with a National Tariff. Its purpose is to substantiate and provide further detail to the aggregate monetary value shown relating to tariff-excluded devices within the ACM.

The Devices Patient Level Contract Monitoring (DePLCM) was created to support all NHS England direct commissioning functions effective from April 2015. This Standard now mandates its production as listed in the specific data requirements section of the Devices Patient Level Contract Monitoring (DePLCM): Requirements Specification by **all NHS and Independent Sector acute providers operating under the full-length version of the NHS Standard Contract for all commissioners** to deliver a level of reporting efficiency and consistency throughout the commissioning function.

Providers are required to submit data on a monthly basis to the Data Services for Commissioning Regional Offices (DSCRO) organisation as nominated by each commissioning function in line with the timescale indicated in the National Requirements Reported Locally section within Schedule 6 of the NHS Standard Contract. Any monthly resubmission of data must be accompanied by a re-issued monthly Devices Patient Level Contract Monitoring (DePLCM) data **and** its respective Aggregate Contract Monitoring (ACM) data set to be used on a bulk-replacement basis.

3. Guidance scope

The data collection specification referenced in this document is to be used by all NHS and independent sector acute providers operating under the full-length version of the NHS Standard Contract. It does not include primary care from whom the NHS commissions healthcare.

4. Impacted users

Users who need to act to conform to the Standard are:

- Those with responsibility for data capture and IT solutions;
- Those with responsibility for the data capture required in the production of the Standard;
- Those with responsibility for the onward transmission and other uses of the data. This will include finance, informatics and staff with responsibility for transmission of the data set, those who have a role in producing Reference Costs data and any other local users of the data. Such individuals will need to be aware of the permitted uses of each version of the data set and ensure that any use or transmission of the data complies with appropriate fair processing arrangements that are consistent with national and local information governance criteria and guidelines.

5. Guidance for healthcare organisations

The primary purpose of the Standard is for secondary uses only and will therefore have no direct impact on clinical safety and as such is not in the scope of DCB0129 - Clinical Risk Management: Its Application in the Manufacture of Health IT Systems or DCB0160 - Clinical Risk Management: Its Application in the Deployment and Use of Health IT Systems. Consequently, a Clinical Safety Case Report is not required to support this Standard.

However, implementation of this Standard may require modification to the health IT system from which the collection/extraction is made. The safety implications of any such modifications must be considered by the manufacturer and all other parties involved under DCB0129 and the health organisation under DCB0160.

5.1 Those with responsibility for data capture and IT solutions

Individuals will need to take the following actions:

- Determine the most appropriate means of data capture in local circumstances. Consideration will include whether:
    - Data should be captured electronically, at source, or captured in notes and made electronic at a later date
    - Data capture should be based on recording of the Standard per se, or whether it can be derived from data items already present in the local record or if extra items need to be added to the local record in order for the Standard to be derived from this local record
- Develop and test new or additional data capture solutions with those staff involved in the capture and recording of data;
- Determine which data items are used to link the Standard to current Commissioning Data Sets (CDS) for acute and community data flows and whether any additional data should be captured to support this;
- Ensure that all data that is captured, in whatever format, can be translated to the Standard and can be held securely on IT systems;
- Liaise with IT systems suppliers to agree system requirements that support local needs as well as the delivery of the Standard;
- Ensure sufficient testing and/or piloting of new or updated systems prior to release;
- Understand the interoperability requirements with other systems and/or data sets, e.g. CDS or Community Services Data Set.

5.2 Those with responsibility for the production/submission of the Standard

Individuals will need to take the following actions:

- Familiarise themselves with the Standard, its contents and the means of its transmission to DSCROs via NHS Digital;
- Actively participate in the development and testing of new or updated data capture forms or methods within the organisation;
- Ensure that any data captured is complete, accurate and timely for the production of the Standard;
- Ensure that an internal reconciliation process is created to confirm that the monetary value evidenced in the Devices Patient Level Contact Monitoring is the same as that within the ACM;
- Attend any training that may be provided to support implementation of the Standard.

5.3 Those who are users of the data

Individuals will need to take the following actions:

- Familiarisation with the contents of the Standard and have an understanding of its uses and relevance;
- Take actions to fully understand the uses of the Standard and ensure that all processing is subject to fair processing agreements that comply with national information governance requirements and local policies.

6. Approaches to implementation

Outlined below are recommended actions which may be taken in order to implement the Standard locally. Whilst not mandatory, these actions may be useful to organisations preparing for its implementation.

6.1 Implementing the Standard – high level approach

The process followed to implement the Standard will vary according to the starting position of each organisation, however, a high level generic approach is:

- Assessment of existing contract monitoring data collection, recording, flagging and sharing processes against the published Standard documentation;
- Assessment of existing arrangements for contract monitoring and reporting, including any specific data systems outside Patient Administration Systems (PAS) that are required for the manual and automatic generation of contract monitoring;
- Development of an implementation plan with reference to resources, tools and published guidance and the assessment of technical changes needed to locally implement the Standard;
- Rollout of the implementation plan.

An implementation plan should include taking the steps listed above and developing, agreeing and implementing an approach to each, with additional overarching actions linked to internal communications.

Organisations should note the milestones indicated in Section 7 of this guidance when preparing to implement the Standard, to ensure that they are scheduled to remain on track to comply with relevant requirements in line with given deadlines.

6.2 Implementing the Standard – process

All organisations will need to establish a clear, local policy and process for following the Standard, this should include:

- An understanding of all the data sources required for the production of the Standard;
- A gap analysis to scope how many of the data items required by the Standard are currently being captured, and recorded, and by which systems. Data items not currently being captured should be identified and a project plan devised to establish mechanisms by which these data items can be captured and recorded in a timely manner. This may well require an element of transformation in local information systems to address any deficiencies identified;
- An understanding of the format and specification of current aggregate contract monitoring arrangements relating to both local clinical commissioning groups (CCGs) and national commissioners e.g. NHS England, as well as the degree of commonality in their respective data items;
- An investigation to ensure that data items required for the production of the Standard are being captured at the necessary level of granularity. In some instances this may require the creation of local mapping tables to enable local terminology to be reflected in the national data structures;
- An assessment of any changes required to current systems that may be used for either the production of data items found in the Standard or in the actual production of the Standard itself e.g. Service Level Agreement (SLA) monitoring software or commissioning systems.

6.3 Checklist of actions

- Identify data items required by the Standard and their sources together with a gap analysis where any are missing or lack sufficient coverage;
- Identify the level of granularity of each data item required by the Standard (this is of particular relevance with regards to the MEDICAL DEVICE SERIAL NUMBER (HIGH COST TARIFF EXCLUDED DEVICE) data element);
- Identify data items currently being supplied in current equivalent monthly contract monitoring submissions to commissioners and assess whether mappings need to be developed to map any locally-used codes to national equivalents (this is of particular relevance with regards to the HIGH LEVEL CODE (HIGH COST TARIFF EXCLUDED DEVICE) and SUBSIDIARY LEVEL CODE (HIGH COST TARIFF EXCLUDED DEVICE) data elements);
- Develop/modify business processes to support the capture of the data items required in the production of the Standard;
- Develop a clear process for recording data in line with that used within the Standard;
- Develop a test regime to provide assurance that the organisation can routinely identify, ascertain and record data items used in the production of the Devices Patient Level Contact Monitoring Standard;
- Train and brief relevant staff to ensure that they understand the Standard, its derivation, its method of completion and the means by which it must be submitted.

6.4 Considerations for implementation leads

The following advice is provided with a view to supporting organisational leads to effectively implement the Standard and minimise/mitigate identified challenges.

- Think carefully about each service and data flow that is currently reported in current devices contract monitoring. Does this information flow consistently and completely to enable the production of monthly reporting? Does it cover all devices for all commissioners? Is the measurement of devices and their financial value recorded at an appropriate level of granularity?
- Local contract monitoring arrangements will invariably be already in place with local commissioners e.g. CCGs. Do any of these reporting mechanisms rely upon data items that are not part of the Devices Patient Level Contact Monitoring? How can these specific local arrangements be translated into the Standard (see Section 6.6)?
- Consider the workforce. What training/awareness have individuals and teams had regarding the Standard? In some organisations, the production of routine monthly device reporting is not undertaken by core informatics staff but is a product of clinical, corporate finance or contracting teams.

6.5 Considerations for commissioners

Although commissioners are not responsible for the production and submission of the Standard they need to be prepared for its receipt and plan accordingly. They will also need to support local providers with the implementation of the Standard.

Commissioning organisations should review their existing contracts/frameworks and make any adjustments necessary to allow providers to comply with the Standard in line with the compliance deadlines.

Standard contracting and performance-management reports, based on local data flows will need to be amended to make use of the Standard.

Staff training and awareness of the Standard will need to be considered.

6.6 Troubleshooting local implementations

The content of the Standard was initially created by NHS England direct commissioning functions to support the devices commissioned and has proven to be an effective operational report (across over 150 healthcare providers). Furthermore a requirement of the *Health and Social Care Act 2012* is that a consultation be performed to ensure that the final content of a Standard meets all user business needs.

This being the case the Standard is expected to be suitable for all use by all involved in the commissioning of healthcare services.

7. Implementation timescales

The proposed timetable for implementing the Standard is set out in the table below. This outlines dates when applicable organisations MAY and MUST implement the Devices Patient Level Contact Monitoring Standard.

Task	Date
Organisations MUST have begun to prepare for implementation of the Standard, including a thorough assessment of their current systems and processes, and developing and commencing roll-out of a local implementation plan in order to achieve implementation of and compliance with the Standard in line with published deadlines. This may require the commissioning of information system changes with relevant software suppliers.	Immediate.
Implementation date: organisations MAY begin to implement the Standard and submit test files to the Data Landing Portal (DLP). If so, they MUST alert their DSCRO so that the necessary loading files can be created prior to operational use.	From 1st August 2021 onwards.
Organisations MUST have made the necessary changes such that they can routinely identify and record data items used in the production of the Standard.	Working towards an implementation of 1st September 2021.
Organisations MUST be fully compliant with all aspects of the Standard.	For all data flows associated with the reporting of September 2021 healthcare activity (i.e. October 2021).

8. Submission

The Standard is required to be submitted on a monthly basis to the respective DSCRO organisation as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the NHS Standard Contract.

The completed monthly Devices Patient Level Contract Monitoring should be transmitted using the NHS Digital Data Landing Portal (DLP). The DLP allows data to be transferred securely between organisations using a centrally managed system. It also facilitates the standardisation of local data transfers nationally.

The total financial value contained within the Devices Patient Level Contract Monitoring for any particular month must tie-back to the aggregate monetary value shown relating to tariff-excluded devices in the ACM in reference to the same period. Any monthly resubmission of the Standard data **must** be accompanied by a reissued monthly ACM on a bulk-replacement basis.