

DCB3003: Patient Level Contract Monitoring (PLCM)

Changes to Current Specification



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Data Coordination Board

This Information Standard (DCB3003) 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 (DCB3003 Amd 76/2020) 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 Patient Level Contract Monitoring (PLCM) Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly patient level 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.

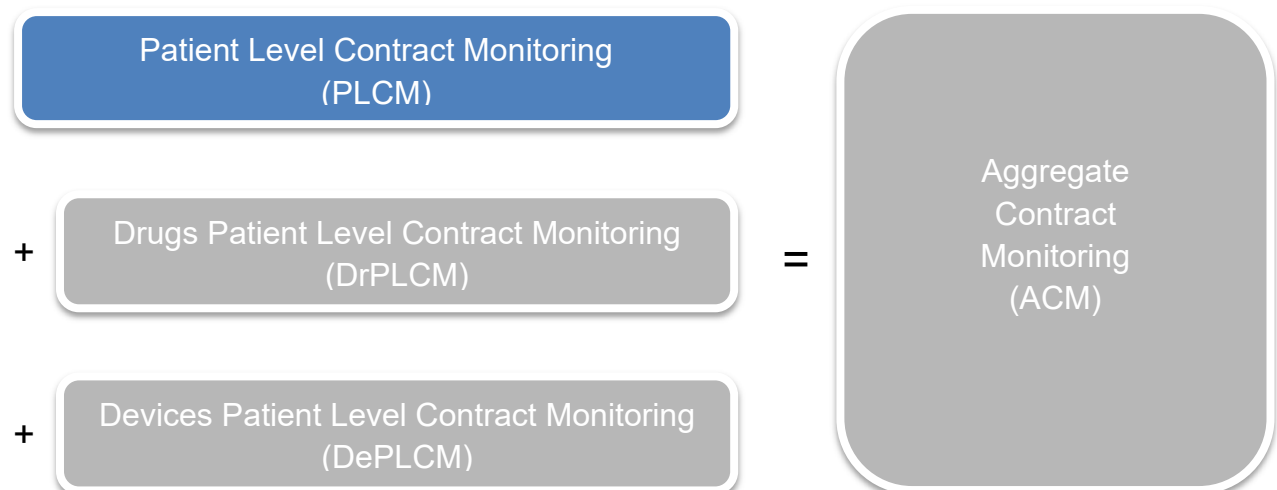
The PLCM is a patient level report containing patient identifiers. Its purpose is to substantiate and provide detail to the aggregate information contained within the Aggregate Contract Monitoring (ACM).

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.

It is expected that the PLCM will match the ACM for the relevant activity.

Diagram 1 below shows how the PLCM relates to the three other contract monitoring data flows, each of which is covered by a separate data standard.

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.	Patient Level Contract Monitoring (PLCM): Implementation Guidance	Implementation guidance for users of the Standard.
2.	Patient Level Contract Monitoring (PLCM): Requirements Specification	Requirements specification for users of the Standard.
3.	Patient Level Contract Monitoring (PLCM): 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 PLCM 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 PLCM 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	Patient Level Contract Monitoring (PLCM)
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	
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	6
Number of deleted data elements	8
Number of data elements in current Standard	51
Number of data elements after changes	53
Net change	+2

3.2 Specific changes - new data elements

Table 3.

Data Elements to be Added	Suggested Format
ADJUSTED LENGTH OF STAY	max n4
LOCAL CONTRACT CODE	max an20
LOCAL CONTRACT MONITORING CODE	max an30
LOCAL CONTRACT MONITORING DESCRIPTION	max an100
LOCAL TREATMENT CATEGORY CODE	an2
LOCAL TREATMENT CODE	max an30
LOCATION OF ACTIVITY START	max an50
LOCATION OF ACTIVITY END	max an50
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	min an3 max an5
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
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Change in population guidance
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
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	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