

Specification for Patient-level information and costing systems (PLICS) Acute data set

DCB2123 Amd 90/2019
Standard Specification



Data Coordination Board

This information standard (DCB2123) has been approved for publication by the Department of Health 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 set out in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Data Delivery Board.

This information standard comprises the following documents:

- Specification
- Change Specification
- Implementation guidance

An information standard notice (DCB2123 Amd 90/2019) 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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Summary

1. The table below contains a summary of the information standard.

| Standard | |
|-------------------------|---|
| Standard Number | DCB2123 Amd 90/2019 |
| Standard Title | Specification for Patient level information and costing systems (PLICS) Acute Data Set |
| Description | <p>Patient-Level Costing (PLC) is being rolled out across all sectors and services from 2018/19 to 2021/22.</p> <p>This version of the standard covers the financial year 2019/20, for which PLC data is being collected for acute services from designated acute providers. This information standard covers the creation of the PLC (Acute) Data Set (PLCADS). This contains unit costs for inpatient admissions, accident and emergency, and outpatient attendances for NHS providers in England.</p> <p>For 2019/20, the PLCADS has been updated with the following amendments:</p> <ul style="list-style-type: none"> • PLICS Extract Matching Identifier (PLEMI) - New field to enable data linkage across the PLICS feed types. • Cystic Fibrosis Banding – New field in the APC and OP extract specifications to allow cystic fibrosis care to be collected at a patient level. • Specialist Ward Care (SWC) extract list – A new extract requirement to collect adult critical care at a patient level for 2020. This requires new data items in the PLICS collection. • Supplementary Information (SI) extract list – A new extract requirement to collect high cost drugs, high cost devices and diagnostic imaging at a patient level for 2020. This requires new data items in the PLICS collection. • Updates to the dataset collected in 2019 to align to the Emergency Care dataset where necessary and remove fields no longer required. • Updates to field descriptions. <p>This data set replaces elements of the data collected as part of the reference cost collection which has operated for over 20 years for those designated trusts for acute activity.</p> |
| Only applies to | Acute providers: Designated Trusts published at https://improvement.nhs.uk/resources/costing-mandation-project/ |
| Services covered | <p>For designated trusts</p> <ul style="list-style-type: none"> • admitted patient care (APC) • non-admitted patient care (NAPC) attendances, also known as outpatients (OP) |

- EC attendances (A&E)
- Cystic Fibrosis
- Adult Critical care
- High Cost Drugs
- High Cost Devices
- Unbundled Imaging

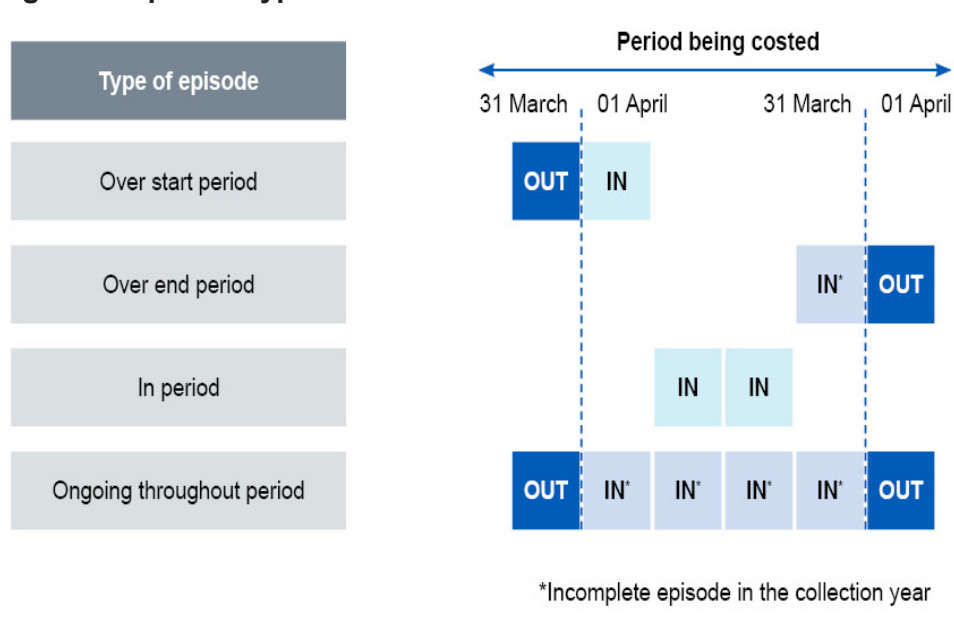
Admitted Patient Care, Outpatients and Accident & Emergency

The collection year begins on 1 April 2019 and ends on 31 March 2020. All episodes, attendances and contacts completed within the collection year must be costed and submitted. All episodes including incomplete episodes are to be costed as per Figure 1 below.

There are four episode types:

- 1 = Started in previous financial year and ended in reporting financial year (ended)
- 2 = Started but not ended during reporting financial year (open)
- 3 = Started and ended in reporting financial year (ended)
- 4 = Started in previous financial year but not ended in reporting financial year (open)

Figure 1: Episode types

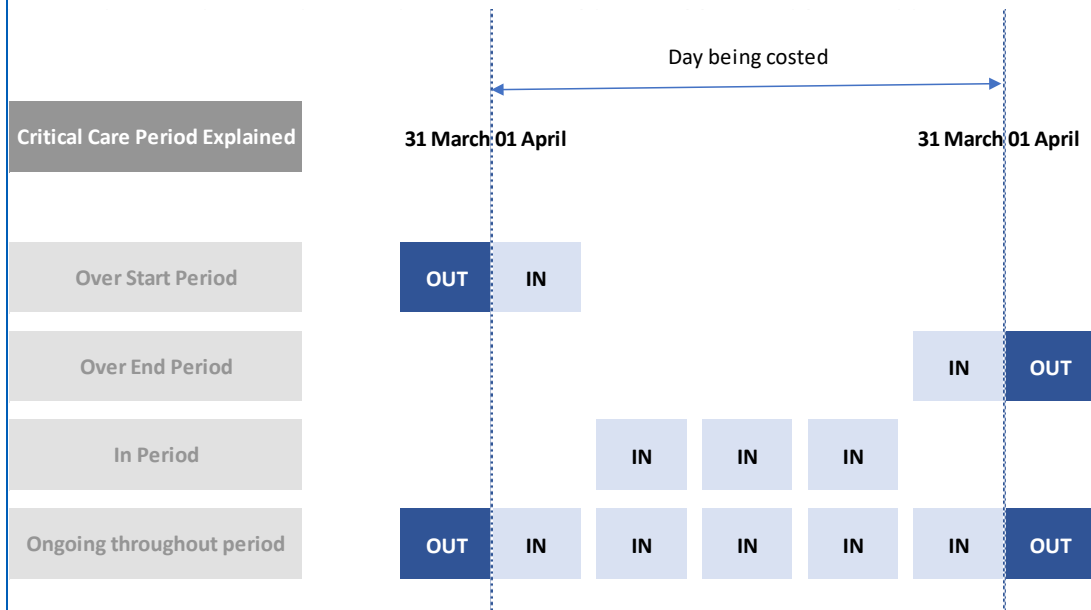


Specialist Ward Care

The collection year begins on 1 April 2019 and ends on 31 March 2020. All occupied critical care bed days within that period must be submitted.

For critical care stays (periods) which started before 1 April 2019 or ended after the end of 31 March 2020 only the days within the financial year 2019/20 should be costed and submitted.

Figure 2: Critical Care Periods



Supplementary Information

The collection year begins on 1 April 2019 and ends on 31 March 2020. All scans completed (even if not reported by a radiologist) within the collection year must be costed and submitted. All high cost drugs, high cost blood products and excluded devices (as defined in the associated extract specification to this standard) issued within the collection year must be costed and submitted.

| | |
|---|--|
| Date | Acute providers: From 1 April 2019 for 2020 collection onwards |
| Implementation dates (start/end dates) | Start date - Timetabled for 07 September 2020 (acute services at designated providers). End date – continuous |

Background

Why is patient-level costing being mandated?

2. The level of data available in reference costs is 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. By introducing a standardised method of reporting cost information at patient level this can be rectified. This will be produced by patient-level information and costing systems (PLICS).
3. The move to costing at an individual patient level was signalled as part of the Five Year Forward View and has become a core part of the NHS Long Term Plan. It was therefore necessary for NHS England and NHS Improvement ¹ costing transformation programme (CTP) to develop the mechanisms to support this. The CTP was established to implement patient-level costing across acute, mental health, ambulance and community providers. The programme entails:
 - introducing and implementing new costing 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
 - driving and encouraging sector support to adopt patient-level costing methodology and technology.
4. NHS Improvement's [acute services impact assessment](#) (completed as part of the move to mandating patient-level costing) found there are significant benefits of collecting patient level costs using the costing standards. Producing information at a granular level, with all providers using the same costing method, will create benefits including:
 - better benchmarking of costs and pathways, allowing trusts to identify and address unwarranted variation
 - improving the accuracy of the underlying information as this is presented at a level clinicians and managers can validate and better understand their activity data, and

¹ From 1 April 2019, NHS England and NHS Improvement are working together as a new single organisation to better support the NHS to deliver improved care for patients and so this document will refer to the organisation responsible for the costing transformation programme as 'NHS England and NHS Improvement.' Some references will remain to 'NHS Improvement' however (for example for historical or legal purposes where it is still appropriate to use 'NHS Improvement').

- support an improvement in the currency design and the accuracy of the tariff, which is based on cost information submitted by providers.
5. 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.

Purpose and scope

6. The purpose of this document is to precisely define the data to be collected and submitted for the patient-level costing submission. For the financial year 2019/20 this will only apply to the designated providers of acute activity². The information standard will be updated annually, as the collection of patient-level data is extended to other sectors (depending on the outcome of the costing mandation project).
7. NHS England and NHS Improvement has published a mandation timetable. This identifies when it is expected individual trusts will be required to submit patient-level costing information for their services.
8. For 2019/20, this information standard ONLY applies to acute services provided by the designated NHS Trusts and NHS Foundation Trusts within the Acute sector. As PLC is mandated for other types of services and providers, PLICS information standards will be produced and/or updated accordingly.

² See mandation timetable:

https://improvement.nhs.uk/resources/costing-mandation-project/?utm_campaign=2619031_Mid%20March%202020%20NHS%20Costing%20Newsletter&utm_medium=email&utm_source=Monitor&utm_orctype=&dm_i=2J9J,1K4UV,9FF2HE,59T74,1

Guidance on the patient-level costing and information systems standard

9. Detailed instructions and guidance on patient-level costing is updated and published annually as part of NHS England and NHS Improvement's³ [Approved Costing Guidance \(ACG\)](#). This includes:

- a summary of changes
- the approved methodologies and processes for costing – Approved Costing Guidance – Standards Approved Costing Guidance - Standards (the costing standards)
- guidance on how to implement the costing standards
- an acute technical document to complete and submit the patient-level costing return, and
- the national cost collection guidance

NHS England and NHS Improvement will review and publish the updated ACG annually in January or February each year, after a review and feedback process with stakeholders including NHS trusts, NHS Digital and other key organisations

10. This will allow NHS England and NHS Improvement to update and make any changes to the costing submission process based on feedback from previous years' submissions from suppliers, trusts, NHS Digital and other interested parties. This information standard will also be reviewed and updated as part of the annual process.

11. The ACG is in three sections:

Table 1: ACG contents

| Section | Summary | Financial year |
|---|---|----------------|
| Approved Costing Guidance | Introduces the guidance and provides essential information, including the costing principles. | N/A |

³ Since 1 April 2016, Monitor and the NHS Trust Development Authority have operated as a single integrated organisation known as NHS Improvement. This document is issued in accordance with a duty to consult imposed on Monitor by Section 69(7) of the Health and Social Care Act 2012. In this document, therefore, 'NHS Improvement' means Monitor, unless the context requires otherwise.

| Section | Summary | Financial year |
|--|---|--|
| Costing standards | Contains the <i>Approved Costing Guidance - Standards</i> as well as tools and templates to help trusts implement them. | For the next financial year (i.e. the costing standards for 2020/21 were published in January 2020) |
| National cost collections guidance | Provides details of the national cost collections as well as tools and templates to help trusts implement them. | For the current financial year (i.e. the collections guide published in February 2020 is for the financial year 2019/20) |

12. All enquiries regarding implementation of the patient-level costing information standard should be directed to NHS England and NHS Improvement's Costing Team - costing@improvement.nhs.uk - with the subject 'Patient-level costing information standard'.

Legal framework

13. Trusts⁴ submit cost data to fulfil NHS England and NHS Improvement's (Monitor's) requirements for the provider licence.⁵ This covers all sectors (acute, mental health, ambulance and community), but excludes independent providers. The conditions require trusts to:
- record cost information in accordance with cost allocation methodologies published by NHS England and NHS Improvement in its Approved Costing Guidance (condition P1)
 - provide such information, documents and reports relating to costs as NHS England and NHS Improvement may require for its pricing functions (condition P2).
14. The data collected will be used to create the data set – HES-PLCADS (Hospital Episode Statistics – patient-level costing acute data set). NHS England and NHS Improvement intend to use this data in connection with any NHS England and NHS Improvement pricing or other functions for the purpose of:
- informing the national tariff
 - producing and distributing patient-level data in NHS England and NHS Improvement tools for use by NHS providers, e.g. national PLICS portal and PLICS data quality tool
 - supporting efficiency and quality of care improvement programmes e.g. Getting It Right First Time (GIRFT) and operational productivity in NHS providers

⁴ The licence applies to NHS foundation trusts; NHS trusts are required to comply with equivalent conditions, including the requirements relating to pricing and costs.

⁵ [The NHS Contract requires all providers who are licensed to comply with the licensing conditions \(as noted above\).](#)

- informing and modelling new methods of pricing NHS services
 - informing new approaches and other changes to currency design
 - improving future cost collections
 - informing the relationship between provider and patient characteristics and cost
 - developing analytical tools and reports to help providers improve their data quality, identify operational and clinical efficiencies, and review and challenge their patient-level cost data.
15. As well as sharing the HES-PLCADS data within NHS England and NHS Improvement, NHS England and NHS Improvement will (subject to approval by NHS Digital through the DARS process) share pseudonymised high level HES-PLCADS patient-level data with participating trusts and with arm's length bodies using NHS England and NHS Improvement tools and reports.
16. Under section 259(1)(a) of the Act, NHS Digital has the powers to require the submission of PLICS data. A Data Provision Notice will be issued for this data collection [here](#):
17. Under sections 255 and 256(2 (a) of the Act, NHS Digital has received a Mandatory Request from NHS Improvement (Monitor) to continue to establish and operate a system for the collection and analysis of PLICS data from acute providers, as follows:
- data collection - ability for acute providers to submit PLICS data direct to NHS Digital
 - the potential to link PLICS data with Hospital Episode Statistics (HES) (NIC- 15814 - C6W9R) and other relevant activity and outcome data held by NHS Digital to be agreed between NHS Digital and NHS Improvement via data specifications
 - data quality and validation, and
 - data supply – the functionality to provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis to be agreed between NHS Digital and NHS Improvement via data specifications.
18. The NHS Digital Executive Management Team (EMT) considered and accepted the Mandatory Request at its meeting on 17 May 2018. The accepted Mandatory Request is available [here](#)⁶.
19. In terms of disseminating the data once held by NHS Digital, the Data Access Request Service (DARS) process verifies that there is an appropriate legal basis for an applicant to

⁶ The original mandatory request can be read here <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/mandatory-requests-from-nhs-improvement/patient-level-costing-information-systems-plics-continued-implementation-acute-2018>

access the requested data and that appropriate safeguards are in place to ensure that the applicant will store and handle data safely and securely.

20. A signed Data Sharing Agreement (DSA) is in place between NHS Digital and NHS England and NHS Improvement, having been through the DARS process.
21. A change to that DSA will require a further application through DARS and consideration by the Independent Group Advising on the Release of Data (IGARD)⁷.
22. NHS Digital may disseminate the data collected under the Mandatory Request, which may include dissemination to other organisations via the DARS process.
23. The data will need to be published by NHS Digital or NHS England and NHS Improvement as an Official Statistic. The data will be subject to queries, for example to Freedom of Information requests and Parliamentary Questions.

⁷ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-ugroup-advising-on-the-release-of-data>

Requirements

24. This section defines the requirements for the patient-level costing and information systems standard. There are five aspects to the requirements.

1. High level processes for all trusts (Approved Costing Guidance)
2. National cost collection guidance
3. Data quality
4. Technology and data structure
5. Information governance

25. As part of the move to patient-level costing, NHS England and NHS Improvement works closely with system suppliers and trusts on the requirements of patient-level information and costing systems (PLICS). It is the responsibility of trusts to ensure that any costing system must fulfil the costing standards requirements. As part of this work, NHS England and NHS Improvement publishes [minimum software requirements](#). This supports:

- costing practitioners to procure and implement costing software and
- review software updates, and
- software suppliers to develop their software.

26. NHS England and NHS Improvement will revise and reissue the minimum software requirements annually (early in each calendar year). The revisions will reflect changes to NHS England and NHS Improvement costing methodology and user needs.

1. High level processes for all trusts (Approved Costing Guidance)

27. The ACG sets out high-level processes that trusts are required to have in place to ensure their costing information is complete and accurate.

28. Table 2 below provides the requirements and conformance criteria for trusts.

Table 2: High level conformance criteria for PLICS

| No | Requirement | Conformance criteria |
|-----|---|---|
| 1.1 | <p>The trust MUST record, and report cost information in line with the Approved Costing Guidance - Standards</p> | <p>The trust records all gaps in costing approaches in the costing manual and, where they vary from the costing standards, are agreed with NHS England and NHS Improvement.</p> <p>This will be reviewed as part of the costing assurance programme (audit of costing) and will form part of the trust’s own board assurance process.</p> <p>A formal process for following up recommendations from the Costing Assurance Programme (CAP) will also be in place and the trust must ensure that agreed actions from CAP reports are monitored by their Audit Committee on a regular basis.</p> |
| 1.2 | <p>The trust SHOULD submit required supporting documentation, such as the costing assessment tool (CAT) and other documentation as requested by NHS England and NHS Improvement.</p> | <p>The trust produces and completes the CAT. This is submitted to NHS England and NHS Improvement by the date in the national cost collection guidance.</p> |
| 1.3 | <p>Trusts MUST ensure that the correct HRG grouper is used to produce the required data sets.</p> | <p>The trust uses the correct costing grouper to produce the data sets for their services to generate the episode/attendance health resource group (HRG) and spell HRG. See https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools</p> |

2. National cost collection guidance

1. The national cost collection guidance forms part of the ACG and details what is being collected, the format and when the collection will be made. The detailed information includes:
 - the specification and format for the data collection (XML files)
 - the batching and naming process of XML files
 - the fields to be collected, and
 - additional guidance to support the consistent allocation of costs.
2. The trust's costing system needs to be able to produce the required output. The term "system" covers both an external company (which provides either an off-the-shelf or bespoke system) or an in-house developed solution. It also does not assume a single application; the system may comprise separate components. NHS England and NHS Improvement expects all trusts to have a Service Level Agreement (SLA)/contract in place with their system supplier to ensure future development needs are sufficient to meet changes to the standard.
3. Table 3 provides the requirements and conformance criteria with the national cost collection guidance.

Table 3: Conformance with national cost collection guidance

| No | Requirement | Conformance criteria |
|-----|---|--|
| 2.1 | The quantum of costs submitted MUST be reconciled to the audited accounts, with appropriate adjustments made in line with the national cost collection guidance. | <p>There is a rigorous process for review of the cost quantum, including review as part of the Board Assurance process and reconciled to the audited annual accounts.</p> <p>Accurate completion will be checked post submission and any material issues reported back to the trust by NHS England and NHS Improvement.</p> <p>Further review will be undertaken as part of the CAP.</p> |

| No | Requirement | Conformance criteria |
|-----|--|---|
| 2.2 | The trust MUST ensure that their systems are and remain compliant with the minimum software requirements to enable all specified data items to be captured and extracted in compliance with the Information standard specification and implementation guidance. | The output from the PLICS: <ul style="list-style-type: none"> passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the require data output XML files, and the review of the Costing Assessment Tool (CAT) is found to be satisfactory by NHS England and NHS Improvement. |
| 2.3 | Services outside the scope of this collection SHOULD NOT be reported in the patient-level cost collection extracts and SHOULD be costed and reported in the reconciliation tables by the trust to ensure the correct quantum is generated. | The requirements of the national cost collection guidance should be followed, and a process put in place to accurately identify and exclude services outside the scope of the collection. This should be reviewed and signed off as part of the Director of Finance and Board Assurance process. |

3. Data quality

- Each trust is responsible for ensuring the data submitted is of the highest quality and completeness possible, and accurately represents the cost of the service provided. NHS England and NHS Improvement expects organisations implementing this standard to be consistent. Therefore, Implementation Guidance (<https://digital.nhs.uk/isce/publication/dcb2123>) has been produced as part of the suite of documentation to support this information standard. This sets out how the standard should be implemented, to help recording and support data quality.
- As with reference costs, there are a number of data validation checks in place. These are contained in the Data Validation Tool (DVT). Data validations are split into two groups:
 - submission failure** - these are validations which result in the data being rejected and so must be addressed before files can be submitted to NHS Digital. They cover the validity of the data submitted and file structure⁸; and
 - warnings** - highlights fields which need to be reviewed as part of the submission sign-off process but may not require action. Some of the checks are for excessive costs, fields required for HES matching and date ranges.

⁸ If A trust fails a mandatory validation, this will be followed up by NHS Improvement and a resubmission requested.

6. NHS Digital will also validate the data for submission failures when it is submitted to them.
7. Table 4 provides the requirements and conformance criteria for data quality.

Table 4: Conformance criteria for data quality

| No | Requirement | Conformance criteria |
|-----|--|---|
| 3.1 | Information in the costing submission made by the trust MUST be consistent with other financial and activity information. | As part of the internal review process and formal sign-off, there should be a process for the trust to assure itself that the cost information reconciles to the audited accounts, and the activity is consistent with that used for contracting and reporting purposes. This will be reviewed by NHS England and NHS Improvement as part of the Costing Assurance Programme (CAP) and review of the Board Assurance process. |
| 3.2 | The costing system MUST produce data which will pass the Data Validation Tool (DVT) checks and create XML data files for submission to NHS Digital. | <p>The output passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the require data output XML files.</p> <p>These XML files submitted to NHS Digital must pass the validation checks at NHS Digital.</p> |
| 3.3 | The trust SHOULD ensure the data items in the PLICS data used for linkage to HES are as complete as possible. | <p>The output passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the required XML data output files.</p> <p>These XML files submitted to NHS Digital pass the validation checks at NHS Digital.</p> <p>Due regard is given by trusts to the warnings of type 'Activity Match to HES' in the Data Validation Tool (DVT) with relevant action taken prior to submission to NHS Digital and reported accordingly within the trust.</p> |
| 3.4 | Where resubmission of costing data is requested by NHS England and NHS Improvement, the trust MUST | Where resubmission of costing data is required, NHS England and NHS Improvement will contact the trust with details of the issues found. Having addressed the issues, the trust should re-perform |

| | | |
|--|---|---|
| | address the issues raised and resubmit the data per the national cost collection guide. | the submission process and resubmit on the agreed date. |
|--|---|---|

8. Conformance with these criteria will be reviewed as part of NHS England and Improvement’s review of submission, compliance and enforcement policy and the Costing Assurance Programme.

4. Technology and data structure

9. Patient-level costing data is to be submitted to NHS Digital (in XML file format) using Secure Electronic File Transfer (SEFT). SEFT allows an NHS Digital business team to collect and transfer data to and from any external organisation electronically and securely.

10. SEFT can only be accessed by registered and approved users. NHS Digital will issue communications and guidance on the SEFT process. A [quick help guide](#) is available for users.

11. Table 5 provides the requirements and conformance criteria with technology and data structure.

Table 5: Conformance for technology and data structure

| No | Requirement | Conformance criteria |
|-----|---|---|
| 4.1 | Patient-level costing data MUST be submitted by the Trust to NHS Digital using Secure Electronic File Transfer (SEFT). | <p>PLICS XML files are received at NHS Digital via SEFT.</p> <p>The (PLICS) data submitter at a trust shall read and adhere to the SEFT user guidance on the NHS Digital website at:</p> <p>https://digital.nhs.uk/services/transfer-data-securely/secure-electronic-file-transfer-seft-users-quick-help-guide</p> |
| 4.2 | The trust’s software MUST produce data at the required level, in the mandated format. | The output passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the required XML data output files. |

| No | Requirement | Conformance criteria |
|----|-------------|---|
| | | These XML files submitted to NHS Digital pass the validation checks at NHS Digital. |

5. Information governance

12. Information governance is extremely important, and trusts **MUST** ensure that the arrangements in place comply with legislation and guidance on patient data.
13. Table 6 provides the requirements and conformance criteria for information governance as part of the national cost collection guidance.

Table 6: Conformance for information governance

| No | Requirement | Conformance criteria |
|------------|--|--|
| 5.1 | Trusts MUST make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting. | Relevant information and guidance made available |
| 5.2 | Trust Data Controllers for this PLICS data MUST ensure that their staff involved in the PLICS process are fully conversant with the PLICS Implementation Guidance for this standard | Staff have read and understood the PLICS Implementation Guidance |
| 5.3 | Trusts SHOULD ensure the Caldicott Guardian is informed about the PLICS collection and has read the Implementation Guidance for this standard | Caldicott Guardian has read and understood the PLICS Implementation Guidance |

14. For information on information governance arrangements at NHS Digital for patient level costing see - <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr/gdpr-register/patient-level-information-costings-system-plics>

Implementation and use

15. As part of the Approved Costing Guidance in previous years, NHS England and NHS Improvement have provided details on how trusts should implement and produce their patient-level cost data compliant with the costing standards. Guidance includes:
 - Quick start guide
 - How to implement the standards
 - Acute Technical Guidance
 - open learning platform
 - webinars on costing – for costing staff and clinicians (available via the ACG)
 - costing assessment tool (CAT), and
 - national sector forums.
16. NHS England and NHS Improvement has also produced [national cost collection guidance](#) which includes the required information for producing and submitting the costing data file.

Process overview

17. Data from a trust's costing system will be produced at a patient level and submitted to NHS Digital via SEFT. The PLICS files submitted are then validated at NHS Digital. Subject to successful validation, this data is then linked to HES data by NHS Digital. This is attempted using the 'CDS UNIQUE IDENTIFIER' initially (this linking is only applicable for feed types containing this field).
18. If this is unsuccessful, further attempts are made to match the data to HES against other combinations of patient identifiable data (only applicable for feed types containing patient identifiable demographic data). NHS Digital then pseudonymise the resultant linked data, before it is provided to NHS England and NHS Improvement via SEFT in accordance with the DARs process and the data sharing agreement. NHS Digital may link the PLICS data to other activity and outcome data. Other organisations may request the data, subject to the DARS process.

Additional guidance and information for producing patient-level costing

19. As part of the Approved Costing Guidance, NHS England and NHS Improvement have provided detailed guidance, by sector and service, to support providers to produce and submit patient-level cost data. This is listed in the Implementation Guidance for this standard.

Annex A: Glossary

| Acronym | Term | Description |
|----------------------|---------------------------------------|---|
| A&E | A&E attendances | Attendances in all types of emergency department at trusts. Submitted as part of the national commissioning data sets. |
| ACG | Approved Costing Guidance | NHS England and NHS Improvement’s main policy documents for costing healthcare services in England, which describes the process of producing and collecting costs, both patient-level and average (reference) costs. https://improvement.nhs.uk/resources/approved-costing-guidance/ |
| ACG Standards | Approved Costing Guidance - Standards | The approved approaches and methodologies for calculating costs, published in the Approved Costing Guidance. |
| APC | Admitted patient care attendances | An overarching term covering patients who have been admitted to a hospital: e.g. ordinary elective admissions; ordinary non-elective admissions; day cases; regular day admissions; regular night admissions. |
| CAP | Costing Assurance Programme | This programme reviews and assesses the accuracy of the costing information produced by trusts. It also identifies trusts that need support and the outcome is used to improve the guidance available to trusts. https://improvement.nhs.uk/resources/costing-assurance-programme/ |
| CAT | Costing Assessment Tool | An improvement tool developed by NHS England and NHS Improvement to allow costing practitioners to record and measure their progress against the costing standards. Scores from the CAT will be included in the national PLICS portal for benchmarking as well as identifying productivity opportunities and the development of the national tariff. The CAT may also form the basis of providers assessment under the costing assurance programme. |

| Acronym | Term | Description |
|-------------------|------------------------------------|---|
| CTP | Costing transformation programme | NHS England and NHS Improvement 's programme to move from reference costs collection to patient-level cost collection. This will improve the quality of costing information throughout the NHS and support providers to deliver more effective and efficient outcomes. For more background information see the NHS England and NHS Improvement website. |
| DARS | Data Access Request Service | A service managed by NHS Digital that allows clinicians, researchers and commissioners access to data required to help improve NHS services subject to meeting strict data governance standards. |
| DPN | Data Provision Notice | This provides information on the data collection including the purpose, benefits, how NHS Digital intends to collect the data, form, manner, frequency and from which organisations. |
| DSA | Data Sharing Agreement | A formal agreement for the routine sharing of data sets between organisations for an agreed purpose. |
| DVT | Data Validation Tool | This tool is used to prepare Costing Transformation Programme (CTP) PLICS submission files. It assesses the data quality of the cost collection files to identify any areas that require attention, providing the opportunity to improve data accuracy before submission |
| EC | Emergency Care or A&E attendances | Attendances in all types of emergency department at trusts. Submitted as part of the national commissioning data sets. |
| FCE | Finished Consultant Episode | This is the total time a patient spends under the care of an individual consultant. |
| Grouper | Healthcare Resource Grouper | Software that groups patient events that have been judged to consume a similar level of resource into a healthcare resource group. |
| HES | Hospital Episode Statistics | This is a database containing details of all admissions, A&E attendances and outpatient appointments at NHS hospitals in England. |
| HES-PLCADS | Hospital Episode Statistics PLCADS | This is the data set created by merging the costing information and Hospital Episode Statistics. This is created by NHS Digital, |

| Acronym | Term | Description |
|--------------------------|---|--|
| | | pseudonymised and then shared with NHS England and NHS Improvement. It provides detailed information based on the actual interactions and events related to individual patients and their associated costs. |
| HFMA | Healthcare Financial Management Association | A charity for healthcare financial management executives, which works in partnership with NHS England and NHS Improvement to improve the accuracy of costing and financial management in the NHS. |
| HSCA | The 2012 Act | The Health and Social Care Act 2012. www.legislation.gov.uk/ukpga/2012/7/contents |
| IGARD | Independent Group Advising on the Release of Data | Group that considers all requests for dissemination of confidential information, as defined in Section 263 of the Health & Social Care Act, through the Data Access Request Service (DARS). Also makes general recommendations or observations to NHS Digital about their processes, policies and procedures, including transparency measures such as registers. |
| NCC Guide | National Cost Collection guidance | Guidance, updated annually, which describes the requirements for the national cost collection. It covers the mandatory cost collection for all NHS providers and is part of the Approved Costing Guidance . |
| NHS E & NHS I | NHS England and NHS Improvement | Refers to NHS England and NHS Improvement, which since 1 April 2019 has been working together as a new single organisation to better support the NHS to deliver improved care for patients. As local health systems work more closely together, the same needs to happen at a national level. Our new single operating model has been designed to support delivery of the NHS Long Term Plan . |
| NAPC | Non-admitted patient care attendances | The data set containing unit costs for inpatient admissions, A&E, and outpatient attendances for NHS providers in England. |
| OP | Outpatient Attendances | An Out-Patient Attendance Consultant is an attendance at which a patient is seen by or has contact with (face to face or via telephone/telemedicine) a consultant or |

| Acronym | Term | Description |
|---------------|--|--|
| | | relevant member of the consultant's organisation. |
| PLC | Patient-level costing | Calculating and collecting data at an individual patient level. |
| PLCADS | Patient-Level costing (Acute) Data Set | Output from the NHS trusts costing system, containing all of the costing information along with data which will allow this to be linked to HES data to create the HES-PLCADS |
| PLICS | Patient-level information and costing system | The system used to record and report the patient pathway and costs at an individual patient level. |
| RC | Reference costs | The average unit cost to the NHS of providing secondary healthcare to NHS patients. |
| SEFT | Secure Electronic File Transfer | The system that allows the transfer files securely into and out of NHS Digital, providing data security during transmission using a 256-bit AES encryption mechanism. The data are held in secure containers at NHS Digital and only people who are authorised to process the data are allowed access. |
| SI | Supplementary Information | A new extract requirement to collect high cost drugs, high cost devices and diagnostic imaging at a patient level for 2020 |
| SWC | Specialist Ward Care | A new extract requirement to collect adult critical care at a patient level for 2020 |
| XML | Extensible Mark-up Language | A computer language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable. |

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