

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

DAPB4000 Amd 15/2021
Standard Specification 1.0



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Overview

Data Alliance Partnership Board

1. This information standard replaces three existing information standards that were in place for Patient Level Costing, that have previously been approved for publication by the Department of Health and Social Care under section 250 of the Health and Social Care Act 2012. These are:
 - DCB2123 Amd 90/2019 Patient-Level Information and Costing Systems (PLICS) Data Set
 - DCB2123-03 Amd 39/2020 Patient-Level Information and Costing Systems (PLICS) Mental Health Data Set
 - DCB2123-04 Amd 40/2020 Patient-Level Information and Costing Systems (PLICS) Improving Access to Psychological Therapies (IAPT) Data Set.
2. 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 Alliance Partnership Board (DAPB).
3. This information standard comprises the following documents:
 - Specification
 - Implementation Guidance.
4. An Information Standards Notice (DAPB4000 Amd15/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.
5. 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.
6. Date of publication: 13 August 2021

Title	Specification for Patient level information and costing systems (PLICS) Integrated Data Set		
DAPB reference	DAPB4000 Amd 15/2021		
Sponsor	Chris Walters	Status	Final
Senior Responsible Officer	Helen Laing	Version	1.0
Author(s)	Sarah Williams	Version Date	09.08.2021

Summary

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

Standard	
Standard Number	DAPB4000 Amd15/2021
Standard Title	Patient-level information and costing systems (PLICS) Integrated 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 2020/21, for which PLC data is being collected for acute, mental health and IAPT services from all designated providers. For financial year 2020/21 data, to reduce burden on costing practitioners of integrated trusts in completing multiple reconciliation documents and in line with the Costing Transformation Programmes (CTP) key objectives, the extract specification and workbook has been integrated for acute, mental health and IAPT providers. This data had previously been collected via three individual collections.</p> <p>This information standard covers the creation of the PLC (Integrated) Data Set (PLCINTDS). This contains unit costs for inpatient admissions, emergency care, outpatient attendances, mental health provider spells and care contacts and IAPT appointments for NHS providers in England.</p> <p>For financial year 2020/21 data, the main areas of change are:</p> <ul style="list-style-type: none"> • PLICS data submission where the feed type exists should be submitted for all services. • Data extract specification for acute, mental health and IAPT providers is integrated. • Inclusion of PLICS extract matching identifier (PLEMI) for the Mental Health Sector • PLEMI data item structure (the PLEMI will no longer act as a method of sequencing and therefore the suffix count will be removed and will not be replaced). • Continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) devices are to be collected • Paediatric and neonatal critical care are included

	<ul style="list-style-type: none"> • Mental health trusts will be required to submit the ‘Supplementary Information’ feed. This includes ‘High-cost drugs and unbundled imaging’ brought into PLICS • Child and Adolescent Mental Health Services (CAMHS) are included. • Transition from IAPT Data Set v1.5 to v2.0 • COVID-19 costs (all costs of the provider’s ‘own patient care’ are included) <p>This data set replaces elements of the data collected as part of the reference cost collection for those designated trusts for acute, mental health and IAPT activity.</p>
Only applies to	Designated providers as published in Annex A Section 2 of the Requirements Specification for Patient Level Information and Costing Systems (PLICS) Mandatory Collections continued implementation and associated Mandatory Request .
Services covered	<p>The following service types, for designated providers are in scope:</p> <ul style="list-style-type: none"> • admitted patient care (APC) • non-admitted patient care (NAPC) attendances, also known as outpatients (OP) • Emergency Care attendances (EC) • Cystic Fibrosis • Adult Critical Care • Paediatric Critical Care • Neonatal Critical Care • High Cost Drugs • High Cost Blood Products • High Cost Devices • Unbundled Imaging • Mental Health Provider Spells / admitted patient care (MHPS) • Mental Health Care Contacts / non-admitted patient care (MHCC) • IAPT Appointments (IAPT) <p>Activity to be submitted in 2021</p> <p>Admitted Patient Care, Outpatients and Emergency Care</p> <p>The collection year begins on 1 April 2020 and ends on 31 March 2021. All episodes, attendances and contacts completed within the collection year must be costed and submitted. All episodes including incomplete are to be costed as per Figure 1 below.</p> <p>There are four Episode Types:</p> <p>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)</p> <p>Figure 1: Episode types</p>

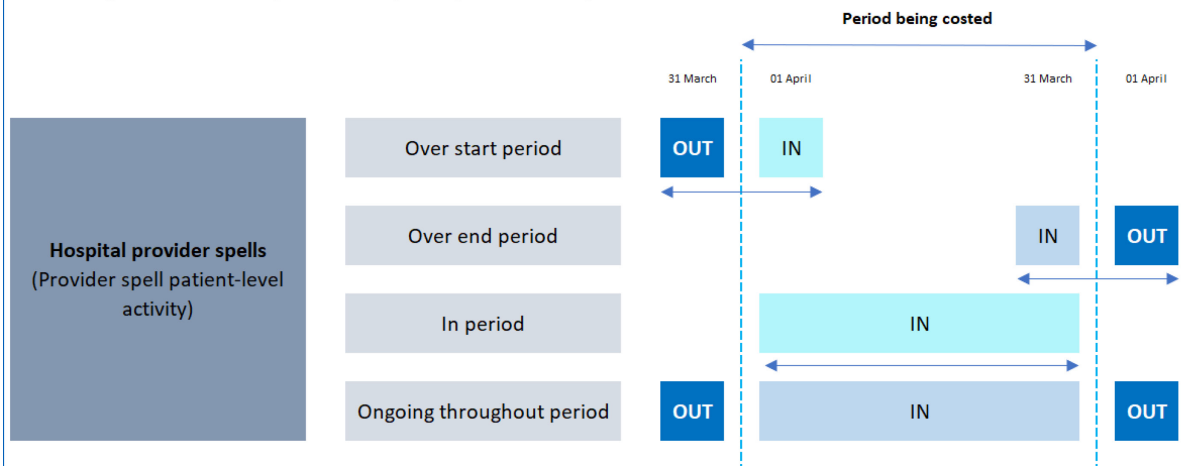
Supplementary Information

The collection year begins on 1 April 2020 and ends on 31 March 2021. 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 (see [National Tariff Annex A Worksheet 13a and 13b](#)) issued within the collection year must be costed and submitted.

Mental Health Provider Spells

The collection year begins on 1 April 2020 and ends on 31 March 2021. All hospital provider spells completed within the collection year, or hospital provider spells still open at the end of the collection year, are in scope of this collection. All mental health care contacts completed within the collection year, are in scope of this collection. Figure 3 shows which part of a spell should be costed in the collection year.

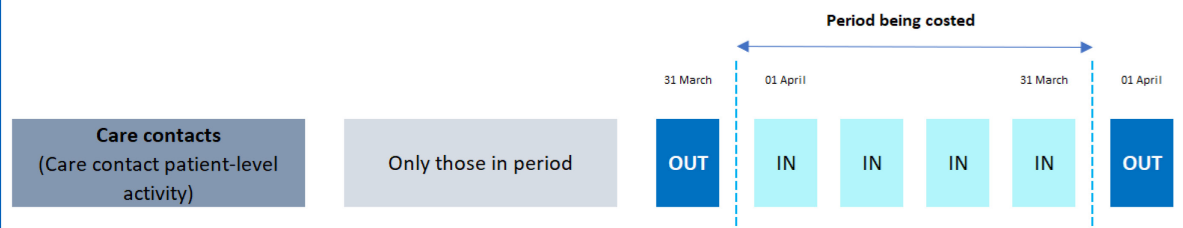
Figure 3 incomplete hospital provider spells



Mental Health Care Contacts

The collection year begins on 1 April 2020 and ends on 31 March 2021. All mental health care contacts completed within the collection year, are in scope of this collection as per Figure 4.

Figure 4 scope of care contacts collected



IAPT

The collection year begins on 1 April 2020 and ends on 31 March 2021. All attended IAPT appointments within the collection year are in scope of this collection. Data for Long Term Care/IAPT integrated services pilots and Employment Advisor pilots is not in scope.

	<p>Further guidance is provided in 2020/21 National cost collection guidance – Volume 3: National Cost Collection – acute, mental health and improving access to psychological therapies (IAPT)</p> <p>Additional Information:</p> <p>Ambulance Services are covered by a separate Information Standard, DAPB4001 Amd 17/2021.</p> <p>Community services are currently out of scope. A PLICS Community pilot collection is planned to take place in late 2021, with the aim that Community Services would be included for submissions during 2022.</p>
Date	For all designated providers: From 1 April 2020 for collection onwards
Implementation dates (start/end dates)	<p>Start date – Timetabled for submission start date of 6 September 2021</p> <p>End date – Timetabled for submission end date of 29 October 2021 (Continuous)</p>

Background

Why is patient-level costing being mandated?

8. 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 implementing PLICS, 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).
9. 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.
10. NHS Improvement's [Acute](#) and [Mental Health](#) service 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

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').

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

11. 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

12. The purpose of this document is to define the data to be collected and submitted for the patient-level costing submission. For the financial year 2020/21 this will apply to the designated providers of acute, mental health and IAPT services. The intention is that this information standard will be updated annually should changes to the data set be needed.
13. 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.
14. For financial year 2020/21, this information standard only applies to acute, mental health and IAPT services provided by the designated Trusts².
15. The information standard for PLICS Ambulance has not been included as part of this integrated information standard due to the fact that the vast majority of ambulance providers named on Annex A Section 4 of the Requirements Specification for the Patient Level Information and Costing Systems (PLICS) Mandatory Collections continued implementation Mandatory Request, are distinct from providers of Acute or Mental Health services, the ADS (Ambulance Services Dataset) is continuing to develop from pilot form and the incident based approach to costing for PLICS ambulance data.

² As per table in the Summary Section of this document.

Guidance on the patient-level costing and information systems Integrated standard

16. 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 [integrated technical document](#) to complete and submit the patient-level costing return, and
 - the 2020/21 national cost collection guidance including:
 - Volume 1: Overview
 - Volume 2: National Cost Collection reconciliation and exclusions
 - Volume 3: National Costs Collection – Acute, Mental Health and IAPT
- NHS England and NHS Improvement will review and publish the updated ACG annually, after a review and feedback process with stakeholders including NHS trusts, NHS Digital and other key organisations.
17. 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

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.

parties. This information standard will also be reviewed and if necessary updated as part of the annual process.

18. 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

19. 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).
20. The data collected will be used to create 'Linked-PLCINTDS' – Linked Patient Level Costing Integrated Data Set. (See Annex A: Glossary)

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:

- inform new methods of pricing NHS services;
- inform new approaches and other changes to the design of the currencies used to price NHS services;
- contribute to NHS Improvement's strategic objective of a 'single national cost collection';

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).

- inform the relationship between provider characteristics and cost;
 - help trusts to maximise use of their resources and improve efficiencies, as required by the provider licence;
 - identify the relationship between patient characteristics and cost;
 - support an approach to benchmarking for regulatory purposes; and
 - allow NHS Improvement to report the impact of the COVID-19 pandemic on the cost base in the English NHS.
21. NHS England and NHS Improvement will also (subject to approval by NHS Digital through the Data Access Request Service (DARS) process) share pseudonymised high level patient-level data with participating trusts and with arm's length bodies using NHS England and NHS Improvement tools and reports.
 22. Under section 259(1)(a) of the Health and Social Care Act ("the 2012 Act"), NHS Digital has the powers to require the submission of PLICS data. A [Data Provision Notice](#) has been issued for this data collection.
 23. Under sections 255 and 256(2 (a) of the Act, NHS Digital has received a Mandatory Request from NHS Improvement (Monitor) to continue to develop and operate such systems for the collection and analysis of information of PLICS data as per the [Patient Level Information and Costing Systems \(PLICS\) Mandatory Collections continued implementation Mandatory Request](#) developed and operated in accordance with the [Specification](#) associated with that Request.
 24. In terms of disseminating the data -following submission to NHS Digital, the Data Access Request Service (DARS) process verifies that there is an appropriate legal basis for an applicant to access the requested data and that appropriate safeguards are in place to ensure that the applicant will store and handle data safely and securely.
 25. A signed Data Sharing Agreement (DSA) is in place between NHS Digital and NHS England and NHS Improvement, having been through the DARS process.

26. 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)⁶.
27. NHS Digital may also disseminate the data collected under the Mandatory Request, to other organisations via the DARS process.
28. The data will be utilised by both NHS Digital and NHS England and NHS Improvement to produce an accompanying Official Statistic release in line with principles contained within the code of practice for statistics. The data will be subject to queries, for example to Freedom of Information requests and Parliamentary Questions.

⁶ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-ugroup-advising-on-the-release-of-data>

Requirements

29. 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

30. 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.

31. 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)

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

33. Table 1 below provides the requirements and conformance criteria for trusts.

Table 1: 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-casemixoffice/downloads-groupers-and-tool</p>

2. National cost collection guidance

34. 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.
35. 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.
36. Table 2 provides the requirements and conformance criteria with the national cost collection guidance.

Table 2: 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>

No	Requirement	Conformance criteria
		Further review will be undertaken as part of the CAP.
2.2	The trust SHOULD 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

37. 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](#) 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.
38. 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 structure⁷; and
- **warnings** - highlights fields which need to be reviewed as part of the submission sign-off process but may not require action.

39. NHS Digital will also validate the data for submission failures when it is submitted to them.

40. Table 3 provides the requirements and conformance criteria for data quality.

Table 3: 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.	The output passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the require data output XML files. These XML files submitted to NHS Digital must pass the validation checks at NHS Digital.

⁷ If A trust fails a mandatory validation, this will be followed up by NHS Improvement and a resubmission requested.

3.3	The trust SHOULD ensure the data items ⁸ in the PLICS data used for linkage are as accurate as possible.	The output passes the Data Validation Tool (DVT) mandatory checks (submission failures) to create the required XML data output files. These XML files submitted to NHS Digital pass the validation checks at NHS Digital.
3.4	Where resubmission of costing data is requested by NHS England and NHS Improvement, the trust MUST address the issues raised and resubmit the data per the national cost collection guide.	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 the submission process and resubmit on the agreed date.

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

4. Technology and data structure

42. 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.
43. 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.

⁸ The data items used for linkage are specified in the Extract Specification under the 'comments' column.

44. Table 4 provides the requirements and conformance criteria with technology and data structure.

Table 4: 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. See DVT Business Rules .	<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>

5. Information governance

45. Information governance is extremely important, and trusts **MUST** ensure that the arrangements in place comply with legislation and guidance on patient data.
46. Table 5 provides the requirements and conformance criteria for information governance as part of the national cost collection guidance.

Table 5: 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

47. 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

48. 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
 - [Integrated Technical Guidance](#)
 - open learning platform
 - webinars on costing – for costing staff and clinicians (available via the ACG)
 - costing assessment tool (CAT)
 - national sector forums, and
 - regular implementation workshops
49. NHS England and NHS Improvement have also produced national cost collection guidance which includes the required information for producing and submitting the costing data file.

Process overview

50. 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 specific activity data held by NHS Digital.
51. 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.

Annex A: Glossary

Acronym	Term	Description
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://www.england.nhs.uk/publication/approved-costing-guidance-2021-integrated-prescribed-guidance-and-tools/
ACG Standards	Approved Costing Guidance - Standards	The approved approaches and methodologies for calculating costs, published in the Approved Costing Guidance.
ANANA	A unified identifier structure of 5 alternating alphabetic and numeric characters	ANANA codes are the new organisation codes which have replaced ODS codes. Further information is available - Information Standards Notice (ISN) DCB0090
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.
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.
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

Acronym	Term	Description
		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
HES	Hospital Episode Statistics	This is a database containing details of all admissions, A&E attendances, and outpatient appointments at NHS hospitals in England.
HFMA	Healthcare Financial Management Association	A professional body 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. https://www.hfma.org.uk/about-hfma
HSCA	The 2012 Act	The Health and Social Care Act 2012. www.legislation.gov.uk/ukpga/2012/7/contents
IAPT	Improving Access to Psychological Therapies Data Set	The IAPT Data Set was developed with the IAPT Programme as a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable information for

Acronym	Term	Description
		patients accessing NHS-funded IAPT Services in England
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 and 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.
MHCC	Mental Health Care Contacts	The feed type containing costs for mental health care contacts / non-admitted patient care.
MHPS	Mental Health Provider Spells	The feed type containing costs for mental health provider spells / admitted patient care.
MHSDS	Mental Health Services Data Set	The MHSDS is a patient level, output based, secondary uses data set which is delivering robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services.
NCC Guidance	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 .
PLC	Patient-level costing	Calculating and collecting data at an individual patient level.
PLCINTDS	Patient-Level Costing Integrated Data Set	The PLICS Integrated data that NHS Digital collects from the relevant providers.

Acronym	Term	Description
Linked-PLCINTDS	Linked Patient Level Costing Integrated Data Set	The data asset created when NHS Digital matches the PLCINTDS data from relevant NHS providers, with the corresponding activity dataset; - adds key identifiers and / or - validates key identifiers to allow users to subsequently link this data with the corresponding activity dataset.
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.
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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