NHS

2019/20[1] National cost collection guidance

Volume 4: National Cost Collection – ambulance sector

July 2020

[1] Please note volumes issued earlier were referred to as part of the 2020 National Cost Collection Guidance. This has been amended to 2019/20 as a result of the delay of the collection window in 2021 due to the impact of COVID-19.

Contents

1. Introduction

1.   This document forms part of the financial year 2019/20 National Cost Collection (NCC) guidance which is being published in volumes.

2.   You should read *Volume 1: Overview* before reading this document.

3.   You should also read Volume 2: *National cost collection reconciliation and exclusions.*

4.   You should also read *Volume 7: Data submission* before reading this document.

5.   You should read the Ambulance extract specification in conjunction with reading this document.[2]

6.   The 2019/20 financial year is the first year of mandated PLICS for the ambulance sector. Therefore, NHS England and NHS Improvement have designed a collection with limited changes to enable those providers that have not participated in a voluntary collection to work from a stable foundation of relatively unchanged guidance and collection.

7.   As a result of the COVID-19 pandemic, we have moved the submission window for the 2019/20 NCC for the ambulance sector to January 2021.

8.   For your main support contacts during the collection, please refer to *Volume 1: Overview*.

9.   In addition you can join our weekly 'coffee and connect' sessions by contacting costing@improvement.nhs.uk.

1.1 Ambulance collection overview

10. This section provides an overview of the 2019/20 NCC .

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[2] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

11. Providers are asked to submit activity and financial data for all incidents going through 999 call centres or dispatch centres.

12. For the purposes of this collection, an incident is defined as:

  • a discrete event where one or more responses are dispatched
  • clinical advice is given over the phone
  • an information only or no treatment required calls.[3]

13. Alongside in-house provision the collection includes the following services:

  • activity completed by third-party providers
  • activity completed by hazardous area response teams (HART)
  • medical emergency response incident teams (MERIT)
  • healthcare professional responses
  • air ambulance responses (staff only).

14. The PLICS extracts that should be reported at patient level for this collection are:

  • AMB (Ambulance) – ambulance incidents.

15. The following services are out of scope of the collection:

  • other patient-facing services, eg GP out-of-hours, patient transport service and NHS 111
  • HART non-responding time.

16. Other operating income relating to commercial services (eg first aid training and cover for sporting events) will be netted off from the costs of providing these services, as part of the reconciliation process to establish the provider's total costs.

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[3] For further information see Section 3.1 Collection scope.

1.2 Reasons for changes to the 2019/20 National Cost Collection

17. As the aim of the 2019/20 NCC is 'minimum change' to give ambulance trusts the best opportunity of success, we have only made changes to address the following:

- alignment where possible with the new ambulance dataset (ADS) being piloted by NHS Digital[4]
- introduction of ANANA codes by NHS Digital
- serious data quality issues identified during the pilot and voluntary collections.

18. If you are concerned about any changes to the specification for 2019/20, contact costing@improvement.nhs.uk citing 'DC – Ambulance extract specification 2019/20' in the subject field.

1.3 Main areas of change for 2019/20

Table 1: Main changes to the NCC for the financial year 2019/20

Change for 2019/20	Detail
Organisation identifier field extended	Org ID extended to three or five characters to accommodate ANANA Org ID codes (submitter and commissioner)
NHS number status indicator code field added	NHS number status indicator code added as a required field
Source of call field updated	Source of call expected values updated in line with the pilot ambulance data specification v0.14

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[4] Additions as a result of the move to ADS were discussed with ambulance representatives on the weekly ambulance implementation calls chaired by NHS England and NHS Improvement.

Change for 2019/20	Detail
Call category field updated	Call category expected values updated in line with the pilot ambulance data specification v0.14. Temporary fields have been added to call category due to a transition year between sets of values. HCP1H, HCP2H, etc have been superseded by HCP1, HCP2, etc. HCP1H, HCP2H, etc will be removed from next year.
Responder type field updated	Responder type expected values updated in line with the pilot ambulance data specification v0.14. These have also been converted to numerical codes (01, 02, etc.) The responder type will still only accept 10 pipe delimited values, but this will be a shorter field as the individual RT fields have been reduced from three characters to two.
Incident currency field updated	Incident currency expected values updated in line with the pilot ambulance data specification v0.14. These have also been converted to numerical codes (01, 02, etc)
Collection activity IDs updated	Collection activity IDs SUP002 – CNST indemnity removed
Collection resource IDs updated	Collection resource IDs updated to remove overlap with the PLICS acute extract specification

2. Cost collection resources and activities

19.   This section describes the resources and activities you should use to report your costs for the 2019/20 NCC.

20.   Tables 2 and 3 below list the collection resources and activities respectively.

21.   These tables are presented in the extract specification for ambulance providers[5] and more information can be found in that document.

Table 2: Collection resources

Collection resource ID	Collection resource description
CPF039	Drugs and consumables resources
CPF040	Emergency operations centre resources
CPF041	Equipment resources
CPF042	Fleet fuel resources
CPF034	Fleet resources
CPF035	Frontline staff resources – Band 3 and below
CPF036	Frontline staff resources – Bands 4 and 5
CPF037	Frontline staff resources – Band 6 and above
CPF038	Frontline staff resources – other
CPF043	Hospital ambulance liaison officers (HALOs)
CSC007	Support costs (pay and non-pay)
CPF044	Third-party frontline resources

[5] See https://improvement.nhs.uk/resources/approved-costing-guidance-2020/ for extract specification.

Table 3: Collection activities

Collection activity ID	Collection activity description
AMB001	Call handling and telephone clinical advice
AMB002	Dispatch and control
AMB003	Allocation to mobile
AMB004	Mobile to scene
AMB005	Treating patient on scene
AMB006	Convey patient to treatment location
AMB007	Patient handover
AMB008	Handover to clear
AMB009	Non-responding time

22. Only certain combinations of collection resources and activities are valid. For example, **drugs and consumable resources** (CPF039) should never be expected for delivering **call handling and telephone clinical advice** activity (AMB001) and therefore is an invalid combination. Valid combinations of collection resources and activities are given in the file extract specification.[6]

[6] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

3. Preparing PLICS files for ambulance services

23. The extract file specification[7] sets out the exact structure of the files you need to produce for the collection: the field names and formats, along with valid codes for certain fields where applicable.

24. The nature of ambulance service provision means the cost collection is at the incident level, not the patient level. The number of vehicles arriving at a treatment location is used as a proxy for the number of patients associated with each incident. If no vehicles arrive at a treatment location, the incident is assumed to involve a single patient.

3.1 Ambulance incidents

Collection scope

25. This section covers ambulance incidents (AMB). Incidents collected in the AMB PLICS data feed should be based on AMB.

26. For costing purposes, an incident for PLICS is defined as an activity provided by the ambulance service relating to an event: clinical advice on the telephone or dispatching a physical response to treat one or more patients.

27. For the purposes of PLICS ambulance, the scope of an incident includes 'hear and treat' and 'other' events. These do not normally constitute an incident in the ambulance dataset definitions, as response units are not dispatched. However, these activities are costed in line with **Standard CM31 Allocating costs across job cycle elements** and are considered an incident for the purposes of this collection.

28. An incident begins at the point the call is connected, or a request for an ambulance is received. An incident ends when:

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[7] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

- the responder type is clear to respond to future incidents
- when the call ends for hear and treat incidents
- when the call ends for 'other' calls.

29. The collection year begins on **1 April 2019** and ends on **31 March 2020**.

30. All incidents started within the collection year are in scope of this collection. For example, if an incident started on 31 March 2020 at 23:50 and ended on 1 April 2020, then all the resources and activities should be allocated, even though the incident ended outside the collection year.

31. Resources and activities should be allocated to the incident based on when the incident started, regardless of the collection year. For example, if an incident started on 31 March 2020 at 23:50 and ended on 1 April 2020, then all the resources and activities should be allocated, even though the incident ended outside the collection year.

32. Incident-level data is to be submitted, with some information included on response(s) and patient(s). The list of fields to be collected for each incident is shown in the ambulance extract specification file.

33. NHS number and handover destination will not be submitted as multiple value fields and will be limited to one NHS number and one handover destination per incident.

34. The NHS number should only be submitted where the incident involved a single patient and should be recorded as multi-patient incident = N. In the small number of incidents where the data has more than one NHS number, the NHS number should be left blank and should be recorded as multi-patient incident = Y.

35. For incidents with more than one handover destination, only the details of the first handover destination reached should be submitted. The earliest entry in the data for the handover destination field should be selected and all other data (for this field) removed from the collection files to be submitted.

36. The only field that will be enabled to accept multiple values is 'responder type'. Each responder type should be pipe delimited (|); the maximum number of

responder types per incident will be limited to 10, with the first 10 responder types selected based on at-scene date and time. This field will have a maximum string length of 29. A full list of responder types is available in the extract specification.

37. The responder type codes – 'UNK' and 'NRT' – were added to the 2019 FY2018/19 pilot collection.

For 2019/20 these codes have been replaced with the following numerical values, which should be used in the following circumstances:

97	NRT - No responder type	'97' value should be used when no responder was required for the incident.
99	UNK – UNKNOWN	'99' value should be used when the responder type is unknown.

38. In instances where responders of the same type are on the scene for the same incident, codes for every responder should be supplied.

39. For example, 2 × RRV 1 × DCA and 1 × FAL should be presented as: 02|01|19|02.

40. In the small number of incidents where the data has more than 10 responder types, you will be required to select the 10 earliest entries in the data for this field and remove all other data (for this field) from the collection files to be submitted.

3.2 Currencies

41. The currencies were developed and agreed with ambulance trusts and commissioners to support the contracting and payment of emergency and urgent ambulance services from April 2012. We plan to align their definitions with the ambulance quality indicators.[8] The four currencies are:

- 01 – hear and treat

- 02 – see and treat
- 03 – see and treat and convey.
- 04 – other.

Hear and treat

42. The activity measure is the number of patients, following emergency or urgent calls, whose issue was resolved by providing clinical advice over the telephone or referral to a third party.

43. This includes patients whose call is resolved without despatching a vehicle, or where a vehicle is despatched but is called off from attending the scene before arrival, by providing advice through a clinical decision support system or from a healthcare professional, or by transferring the call to a third-party healthcare provider.

44. An ambulance trust healthcare professional does not arrive on scene.

45. The unit cost is the cost per incident.

See and treat

46. The activity measure is the number of incidents, following emergency or urgent calls, resolved by the patient being treated and discharged from ambulance responsibility on scene. The patient is not taken anywhere.

47. It includes incidents where ambulance trust healthcare professionals on the scene refer (but do not convey) the patient to any alternative care pathway or provider.

48. It includes incidents where, on arrival at the scene, the ambulance trust healthcare professional is unable to locate a patient or incident.

49. It includes incidents despatched by third parties (such as NHS 111 or other emergency services) directly accessing the ambulance control despatch system.

50. The unit cost is the cost per incident.

See and convey

51. The activity measure is the number of incidents, following emergency or urgent calls, where at least one patient is conveyed by ambulance to an alternative healthcare provider.

52. Alternative healthcare providers include any other providers that can accept ambulance patients, such as A&Es, minor injury units, walk-in centres, major trauma centres and independent providers.

53. It includes incidents despatched by third parties (such as NHS 111 or other emergency services) directly accessing the ambulance control despatch system.

54. It excludes patient transport service (PTS) and other private or non-NHS contracts.

55. The unit cost is the cost per incident.

Other

56. The activity measure is the number of emergency and urgent calls to the switchboard that are answered.

57. This includes 999 calls, calls from other healthcare professionals requesting urgent transport for patients and calls transferred or referred from other services (such as other emergency services, NHS 111, other third parties).

58. This includes hoax calls, hang-ups before coding is complete, caller not with patient and unable to give details, caller refusing to give details and response cancelled before coding complete.

59. When submitting PLICS data, a duplicate call relating to a previously recorded call (recorded as 01, 02 or 03), should not be submitted on an unrelated row(s) of data recorded as 04. Instead the cost should be absorbed into the initial contact with the ambulance control room.

60. It excludes calls abandoned before they are answered, PTS requests and calls under any private or non-NHS contract.

61. The unit cost is the cost per incident.

4. Submitting PLICS files

62. You should read this section alongside *Volume 7: Data submission.*

63. The extracted files must be passed through the NHS England and NHS Improvement data validation tool (DVT; see Section 5 of Volume 7) before being submitted to NHS Digital in the relevant collection window.

64. This DVT converts the CSV files to **XML** format and will compress each monthly file. Only XML files can be submitted to NHS Digital.

65. File names must comply with the convention set out in the extract specification document; if they do not, your files will fail NHS Digital validation.

66. To separate the data extracts into appropriately sized files, they must be split into 12 monthly files using the:

    - incident date for completed ambulance incidents.

67. Each trust needs to make a full submission, defined as 12 monthly files per feed for all required activity data and one reconciliation file.

4.1 Submitting data to NHS Digital

68. You must submit your PLICS files via secure electronic file transfer (SEFT) to NHS Digital.

69. For this you need to ensure you are set up as a SEFT user.

70. Each organisation needs a SEFT account and the current allowance is one user per organisation.[9]

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[9] We have asked NHS Digital to investigate if SEFT could support multiple users within one organisation. We will let you know through our normal communication channels if this is possible.

71. You should test your SEFT connectivity at least three months before the window opens. More details on SEFT, including the contact details for queries, are on the NHS Digital website here.[10]

72. On uploading your files via SEFT, a green tick indicates successful transfer, not that your files have passed NHS Digital's validations. You receive the latter in email notifications from NHS Digital.

73. Only **XML** files are to be submitted via SEFT to NHS Digital in the collection window, and only when all mandatory validations have been passed in the DVT.

4.2 Submission rules

74. The files that make up a full submission are outlined above.

75. The submission file names must comply with the file naming convention set out in the extract specification; if they do not, your files will fail validation.

76. The submitted files must contain the header message and be populated with data as specified in the specification.

77. Your files will fail validation if any mandatory data items are not populated as defined in the extract specification.

78. The data validation outcome is determined at file level, not record level. A whole file is classified as passed or failed when submitted to NHS Digital.

79. You should review and correct any files that fail validation.

80. If you submit the same file multiple times, NHS Digital will **only** use the **last** good file (ie the latest submitted file to pass validation).

81. As there is no resubmission window, the NCC team may request a subsequent submission later in the planned submission window[11], where we identify serious data quality issues.

[10] https://digital.nhs.uk/services/transfer-data-securely
[11] 11/01/2021 – 29/01/2021

82. Once you have submitted your files, and they have passed validation, you should not attempt to upload your files again in the initial submission period.

83. **There are no resubmission windows for the ambulance PLICS collection for the financial year 2019/20**.

5. Data validation tool for PLICS files

84. You should only use the NHS England and NHS Improvement DVT: Please refer to the release notes if you are unsure that this is the DVT you are using. If you are having problems using this tool, please contact costing@improvement.nhs.uk and attach your log file and validation report.

85. Before submitting files to NHS Digital, you must pass them through our DVT. The exact business rules/validation checks involved will be published on our website.[12]

86. Our DVT checks the files are in the correct format for submission, mandatory fields are populated and valid codes are entered in fields where applicable. The tool produces an output file listing any file specification discrepancies that need to be amended before submission.

87. The tool first produces an output file, identifying any file specification discrepancies where data quality is outside reasonable parameters. These are classified as:

- 'submission failure' – errors that must be amended before submission. Only then will the file pass the required mandatory validations to create an XML file ready for submission to NHS Digital
- 'warning' – for areas where data quality requires review. However, without correction the file will still create an XML file ready for submission.

88. To use the DVT your files need to be in XML or CSV format. If this is not your software's normal submission process, please contact your software provider and us as soon as possible to make alternative arrangements.

89. Errors picked up by the validation checks that would otherwise result in a submission failure are restricted to file structures, field formats, population of

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[12] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

mandatory fields and ensuring that valid codes have been used where applicable. Blank fields are accepted for non-mandatory fields. We may bring in further quality validations in 2020 as part of the DVT; you should refer to the DVT business rules for clarification.

6. Submitting your reconciliation

90. You should read this section alongside *Volume 2: National Cost Collection – reconciliation and exclusions.*

91. For the 2019/20 NCC you will be required to submit the following reconciliations to NHS England and NHS Improvement:

   - dataset – reconciliation (AMBREC) alongside your PLICS files[13]
   - an Excel reconciliation entitled 'reconciliation of National Cost Collection to the audited annual accounts'.[14]

92. We will use the Excel reconciliation to assure your cost quantum and PLICS dataset for 2019/20.

93. The total of dataset – ambulance (AMB) should balance to your costing quantum submitted on total National Cost Collection quantum.

51	/	+/-	Agreed adjustment - please ensure you have authorisation from NHS Improvement	
			Total National Cost Collection Quantum	0

94. You should submit your Excel reconciliation to us on the same day that you submit your PLICS XML files to NHS Digital.

95. You should submit your reconciliation to costing@improvement.nhs.uk citing 'Ambulance 2019/20 reconciliation <trust code>' in the subject line*.*

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[13] You can find the specification for this reconciliation at: https://improvement.nhs.uk/resources/approved-costing-guidance-2020/ with the extract specification for the ambulance sector.

[14] You can find the worksheet here: https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

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