NHS England

Four Core Commissioning Data Flows:

Consultation Report

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1. Document management

1.1 Revision history

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0.1	23/07/18	Initial draft

1.2 Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / responsibility	Date	Version
Martin Hart	Assistant Head of Information	24/09/18	0.1

1.3 Approved by

This document must be approved by the following people:

Role	Name	Signature	Title	Date	Version
Director of Finance, Specialised Commissioning	Johnathan Rowel		Mr	24/09/18	0.1

1.4 Document control

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1.5 Authorised use

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2. Glossary of terms

Term / abbreviation	What it stands for
ACM	Aggregate Contract Monitoring – This provides a summary of the volume of clinical activity performed by a healthcare provider and associated costs chargeable to the commissioner for that activity. This report serves the contractual requirement for the aggregate finance and activity report, submission of which is required under Schedule 6 of the NHS Standard Contract.
CQUIN	Commissioning for Quality and Innovation - Financial incentive scheme to drive forward transformational change
CSU	Commissioning Support Unit – A function providing business intelligence and commissioning support to CCG / NHS England commissioners.
DLP	Data Landing Portal – a mechanism created by NHS Digital to facilitate the exchange of data between provider and commissioner.
dm+d	Dictionary of Medicines and Devices - This is a dictionary of descriptions and codes which represent medicines and devices in use across the NHS.
DSCRO	Data Services for Commissioning Regional Offices
PLCM	Patient Level Contract Monitoring – a patient level dataset created by healthcare providers and submitted to commissioners to support the performance management of the NHS Contract.
POD	Point of Delivery
Patient Administration System (PAS)	Mainly used in hospital settings, and especially by NHS Trusts and Foundation Trusts, Patient Administration Systems are IT systems used to record patients' contact / personal details and manage their interactions with the hospital, for example referrals and appointments.
PLICS	Patient level information and costing systems is a system to derive costs at the patient level. It is IT software (and sometimes infrastructure) locally installed and supported by the provider or the provider's preferred supplier
SNOMED CT (Systematised Nomenclature of Medicine Clinical Terms)	Classification of medical terms and phrases, providing codes, terms, synonyms and definitions. SNOMED CT is managed and maintained internationally by the International Health Terminology Standards Development Organisation (IHTSDO) and in the UK by the UK Terminology Centre (UKTC). SNOMED CT has been adopted as the standard clinical terminology for the NHS in England.

Note: a more extensive glossary of terms to assist organisations in effectively implementing the standard is included as part of the Implementation Guidance.

3. Executive summary

NHS England is developing four Information Standards to support the commissioning process. The four datasets are:

- Aggregate Contract Monitoring (ACM);
- Patient level Contract Monitoring (PLCM);
- Drugs Patient Level Contract Monitoring;
- Devices Patient Level Contract Monitoring.

The commissioning process requires that data is exchanged locally between provider and commissioner to provide evidence that clinical activity has been undertaken in accordance with the NHS Contract. Prior to the advent of these standards each healthcare provider and commissioner would agree suitable report formats which results in 1,000's of different reports being exchanged around the commissioning system. The intention is to dramatically reduce the volume of different flows exchanged down to four core commissioning flows by using the Information Standards process to secure consistent reporting formats that address the business needs of all healthcare providers and commissioners.

The four core commissioning data flows described above were developed in 2016 to support NHS England direct commissioning following liaison with NHS England commissioning teams, Commissioning Support Units and a very small number of healthcare providers. The data flows were subsequently imbedded into the contracts for all direct commissioning functions with effect from April 2016 (to support 2016/17 commissioning). In order to allow all commissioned providers some development time, the Data Quality Improvement Plans (DQIPs) within agreed NHS Contracts were used to implement gradual compliance and data quality improvement. The introduction of the Data Landing Portal (DLP) in 2017/18 has further enhanced compliance.

A requirement of the Information Standards process is that stakeholders are required to be consulted. A national consultation was launched on 21st December 2017 and was due to finish on 26st January 2018. Stakeholder groups requested that the deadline for submissions be extended so as to allow more individuals the opportunity to contribute to the process and as a result the consultation was ended on 9th February 2018. During this time the consultation received a total of 102 responses and focus groups were created to ensure specific stakeholder groups had the opportunity to respond.

The key themes which emerged as part of consultation were:

- There is a general level of support for the introduction of standard data flows to support the commissioning process, but a mixed view about whether these proposed data standards will reduce burden.

- It is clear that the Aggregate Contract Monitoring (ACM) should serve the purpose of the aggregate and finance report as required within the NHS Contract. But, it is not ready to be widely used as the contractual reconciliation statement.

- The identification of Points of Delivery (PODs) is a requirement of the Aggregate Contract Monitoring and Patient Level Contract Monitoring reports but many responders noted that the national list proposed was incomplete.

- Many stakeholders will require a level of support to enable consistent implementation. Some providers may need the flexibility of the contractual Data Quality Improvement Plans to enable phased implementation of report content. The content of guidance documentation requires review and expansion. Responders also indicated that other support mechanisms such as webinars, workshops, publication of FAQ's and the creation of a help desk to respond to implementation queries would be beneficial.

4. Acknowledgements

NHS England would like to thank all of the individuals, groups and organisations that supported the consultation in some way and made time for follow-up meetings and subsequent actions.

5. Communications – promoting the consultation

The NHS Digital Data Co-ordination Board website was used to host the consultation. NHS Digital used their comprehensive list of provider, commissioner and supplier contacts in order to reach out and invite feedback. This was re-enforced by NHS England commissioning hubs also making direct contact with their commissioned providers and Commissioning Support Unit (CSU) and Data Services for Commissioning Regional Offices (DSCRO) colleagues. The CCG bulletin was also used to promote the consultation with CCGs.

The NHS Providers (the membership organisation) also facilitated communicated to its members and generated a collated response to the consultation as representation of its members.

6. Consultation mechanisms

This consultation comprised of a number of elements:

- Traditional surveying of opinions;
- Focused interaction with specific users of the reporting;
- Focused interaction with software suppliers who are involved in the creation or use of the reports;
- Liaison and negotiation with experts within NHS Digital responsible for the construction of products arising from the Information standards process.

A short questionnaire was constructed and published to the NHS Digital data co-ordination board website to invite stakeholders to share their opinions of the information standards proposals. The questionnaire covered 15 questions and provided the responder the opportunity to also indicate who they were / organisation represented and any other comments they felt were relevant to the production of the Information Standard(s).

When the project team involved in the development of the proposed information standards reviewed the content of the questionnaire and responders it was evident that there were two significant areas of concern:

- A stakeholder group had conflated an operational issue about the use of the NHS Digital Data Landing Platform (DLP) with the proposed information standard. In order to separate the two issues it was necessary to convene a small workshop with appropriate provider representation to discuss and resolve. Whilst that intervention provided no further contributions to the consultation response it did enable improved understanding about the intended use of the DLP for a regional geography in particular.
- No software suppliers had volunteered a response to the questionnaire. As a consequence, a couple of meetings were put in place to enable supplier feedback to be provided.

The process of developing the proposed information standards has required interaction with expert teams within NHS Digital to ensure alignment of data standards proposals with products like the NHS Data Dictionary etc. That interaction has resulted in the standards development team consulting with NHS Digital subject matter experts and on occasion needing to negotiate appropriate field names and definitions that are meaningful to the intended users of the standards.

7. Key findings from surveys

A total of 102 responses were received to the survey. Whilst most were submitted via the allocated NHS Digital portal a number were received directly into a generic e-mail account within NHS England Specialised Commissioning

- The majority of survey respondents represented healthcare providers (64 / 63%) which were in line with expectation. Other responders included commissioning functions (29/ 28%) with the remainder being other (e.g. CSUs);

- There was nearly an equal split from responders to the question about whether the delivery of reporting consistency would drive a reduction in administrative burden. Of those that responded 51% stated that reporting consistency would not drive a reduction in administrative burden and 49% stated that it would. It was noted however that a number of those saying that the burden would not be reduced was due to the fact that they reported that they were **already** producing data in this format and so for them this was merely a 'steady state'.

The survey asked some very technical questions regarding the content of the proposed information standards

- The survey asked 'If the Aggregate Contract Monitoring were to be used as a "reconciliation statement" what other data items would need to be included?' 65 responses were received to this question but most responses did not address the question.Five (of the 65) responders indicated that the current content of the ACM is routinely used locally as the reconciliation statement and for those responders they would not propose any changes. Where the question was answered the items identified as being missing from the proposed content of the Aggregate Contract Monitoring were:

    - Financial sanctions;
    - Part / full payments of CQUINs;
    - QIPP payments;
    - Adjustments associated with emergency re-admissions;
    - Contractual tolerances and associated financial adjustments;
    - Risk shares;
    - Best practice charges;
    - Impact of data challenges;
    - Work in progress accruals;
    - Adjustments to enable financial neutrality as a result of locally agreed counting and coding changes;
    - Invoices received / paid to date;
    - Local refinements to reflect local business rules.

- One of the questions posed in the survey asked the question 'Is the list of Points of Delivery (PODs) complete?' 54% of responders indicated that the POD list was not complete.

- One of the questions explored within the survey was whether there was support to remove some of the free text fields (namely the Very General Purpose fields) from the Aggregate Contract Monitoring report. 61% of the responders to this question indicated that yes, such a suggestion would cause a problem.

- The survey asked whether stakeholders would find the addition of the following NHS Data Dictionary fields useful for inclusion in the four datasets:

    - 27 (26%) of responders indicated that the inclusion of COMMISSIONER SERIAL NUMBER would be useful
    - 26 (25%) of responders indicated that the inclusion of NHS SERVICE LINE AGREEMENT NUMBER would be useful
    - 27 (26%) of responders indicated that the inclusion of PROVIDER REFERENCE NUMBER would be useful.

- The Consultation documentation proposed changing the way that HRGs, Specialised Service tops and best practice tops are reported so that each element is shown in a separate data field. Stakeholders were asked whether they would support this suggestion.45 (of 96 or 47%) responders indicated that this would be a problem.

- The consultation document asked a very specific question in relation to the reporting of mental health activity within the Aggregate Contract Monitoring and asked whether the addition of SPECIALISED MENTAL HEALTH SERVICE CODE to the Aggregate Contract Monitoring specification would help to satisfy the requirement for the purposes of reporting and/or validation? There were 42 responses from to this question with 36 (86%) confirming that yes, this inclusion would prove helpful. The high proportion of no responses to this question was because for many providers this question was not relevant.

- The consultation document asked stakeholders to provide some insight into the reporting of activity associated with block payments asking 'do you use the ACTIVITY_ACTUAL field to record lines for which the national Point of Delivery should be submitted as block?' 87 different stakeholders responded to this question with 47 (54%) indicating that where services are covered by block payment the associated activity is also included (usually shown at zero cost).

- The consultation document asked a specific question regarding the possible content of the drugs patient level dataset. The consultation asked whether stakeholders agreed to the creation of a generic code of '999999999999999999' to be used in the SNOMED code field when the drug being prescribed does not have a SNOMED term. 86 stakeholders responded to this question with 59 (69%) supporting the suggestion to use a default code

The survey asked some specific questions about implementation, support mechanism and timelines for data submissions

- The survey asked whether organisations would support the suggestion of creating a common data submission timetable based on the SUS+ inclusion date plus two working days. 98 responses were received to this question and 45 responders indicated that this timeframe would not pose a problem. 53 responders indicated that this time line would cause a problem, with some organisations suggesting local resourcing was the main barrier for not meeting the proposed timescale.

- The survey asked stakeholders whether the current guidance documents produced for the current versions of the data sets were adequate to support implementation. 59 (of the 98) responders to this question indicated that the current guidance was inadequate to support local implementation and required development.

- The survey asked stakeholders to indicate what further support they would like to support implementation. 71 (of 102 or 70%) of responders indicated that Webinars would be useful and 64 (of 102 or 63%) of responders indicated that workshops would aid implementation. Other suggestions volunteered were:

  - Improved documentation;
  - Ability to trial run the data submissions before go-live;
  - Flexible approach to implementation which is responsive to the local difficulties experienced by individual providers;
  - Dedicated data submissions helpdesk, provision of central contact point, production of FAQs and news bulletins;
  - Regional experts to support local implementation;
  - Liaison with software suppliers to encourage implementation of the dataset(s).

8. Additional consultation engagement

8.1 Alignment with NHS Improvement

As part of the development of the Information Standards and the requirement to consult as widely as possible, the development team liaised with the Patient Level Costing team of NHS Improvement. The purpose of the dialogue was to establish whether it was possible to align the PODs and associated data definitions captured in the Patient Level Information and Costing System (PLICS) process with the PODs proposed in the Information standard. The dialogue identified that there was opportunity for a level of alignment and NHS Improvement PLICS team will use the same definitions of PODs as shown in the four core commissioning data flows were it is appropriate to do so.

8.2 Liaison with NHS Providers

NHS Providers issued a response to the consultation on behalf of some of their members. NHS Providers is the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS (see http://nhsproviders.org/). It was clear from the content of the consultation response that there was some confusion about the proposed data standards and the relationship to the introduction of the Data Landing Portal. As a result, a meeting were arranged with a member of staff from NHS Providers in order to explain the rationale behind the development of the proposed information standards and the benefits the adoption of the proposed information standards would bring to the wider health system. This engagement has enabled NHS Providers to be much clearer in their communication to their members about these information standards.

8.3 Liaison with sample software suppliers

When reviewing the responses to the consultation it was clear that no responses were received directly from software suppliers but some responders had made reference to their suppliers in their responses. The developers of the standards were concerned about the possible gap in technical feedback and therefore sought assurances from NHS Digital that the consultation had been shared with software suppliers (which it had).

The developers of the standards subsequently arranged meetings with a couple of software suppliers:

- Sollis (https://www.sollis.co.uk/about-us/) who provide commissioning support / solutions to some CCGs

- CIVICA (https://www.civica.com/en-gb/) who provide commissioning information systems to acute and mental health providers

The purpose of the meetings was to gather some verbal feedback regarding the proposed information standards and to establish from a technical perspective

whether there were any perceived difficulties in meeting the proposed data specifications.

9. Action taken as a result of consultation

9.1 Using the ACM as the contractual reconciliation statement

The general conclusion from reviewing the feedback from the consultation exercise and specifically additional notes added to responses was that the ACM has the capability to be used as the financial reconciliation statement required in NHS Contracts. A very small number of responders are currently using that report for exactly that purpose. For other responders, they felt that the current content of the ACM was limited and did not cover all of the adjustments that are routinely performed to the aggregate finance and activity summary.

The developers of the proposed standard have concluded that the ACM should serve the NHS contractual requirement for the aggregate finance and activity report. Thereafter it would be appropriate to describe the intention that, in time, the ACM could serve the purpose of a contractual reconciliation statement once the dataset has been used operationally by all stakeholders for a period of time. In order for the ACM to service the purpose of the contractual reconciliation process a mechanism will need to be put in place to enable all financial adjustments to be captured in the ACM.

CONCLUSION – No action taken at this time. Propose to review in two years' time.

9.2 Points of Delivery (PODs)

When reviewing the consultation regarding the national list of PODs proposed it was clear that there were a couple of services that were not represented adequately with nationally recognised PODs. The services that were felt to be of concern were community services and patient journey activities. As a result the developers liaised with a number of stakeholders directly to identify what additional national PODS would be required to represent these services. This resulted in the inclusion of new PODS for patient transport (journeys) and community contacts (first and subsequent).

Responders indicated that in some case the list of national proposed PODs were inadequate but did not indicate which PODs were missing. In order to help bridge the gap all Data Services for Commissioning Regional Offices (DSCROs) were contacted and asked to share the list of PODs that are used by their CCG and NHS England customers. All DSCROs responded to this request and two had very helpfully performed a reconciliation of local PODs to the national list thereby enabling clear identification of which local PODs could not be mapped to national PODs. This exercise confirmed that there was opportunity to converge to a national list of PODs but there were some instances where local approaches to commissioning service would require the creation of additional national PODs.

The result of this consultation has indicated that there needs to be a mechanism whereby healthcare providers and commissioners can request the addition of new

national PODs. This will need to be supported by appropriate governance and sign-off to ensure that there is a demonstrable need for the revision supported by a volume of organisations with the same requirement.

CONCLUSION – A national mechanism to request the creation of national PODs to be created. Also see Implementation Guidance associated with the Information standards.

9.3 Very General Purpose (VGP) fields

A large number of responders indicated that the free text / very general purpose fields in the Aggregate Contract Monitoring are used extensively to add local detail to the report. As a result of this feedback, the volume of very general purpose fields will not be reduced.

CONCLUSION – No action. The number of very general purpose free text fields in the Aggregate Contract Monitoring will not change as a result of this consultation.

9.4 Proposed inclusion of additional data fields

The consultation proposed the introduction of new data fields to capture the following NHS Data Dictionary items:

- COMMISSIONER SERIAL NUMBER
- NHS SERVICE LINE AGREEMENT NUMBER
- PROVIDER REFERENCE NUMBER

The consultation indicated that there was not a great deal of interest in adding these fields and therefore the development team involved in the standards will not be adding the information to the datasets.

CONCLUSION – No action. The proposed addition of the above data fields has been rejected.

9.5 HRGs and top-ups

A question posed within the consultation was whether the different pricing elements that contribute to the total cost of activity (e.g. HRG, best practice top-up, specialised service top-up etc.) should be shown in different fields. Whilst there was a level of support from responders to this proposal there was also a swell of responses indicating that this should not be necessary. The operational work practice of many organisations and contract monitoring systems is currently to concatenate all of these elements into a long textual string delimited by the '/' symbol and include within the detail of the 'HRG' field of the data submission. The developers of the standard therefore pursued formalising this solution.

NHS Digital colleagues were consulted to establish whether any national guidance existed to drive a consistent nomenclature for the concatenation of HRG and top-up

information. Confirmation was received that there was no national guidance on this subject and therefore these Information standards could articulate a common approach. Furthermore, the NHS Digital Data Dictionary team also confirmed that the 'HRG' field should not be used for this purpose. A compromise was therefore deemed necessary.

In order to ensure consistency in reporting the guidance associated with the standards will state that healthcare providers should use the following approach to concatenation:

'National HRG/Specialist services top-up flag/Best practice tariff code'

The above information will be captured in a field within the data standards (to replace the HRG field) with one renamed TARIFF CODE.

CONCLUSION – The proposal to show the different elements that make up the cost of activity (e.g. HRG, best practice top-up, specialised service top-up etc) in different data fields has been rejected. Instead, guidance will be made available to enable the consistent concatenation of the elements into a textual data string to be captured in the renamed HRG field now to be called TARIFF CODE.

9.6 Inclusion of Specialised Mental health service code

The consultation established that stakeholders would benefit from the inclusion of a specialised mental health service code field which would only be applicable to providers of mental health services.

CONCLUSION – New field added to the ACM dataset to capture the specialised mental health service code.

9.7 Reporting of activity associated with block contract payments

The consultation established that more than half of the responders do include the reporting of activity associated with block payments in ACM or PLCM reporting. This is achieved by illustrating the block payment as a single reporting line (with no associated activity) and then separate activity lines (associated with the block) all shown with zero individual or aggregate cost.

CONCLUSION – Where it is possible to report clinical activity associated with block contract payments then it is beneficial to do so. The guidance documents associated with the standards should indicate how this reporting can be achieved.

9.8 The reporting of drugs that do not have a SNOMED CT term

All organisations have been mandated to adopt the Dictionary of Medicines and Devices (dm+d) when reporting drug information. The associated information standard mandated national adoption from June 2017 and requires that healthcare organisations represent drugs using SNOMED terms. It is therefore expected that

every drug represented in the drug patient level dataset should have an associated SNOMED term. In the case of trial drugs, a SNOMED term is not allocated to the drug so the consultation proposed the use of a generic code to enable the population of the SNOMED code field in the report.

The majority of responders supported the principle of creating a generic code to represent trial drugs etc but many responders were concerned about the length of the proposed code.

CONCLUSION – A generic default code is being created by the NHS Digital SNOMED team to be used when an individual drug has not been allocated a SNOMED term.

9.9 Common data submission timetable

There was a mixed response to whether there should be a national data submission timetable to support commissioning. The consultation proposed a timetable whereby commissioning data flows are to be sent from healthcare providers in accordance with the SUS+ inclusion date plus two working days. Whilst there was support for the principle of all stakeholders adopting a common timetable a number of stakeholders indicated difficulty in meeting the proposed SUS+ inclusion date plus two working days.

CONCLUSION – These information standards will not stipulate a national time table for data submission.

9.10 Guidance documentation

Responders indicated that the current guidance documentation supporting the current data flows were inadequate. NHS England direct commissioning has supplemented the guidance given on the NHS England website with a local flow of additional information exchanged between commissioning hubs and local provider organisations. The guidance documents produced to support the information standards will incorporate the supplementary material. Furthermore, the content of the guidance documentation has been compiled with input from some sample stakeholders and NHS Digital Data Dictionary team.

CONCLUSION – The content of the guidance material will be expanded when this is published in due course.

9.11 Implementation support

Responders to the consultation documentation indicated that a variety of support mechanisms are required in order to ensure consistent and timely implementation of the four core commissioning flows. Responders requested webinars, workshops, improved guidance documentation, flexibility for implementation; help desk facilities, Frequently Asked Quested (FAQs) etc. These will be addressed through the

implementation guide associated with the Information Standards construction process.

Responders also suggested providing the opportunity to trial run data submissions prior to operational implementation. The Data Landing Portal (DLP) is expected to be used by all providers and commissioning functions to exchange the four core commissioning datasets. The DLP is able to accept 'test' data submissions prior to required implementation date.

CONCLUSION – To be addressed in the implementation guide to be published in due course.

10. List of responding organisations

NHS England would like to acknowledge contributions received from the following organisations who are known to have responded to the consultation. Please note that this list will not be complete as many organisations did not identify themselves when submitting the online survey:

NHS England

Clinical Commissioning Groups

NHS East and North Herts CCG
NHS Halton CCG
NHS Liverpool CCG
NHS Sheffield CCG
NHS South Sefton CCG
NHS Southwark CCG
NHS Vale of York CCG
NHS North West London CCG
NHS St Helens CCG

Acute Healthcare provider

Alder Hey Children's NHS Foundation Hospital
Basildon and Thurrock University Hospitals NHS Foundation Trust
Chelsea and Westminster NHS Foundation Trust
East Suffolk and North Essex NHS Foundation Trust (formerly The Ipswich Hospital NHS Trust)
Great Ormond Street Hospital for Children NHS Foundation Trust
Guys and St Thomas's NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS Trust
James Paget University Hospitals NHS Foundation Trust
Liverpool heart and Chest Hospital NHS Foundation Trust
Mid Essex Hospital Services NHS Trust
Newcastle upon Tyne Hospitals NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
North Cumbria University Hospitals NHS Trust

North Tees and Hartlepool NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Queen Elizabeth Hospital King's Lynn Hospital NHS Foundation Trust
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
Royal Brompton and Harefield Foundation NHS Trust
Shrewsbury and Telford Hospital NHS Trust
Southend University Hospitals NHS Foundation Trust
Stockport NHS Foundation Trust
Taunton and Somerset NHS Foundation Trust
The Dudley Group NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

Other organisations

Alliance Medical
NHS Providers
North and East London Commissioning Support Unit
Optum Health
Specsavers

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