Aggregate Contract Monitoring (ACM)

User Guidance for Providers and Commissioners

NHS England and NHS Improvement

Aggregate Contract Monitoring (ACM): User Guidance for Providers and Commissioners

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Data Coordination Board

This Information Standard (DCB2050) has been approved for publication by the Department of Health and Social Care under section 250 of the Health and Social Care Act 2012.

Assurance that this Information Standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This Information Standard comprises the following documents:

- Requirements Specification;
- Implementation Guidance.

An Information Standards Notice (DCB2050 Amd 12/2017) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the Standard.

The controlled versions of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 5 December 2019

Glossary of terms

Term	Acronym	Definition
Aggregate Contract Monitoring	ACM	Aggregate Contract Monitoring 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.
Clinical Commissioning Group	CCG	An organisation responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are comprised of groups of GP practices that are responsible for commissioning most health and care services for patients.
Commissioning Data Sets	CDS	Commissioning Data Sets (CDS) are maintained and developed by NHS Digital, in accordance with the needs of the NHS and the Department of Health and Social Care. They form the basis of data on activity carried out by organisations reported centrally for monitoring and payment purposes.
Commissioning Support Unit	CSU	An organisation that provides commissioners with external support, specialist skills and knowledge to support them in their role.
Data Landing Portal	DLP	A system, developed by NHS Digital that allows data to be securely transferred between organisations. The system enables Data Services for Commissioners Regional Offices to set up data specifications, against which incoming data from Providers is validated.
Data Services for Commissioners Regional Office	DSCRO	Regional offices staffed by NHS Digital that support the data management needs of commissioners with the provision of appropriate technical and procedural controls and legal basis to store and process personal confidential data.
Information Governance	IG	The set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information at an enterprise level, supporting an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

Glossary of terms (cont/...)

Term	Acronym	Definition
Information Standard Notice	ISN	A publication that announces new or changes to information standards published under section 250 of the Health and Social Care Act 2012.
Information Technology	IT	The use of any computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data.
National Information Board	NIB	A partnership group with membership from organisations across the health and care system.
Patient Level Contract Monitoring	PLCM	Patient Level Contract Monitoring is a means to enable the interchange, in a uniform format, of monthly patient-level contract monitoring data between commissioners and providers of healthcare.
Secondary Uses Service	SUS+	SUS+ is a comprehensive repository for commissioning data sets in England. It is held by NHS Digital and it enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Contents

1. Background and context

The purpose of the Aggregate Contract Monitoring (ACM) Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly aggregate contract monitoring data between commissioners and providers of healthcare. This will ensure that contract monitoring and reporting is consistent and comparable across all commissioning organisations and their footprints.

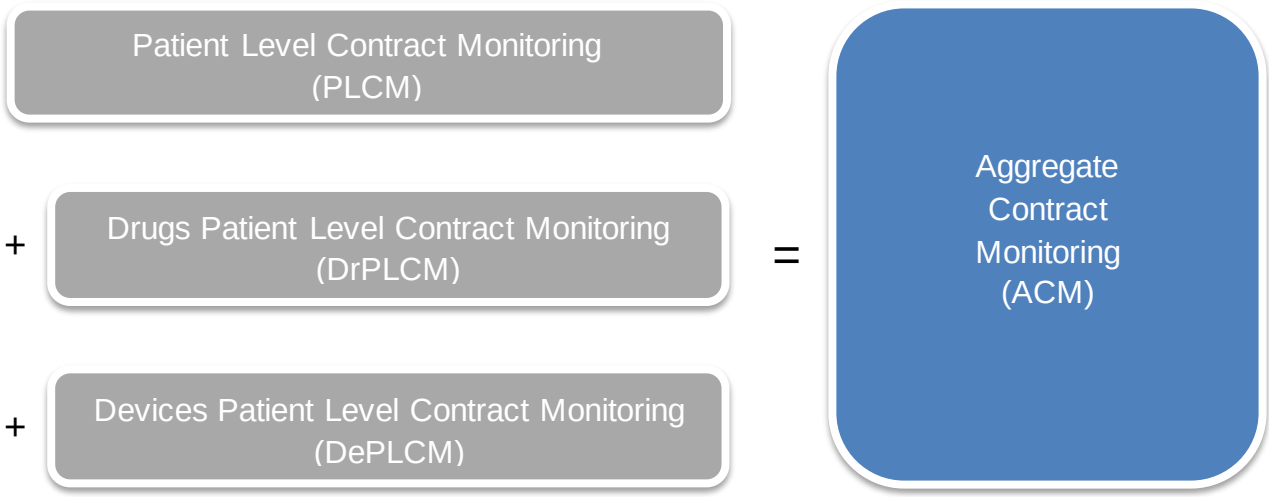
The ACM is the Activity and Finance Report which each provider is required to submit to its commissioners as a requirement of Schedule 6A of the NHS Standard Contract. It demonstrates the volume of activity and the aggregated cost of commissioned clinical care provided to patients as well as financial adjustments not attributed directly to clinical care. Although the financial reconciliation process in Service Condition 36 of the NHS Standard Contract allows for changes to be made to the amount charged after its submission, the ACM should be a very good indication of the amount a commissioner will be expected to pay for the period and therefore provides a good basis for validation. It is already widely used by most providers to report NHS England directly-commissioned services.

The ACM data collection specification must be used by all commissioners and all NHS and independent sector acute and mental health providers operating under the full-length version of the NHS Standard Contract.

Diagram 1 below shows how the ACM relates to the three other contract monitoring data flows, each of which is covered by a separate data standard. For acute and community providers, the ACM is an aggregation of the three separate patient-level contract monitoring flows, these being:

- Patient Level Contract Monitoring (PLCM);
- Drugs Patient Level Contract Monitoring (DrPLCM);
- Devices Patient Level Contract Monitoring (DePLCM).

Diagram 1.



1.1 Relationship to other policies, programmes, projects and services

This new information standard is aligned to the National Information Board's (NIB) Domain H (Data Outcomes for Research and Oversight) and the high-level rationale for modular data. It is designed to collect data more efficiently and includes services either not recorded by Commissioning Data Sets (CDS) or services commissioned using different units of volume than those recorded by CDS. This information is essential to the efficient running, planning and development of the NHS and enables data to be analysed in new and different ways for the health and social care system.

1.2 Supporting information

This Standard should be read alongside the following supporting documents or information resources contained within the following websites:

#	Name	Summary
1.	Aggregate Contract Monitoring (ACM): Implementation Guidance	Implementation guidance for users of the Standard.
2.	Aggregate Contract Monitoring (ACM): Requirements Specification	Requirements specification for users of the Standard.
3.	NHS Data Model and Dictionary v3	Includes definitions for many of the data elements contained within the Standard
4.	NHS Digital Data Landing Portal	Resources and user guides relating to the Data Landing Portal (DLP) – the means by which providers can securely transfer data to Data Services for Commissioners Regional Offices (DSCROs).

2. Purpose and scope

2.1 Users of the Standard

Aggregate Contract Monitoring (ACM) is to be used across the NHS and Independent Sector organisations in England, primarily within commissioning functions. The main users of this are:

- Staff in providers responsible for contracting, finance and business intelligence (informatics);
- National bodies which support the delivery of Health and Social Care such as NHS Digital, NHS Improvement, the Care Quality Commission and Public Health England (PHE);
- NHS England, its commissioning regions and local offices;
- All NHS England direct commissioning functions, clinical commissioning groups (CCGs), Data Services for Commissioners Regional Offices (DSCROs) and organisations providing a commissioning support unit (CSU) service;
- Any other NHS organisations that replace any of the above and take on their functions in future.

2.2 Scope

The scope of the Standard is **all NHS-funded clinical care provided (including drugs and devices not covered by National Tariff) provided to patients, as well as financial adjustments not attributed directly to clinical care, for all commissioners**. Although the financial reconciliation process in Service Condition 36 of the NHS Standard Contract allows for changes to be made to the amount charged after its submission, the ACM should be a very good indication of the amount a commissioner will be expected to pay for the period and therefore provides a good basis for validation.

This covers:

- All NHS and independent sector acute and mental health providers operating under the full-length version of the NHS Standard Contract – see table below, but not primary care from whom the NHS commissions healthcare;
- All NHS commissioners;
- All contracted activities and financial adjustments not attributed directly to clinical care.

The table below is a detailed list of the scope of the Standard for providers, it being optional for any NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract.

Provider Type and NHS Standard Contract version	Aggregate Contract Monitoring (ACM)
NHS or Independent Sector provider commissioned to provide acute services under the full-length version of the NHS Standard Contract	Mandatory
NHS or Independent Sector provider commissioned to provide mental health services under the full-length version of the NHS Standard Contract	Mandatory
NHS or Independent Sector provider commissioned to provide community services under the full-length version of the NHS Standard Contract	Recommended
NHS provider commissioned to provide ambulance services under the full-length version of the NHS Standard Contract	Recommended
NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract	Optional

In future, once SUS+ has sufficient coverage, is better aligned to record *all* health care activities and do so in a manner by which these services are commissioned, this should be the source by which the content of the ACM can be validated.

In order to utilise national commissioning data sets for this purpose it is important that both provider and commissioner assure the content and suitability (in terms of contract currency for example) of the national data set by performing local data reconciliations.

Until SUS+ is better suited for commissioning purposes, the PLCM will be the means by which the contents of the ACM can be verified.

2.3 Rationale

Currently, local providers and commissioners can agree amongst themselves the content and format of a contract monitoring data set. For providers this can result in a range of different formats for different commissioners and when multiplied by the number of providers across the country this can become a large number of differing formats.

Where an individual provider is required to generate a different reporting format for each commissioning function it increases the data collation and reporting burden for the provider.

A requirement under the current Schedule 6 of the NHS Standard Contract is the production of an Activity and Finance Report and that *"…this report may also serve as the reconciliation account to be sent by the Provider by the First Reconciliation Date under SC36.28, or under SC36.31)*". Aggregate Contract Monitoring (ACM) submissions can therefore be a means by which the initial monthly financial value claimed by the provider can be validated by the commissioner.

In order for a commissioning organisation to have a total view of its commissioning spend and commitments, there is a need to aggregate contract monitoring reports. In many instances this requires the re-mapping of differing provider returns into a common format, resulting in an additional administrative burden.

2.4 Benefits

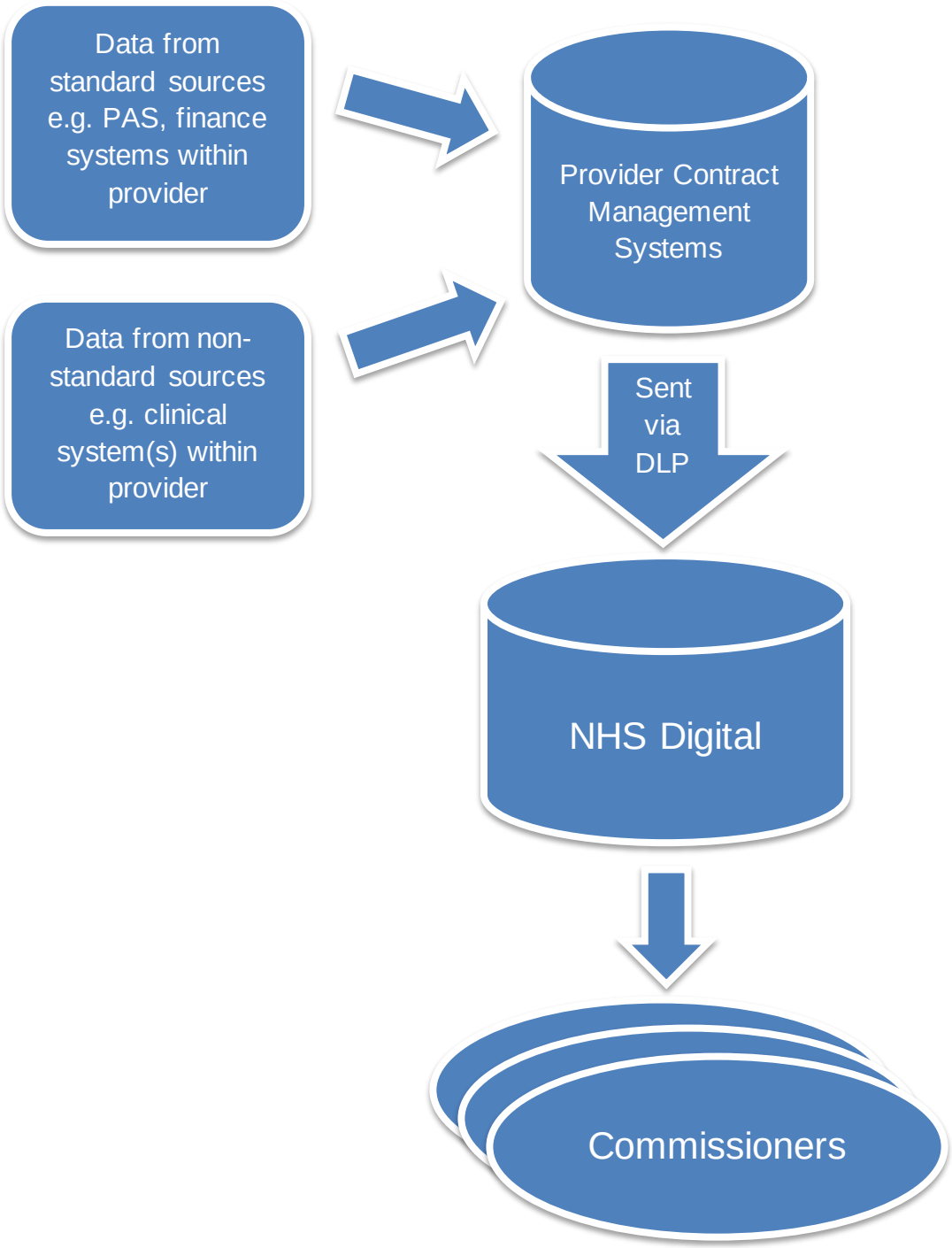
The Standard will ensure that monthly contract monitoring data that flows from providers to commissioners via NHS Digital will contain a consistent set of data items of sufficient quality. This will:

- Minimise the burden on providers through convergence to a single report format for use by all commissioning functions regardless of organisation;
- Reduce the burden on commissioners and their CSUs through convergence to a single report format from all providers;
- Allow the development of a standard automated reconciliation process for secondary care activity and finance which will increase efficiency through removal of manual validation checks;
- Improve year-end forecasting and forecasting against plan for all services for commissioners, especially those not covered by SUS+;
- Improve the monitoring of access to healthcare services, especially those not evidenced in SUS+;
- Improve the regional and national consistency of reporting of NHS England directly-commissioned services, resulting in national economies of scale.

2.5 High level process

Diagram 2 provides a high-level overview of the data flows associated with the production and submission of the Standard.

Diagram 2.



3. When should the Standard be submitted?

The submission of the Standard is an NHS Standard Contract requirement and must be in line with the timescale indicated in the National Requirements Reported Locally section within Schedule 6 of the NHS Standard Contract.

4. How should the Standard be submitted?

All submissions up to the agreed submission date must be on a bulk replacement/update basis i.e. each submission/resubmission will overwrite and replace in full any previous submissions for the same reporting period or periods.

The completed monthly ACM should be transmitted using the NHS Digital Data Landing Portal (DLP). The DLP allows data to be transferred securely between organisations using a centrally managed system. It also facilitates the standardisation of local data transfers nationally.

Before first submission, users MUST alert their DSCRO so that the necessary loading files for the Standard can be created prior to use.

The DLP currently accepts files in a comma-separated value (CSV) format, or CSV files compressed using the gzip format. It has a maximum allowable file size of 1Gb for uncompressed CSV files (or 100Mb for compressed files). The first row must contain column headers, the names of which must match those in the specification being used when submitting the file. **Spaces used in the data element names of the Specification must be replaced by underscores.**

For more detailed guidance on submission of data using the DLP please refer to guidance on the NHS Digital Data Landing Portal (DLP) site. Users should be aware that the DLP interface is accessed using Google Chrome installed with the NHS Digital Chrome Extension or using Internet Explorer 11.

If using Google Chrome please refer to the Google Chrome Installation Guide which can be downloaded from the NHS Digital DLP webpage. The guide provides full instructions on installing Google Chrome and the required NHS Digital Chrome Extension.

5. How should the Standard be completed?

Providers must use a consistent method of completion to populate the Standard with data for each submission/resubmission.

The Standard must be completed in such a manner that it contains data relating to the current reporting month and all previous months, with all previous months shown individually. Each submission must contain data for each of the submission periods prior to the current submission period i.e. the submission relating to activity in June 2020 must contain actual and plan data for activity and finance relating to April 2020, May 2020 and June 2020 **all shown separately**.

The Standard should demonstrate a financial position close to the monthly invoice value and therefore contain values for activity generated expenditure but also non-activity related charges (for example, block payments, CQUIN charges, financial adjustments etc.).

Where a financial credit is required to be documented within the Standard this must be shown by the presence of a negative (i.e. a minus) symbol in the CONTRACT MONITORING ACTUAL PRICE data element.

The total financial value contained within the Standard for any particular month should tie-back to the invoice(s) raised in reference to the same period. Any changes made in a resubmission of the Standard must be reflected in a reissued Patient Level Contract Monitoring (PLCM), Drugs Patient Level Contract Monitoring (DrPLCM) or Devices Patient Level Contract Monitoring (DePLCM) data set, depending upon which of these patient level data sets has changed, on a bulk-replacement basis.

Records with a POINT OF DELIVERY CODE of DRUG should be shown on a single line per commissioner per service category per month. The CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements should be set to zero and financial values should be completed with the relevant aggregate financial information.

Records with a POINT OF DELIVERY CODE of DEVICE should be shown on a single line per commissioner per service category per month. The CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements should be set to zero and financial values should be completed with the relevant aggregate financial information.

Patient level details relating to these lines should be included in the two respective patient level data Standards - the Drugs Patient Level Contract Monitoring (DrPLCM) and Devices Patient Level Contract Monitoring (DePLCM) whose total value for each month must match the aggregate totals contained within the ACM.

Records with the POINT OF DELIVERY CODE of BLOCK should be shown on a single line per commissioner per service category per BLOCK element per month. The CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements should be set to zero and the CONTRACT MONITORING ACTUAL PRICE data element populated with the associated financial value. For block elements relating to patient level activity; the associated patient level detail should be submitted in the Patient Level Contract Monitoring (PLCM) with the ACTIVITY COUNT (POINT OF DELIVERY) data element populated and TOTAL COST data element set to zero.

6. Generic completion guidance

All data elements must all be completed in UPPER CASE. The majority of data items, their format and definition can be found in the NHS Data Model and Dictionary v3.

Mandatory data elements must be populated using **a valid code** including codes used for missing or unknown values.

All organisation and GP practice codes (where used) must be populated using valid codes as issued by the NHS Digital - Organisation Data Service (ODS). All healthcare resource group codes in the TARIFF CODE data element must be the current version for the reporting year in question.

Specialty codes included within the Specification must be ACTIVITY TREATMENT FUNCTION CODES (previously known as treatment function codes or TFCs) and not consultant main specialty codes.

POINT OF DELIVERY CODES (PODs) by themselves do not usually define a specific service. In order to achieve sufficient levels of granularity, PODs should be used *in conjunction* with other data elements within the data specification e.g. an activity treatment function code, service code or the healthcare resource group code found in the TARIFF CODE. In the case of non-activity based PODs it is not usually expected that the TARIFF CODE data element be populated.

The use of local codes is supported by the inclusion of some data elements e.g. LOCAL POINT OF DELIVERY CODE, LOCAL POINT OF DELIVERY DESCRIPTION, POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION. It is expected that the need for local codes will allow the capture of greater levels of granularity and detail regarding the service(s) being commissioned. Descriptions should be provided for any local values used. All local codes **must** map to a POINT OF DELIVERY CODE with the **same** measure (unit of volume).

Monies relating to all CQUIN payments should be recorded with a POINT OF DELIVERY CODE of CQUIN.

7. Specific completion guidance

For a detailed technical specification of the Standard showing the individual data elements, lists of valid codes (where these are not contained within the NHS Data Model and Dictionary v3) and completion guidance please refer to the Aggregate Contract Monitoring (ACM): Requirements Specification (Technical Detail – Specific Data Requirements) document.

8. Frequently asked questions (FAQs) – non-mental health services

Q1. What is the difference between Mandatory (M), Mandatory Where Relevant (R) and Optional (O) in the Standard?

A1.Data elements marked as Mandatory must be populated in all circumstances. Data elements marked as Mandatory Where Relevant (R) are mandatory in most circumstances but there will be specific instances where this is not possible or necessary. Further guidance regarding the population of Mandatory Where Relevant data elements can be found in Section 7. The population of optional data elements is optional or by agreement with a commissioner.

Q2. Should the TARIFF CODE data element include best practice tariff and specialised top-up flags?

A2.Yes. The Standard has been designed to accept an HRG code containing respective top-up suffixes where these are applicable.

Q3. Should the Standard be used to capture patient-level data?

A3. The Standard is the Activity and Finance Report which each provider is required to submit to its commissioners as a requirement of Schedule 6A of the NHS Standard Contract. Patient Identifiable Data (PID) or information about identified or identifiable individuals should **never** be recorded in the Standard. Patient level data to support the Standard should be included in the respective Patient Level Contract Monitoring (PLCM), Drugs Patient Level Contract Monitoring (DrPLCM) or Devices Patient Level Contract Monitoring (DePLCM) data sets which are data standards.

Q4. What other supporting data sets are required to be submitted by providers as part of the contract monitoring process?

A4. The Standard should be a very good indication of the amount a commissioner will be expected to pay for the period and therefore provides a good basis for validation. The Patient Level Contract Monitoring (PLCM) and (where applicable) Drugs Patient Level Contract Monitoring (DrPLCM) and Devices Patient Level Contract Monitoring (DePLCM) must be submitted in parallel to the Standard. The total value of these patient level data sets should match that of the Standard.

Q5. The POINT OF DELIVERY CODEs (PODs) in use locally are different from those released with the Standard specification and guidance. How should providers map local PODs to the nationally recognised list?

A5. It is understood that local commissioning processes will require a wide range of PODs to be recorded and reported on locally. As NHS England is looking to consolidate these local data sets, a level of consistency must be achieved. To ensure that aggregation to regional and national levels is possible a list of national PODs has been distributed with the Standard.

It is expected that the majority of activity and finance will fit within these categories. Where a local POD does not appear in the national list the nearest match should be found. Where a local POD offers a greater level of granularity than is required nationally a more generic POD should be selected.

Q6. Plans are not available at GP practice level. Can plan lines be submitted without populating this data element?

A6. Yes. The GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION) data element has been included following feedback from organisations that set and monitor activity at this level. If planned activity has not been agreed at this level, monthly monitoring will not be at this level and the data element should be populated with V81998.

Q7. Why do providers need to submit the financial value for Market Forces Factor (MFF) as this could be derived from national reference tables?

A7. In the vast majority of cases commissioners can assume that where the tariff is nationally agreed i.e. the value in the NATIONAL TARIFF INDICATOR data element is 'Y', then MFF is to be calculated in accordance with the reference tables supplied within the Payments by Results (PbR) Guidance. However, during the consultation process it became apparent that there are some instances where providers and commissioners have agreed a local price that is also subject to an MFF uplift. To avoid ambiguity the MFF financial value is captured separately.

Q8. Local reporting requirements require the capture of a number of additional data elements. Can providers add additional data elements to the Specification to support local reporting requirements?

A8. No. Additional data elements should never be added to the Standard. A number of free text data elements (CONTRACT MONITORING ADDITIONAL DETAIL and CONTRACT MONITORING ADDITIONAL DESCRIPTION) are incorporated in the Standard for this purpose. Patient Identifiable Data (PID) or sensitive data should **never** be recorded in these data elements.

Q9. Why are descriptions not included where only a coded data element value is included?

A9. The data set specification has been created with the minimum number of data items and contain no data elements which could otherwise be derived in order to minimise file size.

Q10. Could provider site code be included as a data element in the Standard template?

A10. The template layout requests a five digit provider code, the last 2 digits of which refer to the site within the provider where this is required.

Q11. Why have plan versus actual variances not been included?

A11. The data set specification has been created with the minimum number of data items and contain no data elements which can be derived in order to minimise file size.

Q12. Why has CQUIN been included as a POD rather than a data element to be populated for each data row? Would it not have made more sense to split CQUIN across contract lines rather than as a separate POD?

A12. The POD of CQUIN was added as a direct result of the consultation process. Consultation indicated that the majority of providers and commissioners would prefer to capture CQUIN as an individual POD rather than profiled across all other activity lines.

Q13. Can the Specification accommodate multiple adjustment lines?

A13. Yes. The PODs of 'ADJUSTMENT' and 'NAOTHER' should be used for the purposes of financial adjustments. The POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements should be used to provide further detail about what element of the contract the POD specifically relates. Records with non-activity based PODs should not be used to calculate levels of data quality compliance for patient-level specific data elements.

Q14. Why can we not send the current month and a year-to-date (YTD) position every month?

A14. The submission of a simple year-to-date data set that does not distinguish between individual months does not support a monthly validation process. Resubmissions would be lost in year meaning that individual activities and financial values would no longer be attributable to an individual month. The Standard must be completed in such a manner that it contains data relating to the current reporting month and all previous months, with all previous months shown individually.

Q15. Why are there no data elements within the Standard that show the annual plan?

A15. The data set specification has been created with the minimum number of data elements. The annual plan figures will be the same as those in the agreed contract within the Price Activity Matrix (PAM).

Q16. How should block contracts, block payments and CQUIN be recorded within the Standard?

A16. Block *payment* lines should be recorded with a POINT OF DELIVERY CODE of 'BLOCK' or 'CQUIN', POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION both populated indicating what a block value relates to and zero values for CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements.

Block *contracts* should be recorded in the same manner as that shown in the agreed Price Activity Matrix (PAM). If there are indicative planned activity volumes and values shown in the PAM these should be shown in the CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements. The value in the CONTRACT MONITORING ACTUAL PRICE should be equal to that for CONTRACT MONITORING PLANNED PRICE.

If the block contract has no indicative activity volume then it can be recorded as a single record with a POINT OF DELIVERY CODE of 'BLOCK', zero values for both CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements and with CONTRACT MONITORING ACTUAL PRICE being equal to the value of CONTRACT MONITORING PLANNED PRICE.

If a provider and commissioner have agreed a block payment for cancer multi-disciplinary attendances, this should be recorded using a POINT OF DELIVERY CODE of 'MDT'. The specialty / service should be detailed within the POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements. The supporting patient level detail must be included within the Patient Level Contract Monitoring (PLCM) data set with a POINT OF DELIVERY CODE of 'MDT'.

Q17. How should NHS England – Public Health data be recorded within the Standard?

A17. NHS England commissions a number of different screening programmes, which should be reported in the Standard and associated Patient Level Contract Monitoring (PLCM) data set.

Financial plans are broken down by screening programme and certain screening programmes have differing types of screenings with different local tariffs. There is therefore a requirement to identify and report activity levels per programme and screening type to the commissioner.

Schedule 6A of the NHS Standard Contract contains a reference document which outlines what codes can be used in the LOCAL POINT OF DELIVERY CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements can be used to allow providers to consistently report these services. The POINT OF DELIVERY CODE data element should usually be populated with the value of SCREEN. Block *payment* lines should be recorded with a POINT OF DELIVERY CODE of 'BLOCK' or 'CQUIN', POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION both populated indicating what a block value relates to and zero values for CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements.

Q18. How should shadow monitoring data be recorded within the Standard?

A18. Shadow monitoring records can be included within a standard submission, but identified by populating the COMMISSIONED SERVICE CATEGORY CODE data element with '98' *and* populating the POINT OF DELIVERY FURTHER DETAIL CODE with 'SHADOWMON'. All other data elements e.g. POINT OF DELIVERY CODE etc should be populated as intended for reporting purposes.

Further details of this shadow monitoring can be included by populating the POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data element using the narrative 'SHADOW MONITORING [SERVICE DETAILS]'.

Q19. What ACTIVITY TREATMENT FUNCTION CODE should I use to record community nursing?

A19. There is currently no specific code relating to community nursing in the NHS Data Model and Dictionary v3. Until a valid code for this service is added to the NHS Data Model and Dictionary v3 it is suggested that providers code such activity to 318:Intermediate Care or in some specific circumstances to 314:Rehabilitation, which ever is the most suitable.

9 Frequently asked questions (FAQs) - mental health services

Q1. Is the Standard a reporting requirement for Specialised Mental Health providers?

A1. Yes the Standard is a reporting requirement for Specialised Mental Health providers. The Standard data set should include all activity and cost details that are included within the invoice being generated by a provider.

Q2. How does the Standard differ to the national SMH Provider Data Set Specification and the Mental Health Services Data Set (MHSDS)?

A2. The Standard is primarily an aggregate reporting requirement for Specialised Mental Health providers. The MHSDS and SMH provider data sets are both patient level data sets. The MHSDS is a patient level, output based, secondary uses data set for children, young people and adults who are in contact with Mental Health Services (excluding gender services). Version 4.1 of the MHSDS includes the required data elements to identify activity for Specialised Mental Health services for referrals, ward stays and care contacts however there is not national coverage against the MHSDS version 4.0 with *valid* Specialised Commissioning records flowing. Reconciliation routinely takes place between the SMH Provider Data Set Specification and MHSDS outputs to determine their comparability. Once a sufficient level of comparability is achieved; NHS England Specialised Commissioning will aim to remove the SMH Provider Data set Specification in due course.

Q3. Should the Standard be used to capture patient-level data?

A3. The Standard is the Activity and Finance Report which each provider is required to submit to its commissioners as a requirement of Schedule 6A of the NHS Standard Contract. It should not be used to capture patient-level data. Patient Identifiable Data (PID) or information about identified or identifiable individuals should never be recorded in the Standard.

Q4. Other than the Standard, are other supporting data sets required to be submitted by providers as part of the centralised contract monitoring process?

A4. Yes. The SMH Provider Data Set Specification (and MHSDS) must be submitted in parallel to the Standard. It is expected that the aggregate total within these patient level data sets match that in the Standard.

Q5. Should the Standard be used to capture contractual plans for Specialised Mental Health Services?

A5. No. All contractual plans relating to Specialised Mental Health services should be recorded against the Mental Health Price and Activity Matrix (MH PAM) as described in Schedule 2b of the NHS Standard Contract. Where providers have contractual arrangements for non-specialised mental health services this level of planned information should be submitted within an ACM format.

Q6. How should block contracts, block payments and CQUIN be recorded within the Standard?

A6. Block *payment* lines should be recorded with a POINT OF DELIVERY CODE of 'BLOCK' or 'CQUIN', POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION both populated indicating what a block value relates to and zero values for CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements.

Block *contracts* should be recorded in the same manner as that shown in the agreed Mental Health Price Activity Matrix (MH PAM). The CONTRACT MONITORING PLANNED ACTIVITY data element can be recorded as zero on the rationale that all planned activity is recorded in the MH PAM. The CONTRACT MONITORING ACTUAL ACTIVITY and the CONTRACT MONITORING ACTUAL PRICE should be correlated to information held in the MH PAM.

If the block contract has no indicative activity volume then it can be recorded as a single record with a POINT OF DELIVERY CODE of 'BLOCK', zero values for both CONTRACT MONITORING PLANNED ACTIVITY and CONTRACT MONITORING ACTUAL ACTIVITY data elements and with CONTRACT MONITORING ACTUAL PRICE being equal to that held in the MH PAM.

Q7. What information is required to be submitted in the Activity Treatment Function Code data element for Specialised Mental Health Services?

A7. The NHS Data Model and Dictionary v3 Activity Treatment Function Codes listed below should be used to complete this data element in the data set and should be read in conjunction with the SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE descriptions.

Activity Treatment Function Code	Activity Treatment Function Code Description
100	GENERAL SURGERY
710	ADULT MENTAL ILLNESS
711	CHILD AND ADOLESCENT PSYCHIATRY
712	FORENSIC PSYCHIATRY
720	EATING DISORDERS
724	PERINATAL PSYCHIATRY

Q8. Should the TARIFF CODE data element be included as part of the submission for Specialised Mental Health providers?

A8.No. The Standard has been designed for all healthcare organisations and is a mandatory (where required) data set item. Since specialised mental health services do not utilise Health Care Resource Groups, the TARIFF CODE data element can be left blank.

Q9. What information is required to be submitted in the POINT OF DELIVERY CODE data element for specialised mental health services?

A9. The following Point of Delivery (POD) codes should be used to complete this data element and should be read in conjunction with the Specialised Mental Health Service Category Codes.

Point of Delivery Code	Point of Delivery Code Description
DCRE	Day care
IPOBD	Inpatient occupied bed day
COMM	Contact
OPFA	Outpatient first attendance
OPFUP	Outpatient follow-up attendance
EL	Elective spell
OTHER	Other
BLOCK	Block payment
CQUIN	CQUIN payment
ADJUSTMENT	Financial adjustment

Q10. What information is required to be submitted in the NATIONAL TARIFF INDICATOR data element for specialised mental health services?

A10. This data element should be completed with 'N' to denote that the activity is outside National Tariff arrangements.

Q11. What information is required to be submitted under the MFF data elements for specialised mental health services?

A11. This data element should be completed with a value of zero since MFF is not applicable to activity outside National Tariff.

Q12. Where should healthcare organisations record service category codes, unit and ward values for specialised mental health services?

A12. The Standard includes the specific data elements SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE, ORGANISATION IDENTIFIER (CODE OF PROVIDER) and WARD CODE for these purposes.

It also contains a number of free text data elements (CONTRACT MONITORING ADDITIONAL DETAIL and CONTRACT MONITORING ADDITIONAL DESCRIPTION). Patient Identifiable Data (PID) or sensitive data should **never** be recorded in these data elements.

Q13. Can I use the CONTRACT MONITORING ADDITIONAL DETAIL and CONTRACT MONITORING ADDITIONAL DESCRIPTION free text data elements in the Standard to record additional information for specialised mental health services?

A13. Yes. These data elements can be used to record additional information which allows further transparency of data of SMH services and has been labelled as an Optional data element. Patient Identifiable Data (PID) or sensitive data should **never** be recorded in these data elements.

Q14. Why have plan versus actual variances not been included?

A14. The data set specification has been created with the minimum number of data items and to contain no data elements which could otherwise be derived in order to minimise file size.

Q15. Why has CQUIN been included as a POD rather than a data element to be populated for each data row? Would it not have made more sense to split CQUIN across contract lines rather than as a separate POD?

A15. The POD of CQUIN was added as a direct result of the consultation process. Consultation indicated that the majority of providers and commissioners would prefer to capture CQUIN as an individual POD rather than profiled across all other activity lines.

Q16. Can the Specification accommodate multiple adjustment lines?

A16. Yes. The PODs of 'ADJUSTMENT' and 'NAOTHER' should be used for the purposes of financial adjustments. The POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements can be used to store the description of any such financial adjustments.

It is recommended that the 'ADJUSTMENT' POD code be used to record financial adjustments relating to an existing record or group of records.

Q17. Can I submit multiple Standard files against individual mental health units?

A17. No. All data must be submitted within a single file that should include all activity and cost details that are included within the invoice being generated by a provider (not a singular mental health unit). Providers must not submit data for part months or individual units. Only a single file containing all units will be accepted.

Q18. Can I submit the 'Originating CCG Code' within the dataset specification to allow a singular aggregate flow of information to match the invoice being generated?

A18. Yes. Please submit the Originating CCG Code within the **CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)** (i.e. VGP1) dataset field for Specialised Mental Health services only. Please do not submit the same data attributed to that of 'ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)'.

Q19. Can you provide submission guidance for the WARD CODE data element when submitting data for Specialised Mental Health services?

A19. Insert the ward code that corresponds to the same ward code submitted within the MHSDS, the SMH Provider Dataset Specifictaion and referenced within the Mental Health Price Activity Matrix (MH PAM).