Drugs Patient Level Contract Monitoring (DrPLCM)

User Guidance for Providers and Commissioners

NHS England and NHS Improvement

Drugs Patient Level Contract Monitoring (DrPLCM): User Guidance for Providers and Commissioners

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Data Coordination Board

This Information Standard (DCB2212) 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 (DCB2212 Amd 58/2016) 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: 08 April 2021

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 Drugs Patient Level Contract Monitoring (DrPLCM) Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly patient level drug contract monitoring data between commissioners and providers of healthcare. This will ensure that drug contract monitoring and reporting is consistent and comparable across all commissioning organisations and their footprints.

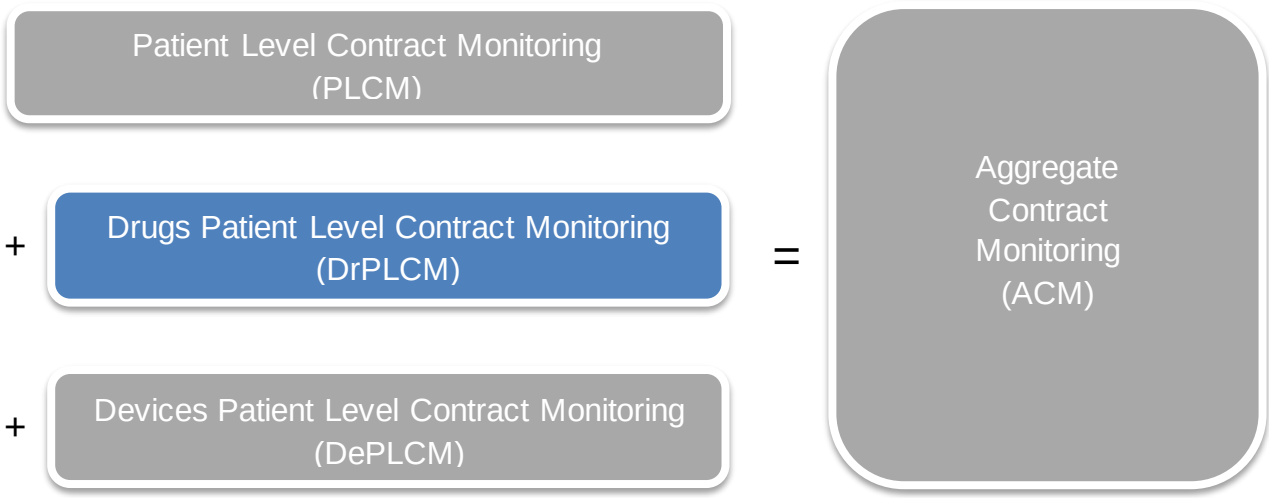
The DrPLCM is a patient level report containing patient identifiers relating to high cost drugs. Its purpose is to substantiate and provide further details of the aggregate reporting line shown in the Aggregate Contact Monitoring (ACM).

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.

It is expected for the value shown in the DrPLCM to match the aggregate total in the ACM for the relevant activity and points of delivery (PODs).

Diagram 1 below shows how the DrPLCM relates to the three other contract monitoring data flows, each of which is covered by a separate data standard. The Standard **should not** contain any patient level **activity** information.

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.	Drugs Patient Level Contract Monitoring (DrPLCM): Implementation Guidance	Implementation guidance for users of the Standard.
2.	Drugs Patient Level Contract Monitoring (DrPLCM): 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

The Drugs Patient Level Contract Monitoring (DrPLCM) 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, hospital pharmacy 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 drugs and advanced therapy medicinal products not reimbursed through National Tariff prices, as defined by the NHS Improvement National Tariff Payment System High Cost Drugs List, provided to patients for all NHS commissioners**. The total charged to a commissioner in the Drugs Patient Level Contract Monitoring must be equivalent to the aggregate monetary value shown relating to National Tariff-excluded drugs in the ACM for a particular commissioner.

This covers:

- All NHS and independent sector acute 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 NHS-funded drugs and advanced therapy medicinal products not reimbursed through National Tariff prices.

The table below is a detailed list of the scope of the Standard for providers.

Provider Type and NHS Standard Contract version	Drugs Patient Level Contract Monitoring (DrPLCM)
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	
NHS or Independent Sector provider commissioned to provide community services under the full-length version of the NHS Standard Contract	Recommended (where applicable)
NHS provider commissioned to provide ambulance services under the full-length version of the NHS Standard Contract	
NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract	

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.

The DrPLCM is a patient level report, containing patient identifiers. Its purpose is to substantiate and provide detail of the aggregate value in the ACM relating to drugs and advanced therapy medicinal products not reimbursed through National Tariff prices as defined by the NHS Improvement National Tariff Payment System High Cost Drugs List. It contains details relating to the administration of these drugs that are not found in standard CDS flows submitted to SUS+.

In order for a commissioning organisation to have a total view of its National Tariff-excluded drugs expenditure, there is a need to aggregate its reporting. 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

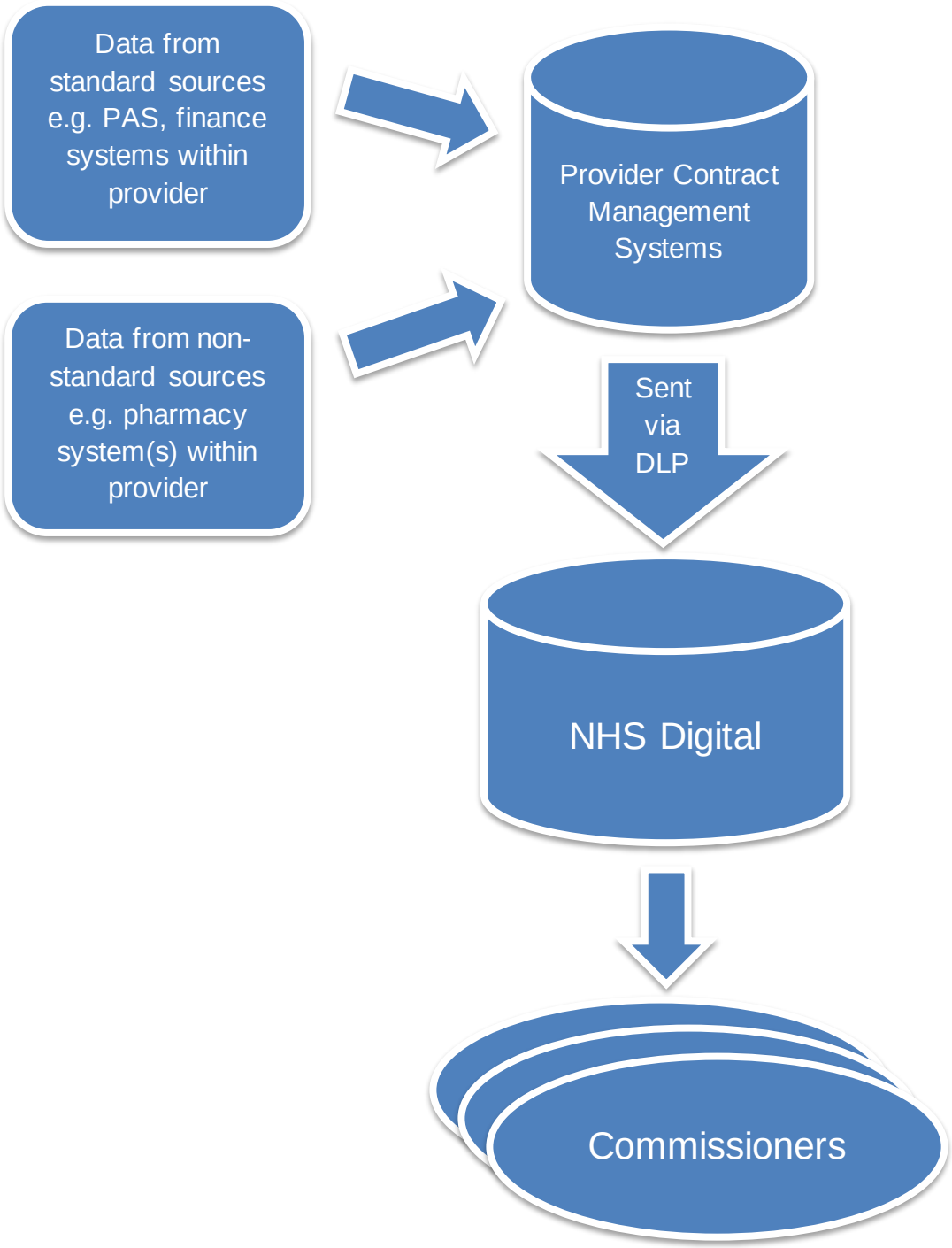
The Standard will ensure that monthly drug contract monitoring data that flows from providers to commissioners via NHS Digital will contain a consistent set of data items of sufficient quality. This will:

- 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 drug usage and finance which will increase efficiency through removal of manual validation checks;
- Improve year-end forecasting and forecasting against plan of drug usage for commissioners;
- Provide greater assurance that the right patients are receiving the right drugs at the right place for the correct price;
- 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 Drugs Patient Level Contract Monitoring 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 data for drugs administered in April 2020, May 2020 and June 2020 **all shown separately**.

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).

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.

The Dictionary of Medicines and Devices (dm+d) taxonomy level at which a drug is recorded will determine the number of data elements which require completion. An increased level of specificity (e.g. at a VMPP or AMPP level) will **greatly reduce** the need to populate other data elements since these can mostly be derived from the SNOMED CT code itself.

Scenario	Specific Data Elements to be Completed
Drug is not listed in dm+d or drug does not have a SNOMED CT code	DRUG NAME to be populated as listed in the taxonomy DRUG STRENGTH to be populated for all DRUG VOLUME to be populated - for liquid delivery only DRUG PACK SIZE to be populated for all
Drug code is a VTM code	DRUG NAME not required DRUG STRENGTH to be populated for all DRUG VOLUME to be populated - for liquid delivery only DRUG PACK SIZE to be populated for all
Drug code is either a VMP or AMP code	DRUG NAME not required DRUG STRENGTH not required DRUG VOLUME not required DRUG PACK SIZE to be populated for all
Drug code is either a VMPP or AMPP code	DRUG NAME not required DRUG STRENGTH not required DRUG VOLUME not required DRUG PACK SIZE not required

Where it is required to populate a data element in the table on the previous page the methodology outlined below must be applied.

Population of the DRUG STRENGTH and DRUG VOLUME data elements must meet all of the following criteria.

- Must contain a numeric value with up to 4 decimal places e.g. 100, 1.5, 1.1234,10.2 etc.
- Must be populated using any one of the valid UNIT OF MEASUREMENT descriptions as listed in the Technical Detail – Specific Data Requirements for the DrPLCM. The unit of measurement must be capitalised e.g. MG, G, ML etc.
- Must **not** contain a space between the number and the unit of measurement.

Data Element	Example	Data Quality Check	Data Quality Failure Reason(s)
DRUG STRENGTH	100	Fail	Missing unit of measurement
	1.5	Fail	Missing unit of measurement
	100MG	Pass	
	1.5MG	Pass	
	100 MG	Fail	Space between numeric value and unit of measurement
	1.5 MG	Fail	Space between numeric value and unit of measurement
DRUG VOLUME	14	Fail	Missing unit of measurement
	10.2	Fail	Missing unit of measurement
	14ML	Pass	
	10.2ML	Pass	
	14 ML	Fail	Space between numeric value and unit of measurement
	10.2 ML	Fail	Space between numeric value and unit of measurement

Population of the DRUG PACK SIZE data element must meet both of the following criteria.

- Must contain a whole number e.g. 6, 12, 24, 100 etc.
- Must **not** contain text, spaces or a description.

Data Element	Example	Data Quality Check	Data Quality Failure Reason(s)
DRUG PACK SIZE	5 VIAL	Fail	Includes a textual description and a space
	16 TABLET	Fail	Includes a textual description and a space
	5	Pass	
	16	Pass	

Population of the DRUG QUANTITY OR WEIGHT PROPORTION data element must meet both of the following criteria.

- Must contain a numeric value with up to 4 decimal places e.g. 8, 12, 0.6667,5.2 etc.
- Must **not** contain text, spaces or a description.

Data Element	Example	Data Quality Check	Data Quality Failure Reason(s)
DRUG QUANTITY OR WEIGHT PROPORTION	8/12	Fail	Number expressed as a fraction and use of a text character
	8 out of 12e	Fail	Includes text and spaces
	0.6667	Pass	
	5	Pass	

The DRUG QUANTITY OR WEIGHT PROPORTION data element must be completed in **all** circumstances since this, in conjunction with the UNIT OF MEASUREMENT (SNOMED CTDM+D) data element gives a clear indication of the numerical quantity and the associated unit of volume that this numerical quanity signifies e.g. the number of tablets, the number of drops or the number of vials etc.

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 Drugs Patient Level Contract Monitoring (DrPLCM): Requirements Specification (Technical Detail – Specific Data Requirements) document.

8. Specific completion guidance questions (FAQs)

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

A2. The Aggregate Contract Monitoring (ACM) together with the Patient Level Contract Monitoring (PLCM) and Devices Patient Level Contract Monitoring (DePLCM) (where applicable) must be submitted in parallel to the Standard. The total value of the patient level data sets should match the Aggregate Contract Monitoring (ACM) for the relevant activity.

Q3. 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?

A3. 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.

Q4. Why are descriptions not included where only a coded data element value is included?

A4. 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.

Q5. Can the Specification accommodate multiple adjustment lines?

A5. 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.

Q6. Why can we not send the current month and a year-to-date (YTD) position every month?

A6. 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.

Q7: At what taxonomy level should drugs be recorded and how should the name of the drug be reported?

A7: Where a provider has got a Dictionary of Medicines and Devices (dm+d) enabled system and a drug exists within dm+d, they should be recorded at the lowest taxonomy level possible i.e. the level with the greatest amount of detail (VMPP/AMPP, although it is appreciated that some drugs only have codes at the VTM level of granularity). The DRUG NAME (HIGH COST TARIFF EXCLUDED DRUG) data element does **not** need to be populated where the HIGH COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D) is populated with a valid code.

Where a provider has not got a Dictionary of Medicines and Devices (dm+d) enabled system *or* where a drug does not exist within dm+d, providers should submit the drug name in UPPER CASE in the DRUG NAME (HIGH COST TARIFF EXCLUDED DRUG) data element together with the DRUG STRENGTH (HIGH COST TARIFF EXCLUDED DRUG), DRUG VOLUME (HIGH COST TARIFF EXCLUDED DRUG) and DRUG PACK SIZE (HIGH COST TARIFF EXCLUDED DRUG). Names of combined drugs must use the British National Formulary (BNF) order and format i.e. 'DRUGX + DRUGZ'.

Q8. How should block payments and adjustments be recorded within the Standard?

A8. Block payment or adjustment lines should be recorded with a POINT OF DELIVERY CODE of 'BLOCK' or 'ADJUSTMENT' or 'NAOTHER' and the POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements populated indicating that to which the block value relates.

The table below should be used as a guide as to how to record such payments and other non-activity changes in the Standard.

POINT OF DELIVERY CODE	POINT OF DELIVERY FURTHER DETAIL CODE	POINT OF DELIVERY FURTHER DETAIL DESCRIPTION
ADJUSTMENT	ACCRUAL	DRUG ACCRUAL
ADJUSTMENT	REBATE	REBATE
ADJUSTMENT	GAINSHARE	VAT GAIN SHARE
ADJUSTMENT	WASTAGE	WASTAGE
BLOCK	PTSU	PTSU
NAOTHER	CHEMOPROC	CHEMO PROCUREMENT
BLOCK	ASEPTIC	ASEPTIC UNIT
NAOTHER	ONCOSTSC	ON COSTS - CHEMOTHERAPY
NAOTHER	ONCOSTSP	ON COSTS - PHARMACY
BLOCK	CHEMOSUPP	CHEMOTHERAPY SUPPORTIVE DRUGS
BLOCK	HOMEADMIN	HOMECARE ADMIN
BLOCK	EMBEDPHARM	EMBEDDED PHARMACIST
NAOTHER	OUTSOPHARM	OUTSOURCED PHARMACY

Q9. Should drugs relating to the Cancer Drug Fund (CDF) be recorded within the Standard?

A9. Yes. CDF drugs should be recorded using the Standard and submitted together with all other National Tariff-excluded drugs. Drugs relating to the CDF must be identified by coding the COMMISSIONED SERVICE CATEGORY CODE data element to '31' and populate the SPECIALISED SERVICE CODE data element with the the value of 'NCBCDXXX'.

The PROVIDER REFERENCE NUMBER data element should be populated with the CDF reference number or unique identifier assigned by Blueteq where this exists.

The CDF Form Code and its descriptors should be used to populate the CONTRACT MONITORING ADDITIONAL DETAIL (FIRST) and CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST) data elements.

Q10. How should costs associated with aseptic preparation be recorded within the Standard?

A10. Providers should identify and report costs associated with asceptic preparation separately within the Standard, making use of the POINT OF DELIVERY CODE data element and using a 'BLOCK' POD code.

In these instances, the POINT OF DELIVERY FURTHER DETAIL CODE and POINT OF DELIVERY FURTHER DETAIL DESCRIPTION data elements should be populated to describe the nature of these costs.

Q11. How should credits be reflected within the Standard?

A11. All credits must be a near-replica of the original line of activity. All data elements should be populated with the same values, the only exceptions being a **negative value** shown in the TOTAL COST data element and the POINT OF DELIVERY CODE data element of 'ADJUSTMENT'. This will allow for the credit to be reconciled and offset against the original debit for reporting and reconciling purposes.