

Transition from SUS to SUS+

May 2017

Introduction

SUS+ was implemented in April 2017, replacing SUS. NHS Improvement, NHS England and NHS Digital have worked together to produce this document which explains how providers and commissioners should manage any financial impact of this transition.

Who does the transition affect?

Most providers and commissioners monitor their contracts using local information flows, rather than SUS. In these cases, the change from SUS to SUS+ should not affect the information they are using to monitor contracts.

Providers and commissioners that have been using SUS to inform monthly contract monitoring may see a change in the number of spells and tariffs with SUS+. In these cases, the financial impact of any differences between SUS and SUS+ should be neutralised using the NHS Standard Contract rules on counting and coding (see the Annex for a summary of these rules).

What are the differences between SUS and SUS+?

SUS and SUS+ use different methods to construct spells. SUS+ uses a 'natural' method based on three data fields submitted by the care provider (Hospital Spell id, Activity Date and Organisation Code). SUS uses an algorithm to deduce which episode records should be combined into a spell.

NHS Digital has published a full explanation of the [differences between SUS and SUS+](#).¹ Most of the differences are a result of data quality issues; the differences should narrow with resolution of these issues. The SUS+ team has contacted those providers with the largest issues.

What is the size of the impact?

The difference between SUS and SUS+ in terms of the number of spells and tariff generated is very small nationally. However, some providers and commissioners are affected more than others, particularly if they have quality issues with any of the data fields SUS+ uses for spell construction.

NHS Digital analysed the differences between SUS and SUS+ in terms of spell numbers and tariff generated by providers and commissioners for three months in 2016/17.

What action should be taken?

If your organisation uses local information flows to monitor contracts, you do not need to take any action.

If your organisation has been using SUS to cross-reference local information flows, you need to understand the differences between SUS and SUS+. Refer to [NHS Digital's analysis of the differences](#)¹ for help when cross-referencing SUS+ against local information flows.

If your organisation has been using SUS to inform contract monitoring, you should assess the impact and apply the NHS Standard Contract rules on counting and coding (refer to the Annex).

All providers and commissioners should assess the quality of the data they submit to SUS+; in particular, the data fields used for spell construction to minimise the impact of missing data items. To avoid issues with different sources of patient-level activity data, providers and commissioners should make plans to use SUS+ as the single source of activity data where they can.

Commissioners should be aware that SUS+ processes data extracts differently from SUS. As such, service-level agreements (SLAs) involving data services for commissioners regional offices (DSCROs) and commissioning support units (CSUs) for the processing of data may need to be amended.

¹ See *SUS+ pricing differences*. Available from: <http://content.digital.nhs.uk/sus/replacement>

Annex: NHS Standard Contract rules

Appropriate application of Contract rules on counting and coding

Where changes are proposed and implemented at a local level in the counting and coding of patient activity (whether as a result of national guidance changes or local identification of reporting inaccuracies), the [NHS Standard Contract](#)² sets out arrangements for the neutralisation of the financial impact of agreed changes between commissioner and provider, for a time-limited period. These arrangements are described in Service Condition 28 of the Contract itself, with detailed guidance provided in the [Contract Technical Guidance](#)³ (section 44). Implementation of SUS+, through a national initiative rather than a local one, clearly falls within scope of these arrangements.

Timing of implementation and notification of provider's intentions

The normal requirement in the Contract is that one party must notify the other of a proposed counting and coding change by 30 September for implementation (unless there is a nationally mandated implementation date) the following April; any financial impact of the change is then neutralised for the full financial year starting in April.

Given that the introduction of SUS+ is a national change and that its implications for counting and coding will not have been clear at local level, we recognise it is likely neither providers nor commissioners will have given the above notice. Nonetheless, we strongly recommend that, at local level, commissioners and providers agree pragmatically that any financial impact from SUS+ should be neutralised for the whole of 2017/18.

² <https://www.england.nhs.uk/nhs-standard-contract/17-18/>

³ <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

Process for neutralising financial impact

Following SUS+ implementation:

1. initial payment from commissioners to providers is based on the spells and HRGs generated by SUS+
2. providers and commissioners need to closely monitor casemix and activity volumes to identify any change from the historical mix and distinguish, as accurately as possible, between (i) changes resulting from SUS+ implementation and (ii) genuine changes in the acuity and volume of patients treated
3. providers and commissioners then need to make ongoing adjustments to the level of payment between them for the relevant period, to offset and 'neutralise' the impact of (i) above.

In practice, these arrangements can realistically only be followed, and financial adjustments implemented, where there is a written contract between commissioner and provider. For activity handled as non-contract activity under the [Who Pays?](#) rules,⁴ providers should, from the time SUS+ is implemented, invoice commissioners for actual activity recorded under SUS+.

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⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>