



Approved Costing Guidance: summary of changes

Version 1, March 2022

Introduction

1. This document is intended to act as an aid to costing practitioners and other stakeholders as they implement the 2022 Approved Costing Guidance (ACG). **It is not intended to replace a full and proper review of all the documentation published annually.**
2. A URL map of the ACG guidance is available on the [Open Learning platform \(OLP\)](#) to help you find all the different elements of the Approved Costing Guidance.
3. Areas where there have been significant structural changes to the standard or the costing process since the 2021 ACG have been highlighted in **yellow** for ease of reference. These sections should be reviewed in the context of the whole section to ensure full understanding of the change.
4. For any comments, queries or concerns on this document or any of the Approved Costing Guidance, please contact costing@england.nhs.uk.

Information requirements – integrated

5. The costing methods have been updated for clarity and brevity, and where changes have been made to structure for the National Cost Collection. Minor changes have been made but these do not require significant changes to the information feeds or costing process, except where highlighted in yellow.

Costing methods – integrated

6. The costing methods have been updated for clarity and brevity, and where changes have been made to structure for the National Cost Collection. Minor changes have been made but these do not require changes to the costing processes, except where highlighted in yellow.

CM3: Non-admitted patient care

7. This standard has been integrated across all sectors, including significant rework for clarity. There is additional guidance for providers of community services, in particular clarifying how to obtain and use the data for community services.

CM6: Critical care

8. This standard has been updated to support the mandate of the collection of patient-level paediatric critical care and neonatal critical care in the 2022 National Cost Collection.

CM13: Admitted patient care

9. This standard has been integrated across all sectors, including significant rework for clarity.
10. There is additional guidance for providers of community services, and for all sectors, the addition of the 'episode grouping' field to identify community episodes within the admitted patient care costed records.

Medical Technology Innovation Products

11. At the request of NHS X, the cost collection will identify how these products have been used, as part of the patient-level dataset. The products have been added to the technical documents using codes that can identify their use throughout the costing process and the National Cost Collection. The costing standards, National Cost Collection and Integrated Technical Document have all been updated for this purpose.

Integrated Technical Document

Spreadsheet IR1.1: Feeds

12. The table now has a column for the mandate status which shows which feeds are prescribed and the feeds that include information for the service areas still in development.

13. The table also has a column to cross reference which standard relates to each feed (where it is a direct relationship).

Spreadsheet CP2.1: Standardised cost ledger

14. The cost ledger has been updated in response to queries from stakeholders and to support the development areas. See the change log in the technical document for detail.

Spreadsheet CP3.1: resources

15. Costing resources have been added to support the development areas of chemotherapy and radiotherapy. These are not mandated in the standard or the National Cost Collection in 2022 but will work in conjunction with the costing standards to be released in mid-2022.
16. There are new collection resources:
 - CPF010 General Practitioners – to identify the cost of GPs throughout secondary care and as part of the ED streaming services.
 - CSC008 PFI support income – to improve the clarity of reconciliation to the annual accounts.

Spreadsheet CP3.2: activities

17. Costing activities have been added to support the development areas of chemotherapy and radiotherapy. These are not mandated in the standard or the National Cost Collection in 2022 but will work in conjunction with the costing standards to be released in mid-2022.
18. There are new collection activities:
 - DEV001 Use of high cost and MedTech devices – to facilitate identification of high-cost devices separately, and also the traceability of the NHSX supported medical technology (MedTech) products aligned with patient-level data.
 - EMC002 Streaming before emergency dept – to identify services that are providing specific pre-ED services, including those led by GPs.
 - PAT008 Use of PIGF Placental Growth Factor Test - MedTech Innovation – to identify the MedTech product that is not a device.
 - PHA007 Aseptic suite – work with costing practitioners and commissioners has identified the need to identify these high-cost units separately from the main pharmacy department. This is useable for all services and is a key part of the development of chemotherapy to be brought in for the NCC in 2023.

Spreadsheet CP3.3: patient-facing resource/activity combinations and allocation methods

19. New combinations have been added for the development areas, and to correct missing combinations.

Spreadsheet CP3.5: Superior costing methods and permissible substitutions

20. Additional superior methods and permissible substitutions have been added, to enable advanced, nationally approved methodologies to be used and inform direction of travel in costing quality. Superior costing methods will score higher than prescribed methodologies in the costing assessment tool (CAT) 2022 when it is released later this year.

Integrated Transition Path

21. This has been updated for 2022 to reflect the continued impact of COVID-19 on the ability of clinicians to engage with the costing teams in trusts, and to add information added for new standards.
 - Chemotherapy and radiotherapy feeds 28 and 29 into PLICS and implement costing methods to support move from average cost per unit to patient level.
 - IR3 Use of patient-level information – learning extension – slipped back a year to reflect continued pressure on clinicians preventing full engagement with cost data.
 - Identify GPs who provide ED streaming service via a collection activity and exclusion in the NCC.
22. It has also been updated to show the drive to patient- level costing in the National Cost Collection for all relevant services as soon as possible.

Ambulance technical document

Ambulance Transition Path

23. This has been updated for 2022. Timescales have been amended for the continued impact of COVID-19 and availability of information required for costing. Timeframe for the following have been adjusted:
 - Collecting patient information and progressing to a patient-level collection from an incident-level collection, in the absence of a national patient-level activity dataset
 - developing costing information for ‘non-responding time’ and ‘providing clinical advice to crews at the scene’. Preparation actions for the trusts to achieve these requirements have been specified in 2021/22

- costing commercial activities due to low priority.
24. The amendments of the timeframe include both the information requirements specified in IR1.1 and IR1.2 and the costing standards requirements.

National Cost Collection Guidance

Volume 3 – Integrated Acute, Mental Health (including IAPT) and Community

25. To reduce the amount of reading for trusts who provide integrated services, we have added community services to the integrated guidance volume.
26. Community services have also been added to the integrated extract specification.
27. The workbook remains in use for all sectors where PLICS level data is unavailable and for services that remain out of scope at patient level.
28. There are three new data items in the extract specification:
 - agreed adjustment code
 - episode grouping
 - part cost flag
29. Community services are now also required to use the PLICS Extract Matching Identifier (PLEMI). However, the PLEMI has been removed from Emergency Care and IAPT.
30. In 2022, trusts must submit paediatric and neonatal critical care using the Specialist Ward Care (SWC) feed in the same way adult critical care is collected via the SWC feed.
31. Trusts that are able to submit their wheelchair services at PLICS level are encouraged to do so; however, this is soft implementation for 2022.
32. To support the MedTech Funding Mandate policy launched on 1 April 2021, MedTech devices will need to be separately identifiable in the 2022 NCC and collected in the supplementary information (SI) feed. Three currency codes have been built into the collection.
33. For the PLICS 2021 collection (for 2020/21 activity data), PLICS was partially aligned to IAPT v2.0. For 2022, the Care Contact Identifier mandation status had to be lowered to 'required' (because the new data item was only collected for part of the year).

Other changes to documents

COVID-19 recommendations

34. The recommendations have been updated for changes to the provider finance return (PFR) including:

- the removal of separate identification of independent sector provider costs where they were used to support care during the pandemic
- the decommissioning costs of Nightingale units
- the introduction of local Nightingale hubs
- additional testing and vaccination programmes.

Resource Application Hierarchy

35. This has been updated to reflect the published version of the Technical Document: Spreadsheet CP2.1: Standardised Cost Ledger.

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This publication can be made available in a number of other formats on request.

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