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2021/22 National Cost Collection Guidance

Volume 4 National Cost Collection – ambulance sector

Version 1, March 2022

Note: this was Volume 5 in the 2020/21 National Cost Collection Guidance.

Areas with significant updates since the 2021 Approved Costing Guidance have been highlighted in yellow for ease of reference. They should be reviewed in the context of the whole section.

Contents

1. Introduction 2
Ambulance collection overview 3
2. Main areas of change for 2022 4
3. Preparing PLICS files for ambulance services 5
3.1 Ambulance incidents 5
Collection scope 5
3.2 Currencies 7
Hear and treat 7
See and treat 8
See and convey 8
Other 9
4. Submitting PLICS files 10
4.1 Submitting data to NHS Digital 10
4.2 Submission rules 11
5. Data validation tool for PLICS files 12

1. Introduction

1. This document forms part of the 2022 National Cost Collection (NCC) guidance which is being published in volumes.

2. You should read *Volume 1: Overview* before reading this document.

3. You should also read *Volume 2: National Cost Collection reconciliation and exclusions.*

4. You should read the Ambulance extract specification in conjunction with this document.

5. 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.

6. To maintain consistency for those who have only completed two years of the mandatory collection and to minimise the burden while COVID-19 impacts the ambulance sector, we have designed a collection of minimal change in 2021/22.

7. We hope this will allow the sector to work from a stable foundation of relatively unchanged guidance and collection.

8. For your main support contacts during the collection, please refer to *Volume 1: Overview*.

9. In addition, if you would like an informal chat with a member of our costing team, join our weekly 'coffee and connect' sessions by contacting costing@england.nhs.uk.

Ambulance collection overview

10. This section provides an overview of the 2021/22 NCC.

11. Providers are asked to submit activity and financial data for all incidents going through 999 call centres or dispatch centres.

12. For the purposes of this collection, an incident is defined as:

    - a discrete event where one or more responses are dispatched
    - clinical advice given over the phone
    - an information only or no treatment required call.[1]

13. Alongside in-house provision the collection includes the following services:

    - activity completed by third-party providers
    - activity completed by hazardous area response teams (HART)
    - medical emergency response incident teams (MERIT)
    - healthcare professional responses
    - air ambulance responses (staff only).[2]

14. The PLICS extracts that should be reported at incident level (with patient details) for this collection are:

    - AMB (Ambulance) – ambulance incidents.

15. The following services are out of scope of the collection:

    - other patient-facing services, eg GP out-of-hours, patient transport service (PTS) and NHS 111
    - HART non-responding time.

16. Other operating income relating to commercial services (eg first aid training and cover for sporting events) should be netted off from the costs of providing these services, as part of the reconciliation process to establish the provider's total costs.

[1] For further information see Section 3.1 Collection scope.
[2] This does not include costs which are subsided by charitable funds.

2. Main areas of change for 2022

17. Our aim for the 2022 collection is ‘minimum change’ to give trusts the best chance of success in submitting their mandated PLICS collection where they may have been affected by the slippage of the 2021 submission window and the ongoing COVID-19 pandemic.

    Table 1 highlights the main changes to how costing data is collected in 2022 and details of the required compliance.

Table 1: Main changes to the 2022 National Cost Collection

Change for 2022 collection	Sector(s) affected	Required compliance	Detail
Agreed adjustments New data item in the extract specification – agreed adjustment code	All	Mandatory if agreed adjustment code is issued	In 2022 there is a new field collected in the extract specification for agreed adjustments. This will replace the previous agreed adjustment lines in the NCC workbook reconciliation as the NCC workbook reconciliation will not be used to assure NCC submissions in 2022. Trusts will still need to apply to NHS England and NHS Improvement for agreed adjustments and will be issued an agreed adjustment code. There will only be one ‘Service ID’ for agreed adjustments and this will be OEADJ12. Data validation tool (DVT) rules will be generated to test the application of the agreed adjustments coding in ‘AgrAdj’ XML field and SerID.

3. Preparing PLICS files for ambulance services

18. The extract specification sets out the exact structure of the files you need to produce for the collection: the field names and formats, along with valid codes for certain fields where applicable.

19. The nature of ambulance service provision means cost collection is at the incident level, not the patient level. The number of vehicles arriving at a treatment location is used as a proxy for the number of patients associated with each incident. If no vehicles arrive at a treatment location, the incident is assumed to involve a single patient.

3.1 Ambulance incidents

Collection scope

20. This section covers ambulance incidents (AMB). Incidents collected in the AMB PLICS data feed should be based on AMB.

21. For the purposes of PLICS Ambulance, the scope of an incident includes ‘hear and treat’, ‘see and treat’, ‘see and convey’ and ‘other’ incident currencies.

22. An incident begins at the point the call is connected or a request for an ambulance is received. An incident ends when:

    - the last responder type is clear to respond to future incidents
    - when the call ends for hear and treat incidents
    - when the call ends for ‘other’ calls.

23. The collection year begins on **1 April 2021** and ends on **31 March 2022**.

24. All incidents started within the collection year are in scope of this collection. For example, if an incident started on 31 March 2022 at 23:50 and ended on 1 April

2022 at 02:00, then all the resources and activities should be allocated, even though the incident ended outside the collection year.

25. Incident-level data is to be submitted, with some information included on response(s) and patient(s). The list of fields to be collected for each incident is shown in the ambulance extract specification file.

26. NHS number and handover destination will not be submitted as multiple value fields and will be limited to one NHS number and one handover destination per incident.

27. The NHS number should only be submitted where the incident involved a single patient and should be recorded as multi-patient incident = N. In the small number of incidents where the data has more than one NHS number, the NHS number should be left blank and should be recorded as multi-patient incident = Y.

28. For incidents with more than one handover destination, only the details of the first handover destination reached should be submitted. The earliest entry in the data for the handover destination field should be selected and all other data (for this field) removed from the collection files to be submitted.

29. The only field that will be enabled to accept multiple values is ‘responder type’. Each responder type should be pipe delimited (|); the maximum number of responder types per incident will be limited to 10, with the first 10 responder types selected based on at-scene date and time. This field will have a maximum string length of 29. A full list of responder types is available in the extract specification.

30. Where responders of the same type are on the scene for the same incident, codes for every responder should be supplied.

31. Figure 1 shows how 2 × RRV 1 × DCA and 1 × FAL should presented.

Figure 1: Example responder type

02|01|19|02

32. In the small number of incidents where the data has more than 10 responder types, you will be required to select the 10 earliest entries in the data for this field and remove all other data (for this field) from the collection files to be submitted to NHS Digital.

3.2 Currencies

33. The currencies were developed and agreed with ambulance trusts and commissioners to support the contracting and payment of emergency and urgent ambulance services from April 2012. We plan to align their definitions with the ambulance quality indicators. The four currencies are:

- 01 – hear and treat
- 02 – see and treat
- 03 – see and convey
- 04 – other.

Hear and treat

34. The activity measure is the number of patients, following emergency or urgent calls, whose issue was resolved by providing clinical advice over the telephone or referral to a third party.

35. This includes patients whose call is resolved without despatching a vehicle, or where a vehicle is despatched but is called off from attending the scene before arrival, by providing advice through a clinical decision support system or from a healthcare professional, or by transferring the call to a third-party healthcare provider.

36. An ambulance trust healthcare professional does not arrive on scene.

37. The unit cost is the cost per incident.

See and treat

38. The activity measure is the number of incidents, following emergency or urgent calls, resolved by the patient being treated and discharged from ambulance responsibility on scene. The patient is not taken anywhere.

39. It includes incidents where ambulance trust healthcare professionals on the scene refer (but do not convey) the patient to any alternative care pathway or provider.

40. It includes incidents where, on arrival at the scene, the ambulance trust healthcare professional is unable to locate a patient or incident.

41. It includes incidents where responders are despatched by third parties (such as NHS 111 or other emergency services) directly accessing the ambulance control despatch system.

42. The unit cost is the cost per incident.

See and convey

43. The activity measure is the number of incidents, following emergency or urgent calls, where at least one patient is conveyed by ambulance to an alternative healthcare provider.

44. Alternative healthcare providers include any other providers that can accept ambulance patients, such as A&Es, minor injury units, walk-in centres, major trauma centres and independent providers.

45. It includes incidents where responders are despatched by third parties (such as NHS 111 or other emergency services) directly accessing the ambulance control despatch system.

46. It excludes PTS and other private or non-NHS contracts.

47. The unit cost is the cost per incident.

Other

48. The activity measure is the number of emergency and urgent calls to the switchboard that are answered.

49. This includes 999 calls, calls from other healthcare professionals requesting urgent transport for patients and calls transferred or referred from other services (such as other emergency services, NHS 111, other third parties).

50. This includes hoax calls, hang-ups before coding is complete, caller not with patient and unable to give details, caller refusing to give details and response cancelled before coding complete.

51. When submitting PLICS data, if non-identifiable, a duplicate call relating to a previously recorded call (recorded as incident currency 01, 02 or 03), should be submitted on an unrelated row(s) of data recorded as incident currency 04.

52. Where a duplicate call can be identified, the cost should be absorbed as an overhead absorbed back to the primary incident/call.

53. It excludes calls abandoned before they are answered, PTS requests and calls under any private or non-NHS contract.

54. The unit cost is the cost per incident.

4. Submitting PLICS files

55. The extracted CSV/XML files must be passed through the NHS England and NHS Improvement data validation tool (DVT) before being submitted to NHS Digital in the collection window. The DVT converts the CSV files to **XML** format and will compress each monthly file. Only XML files can be submitted to NHS Digital.

56. File names must comply with the convention set out in the extract specification document. If they do not, your files will fail NHS Digital validation.

57. To separate the data extracts into appropriately sized files, they must be split into 12 monthly files using the **incident date** for completed ambulance incidents.

58. Each trust needs to make a full submission, defined as 12 monthly files per feed for all required activity data and one reconciliation file.

4.1 Submitting data to NHS Digital

59. You must submit your PLICS files via secure electronic file transfer (SEFT) to NHS Digital.

60. For this you need to ensure you are set up as a SEFT user.

61. Each organisation needs a SEFT account and the current allowance is one user per organisation. SEFT-related queries can be sent to seft.team@nhs.net.

62. You should test your SEFT connectivity at least three months before the window opens. More details on SEFT, including the contact details for queries, are on the NHS Digital website here.

63. On uploading your files via SEFT, a green tick indicates successful transfer, not that your files have passed NHS Digital's validations. You receive the latter in email notifications from NHS Digital. Please check your junk mailbox folder if notifications are not received within 15 minutes.

64. Only **XML** files are to be submitted via SEFT to NHS Digital in the collection window, and only when all mandatory validations have been passed in the DVT.

4.2 Submission rules

65. The files that make up a full submission are outlined above.

66. The submission file names must comply with the file naming convention set out in the extract specification; if they do not, your files will fail validation.

67. The submitted files must contain the header message and be populated with data as specified in the specification.

68. Your files will fail validation if any mandatory data items are not populated as defined in the extract specification.

69. The data validation outcome is determined at file level, not record level. A whole file is classified as passed or failed when submitted to NHS Digital.

70. You should review and correct any files that fail validation.

71. If you submit the same file multiple times, NHS Digital will **only** use the **last** good file (ie the latest submitted file to pass validation).

72. Trusts that successfully submit their files early in the submission window may wish to improve their data and make a second submission before the window closes. This will be permitted in 2022 subject to availability of slots[3].

73. The resubmission window runs from 30 August to 2 September 2022. Trusts may request a resubmission or the NCC team may request a resubmission from trusts where serious data quality issues have been identified.

74. Once you have submitted your files, and they have passed validation, you should not attempt to upload your files again in the collection window unless requested by NHS England and NHS Improvement.

[3] See NCC guidance Volume 1 for details about requesting an additional submission slot.

5. Data validation tool for PLICS files

75. You should only use the NHS England and NHS Improvement DVT.

76. Please refer to the release notes if you are unsure this is the DVT you are using. If you are having problems using this tool, please contact costing@england.nhs.uk and attach your log file and validation report.

77. Before submitting files to NHS Digital, you must pass them through our DVT. The exact business rules/validation checks involved will be published on our website.

78. Our DVT checks the files are in the correct format for submission, mandatory fields are populated and valid codes are entered in fields where applicable. The tool produces an output file listing any specification discrepancies that need to be amended before submission.

79. The tool first produces an output file, identifying any specification discrepancies where data quality is outside reasonable parameters. These are classified as:

    - 'submission failure' – errors that must be amended before submission. Only then will the file pass the required mandatory validations to create an XML file ready for submission to NHS Digital
    - 'warning' – for areas where data quality requires review. However, without correction the file will still create an XML file ready for submission.

80. To use the DVT your files need to be in XML or CSV format. If this is not your software's normal submission process, please contact your software provider and us as soon as possible to make alternative arrangements.

81. Errors picked up by the validation checks that would otherwise result in a submission failure are restricted to file structures, field formats, population of mandatory fields and ensuring that valid codes have been used where applicable. Blank fields are accepted for non-mandatory fields.

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