# Approved Costing Guidance 2024: summary of changes

## Introduction

This summary of changes to the 2024 Approved Costing Guidance will help costing practitioners and other stakeholders implement the 2024 National Cost Collection. It does not replace a full and proper review of all the documentation. It does not need to be read by ambulance trusts as there have been no material changes to the ambulance National Cost Collection.

The National Cost Collection (NCC) for 2024 will see a year of essential change only for the Approved Costing Guidance (ACG). This will allow a settling period for the stakeholders involved in the NCC cycle, reducing the burden on costing practitioners and allowing best practice and use of the new data validation engine.

The Approved Costing Guidance has been subject to extensive editorial review, updated for clarity and brevity throughout and all information has now been developed as HTML on web pages, reducing the overall burden of information.

Supporting information such as learning extensions and tools including the minimum software requirements is on our [FutureNHS workspace](https://future.nhs.uk/NHSEnglandCostingEngagement/view?objectID=51006480). You can access FutureNHS if you have an NHS email address or request access from the Costing Team on costing@england.nhs.uk.

If you have any comments or queries or concerns about this guidance or any of the Approved Costing Guidance, please contact costing@england.nhs.uk.

## Integrated National Cost Collection Guidance

### Mental health provider spells

In the 2023 NCC with the removal of clustering, mental health trusts were asked to submit mental health service or team type. Following feedback we have been made aware that this field is not relevant for inpatient services.

For the 2024 NCC we want to improve this and are asking trusts to submit hospital bed type (mental health) also known as mental health admitted patient classification. This field should be populated for trusts that provide inpatient services, however as it is only a required field in the mental health data set (MHSDS). Some trusts may not have populated this field but we expect this to be the minority.

## Integrated extract specification

### Legally restricted sensitive data

In the aggregate data feed a legally restricted sensitive data (LRSD) indication has been added to flag if data is LRSD or not. This has been added to be able to identify secondary sensitive patients and does not supersede the existing process for primary LRSD drugs or attendances. As a result of this new flag being added the ACSIU field has been expanded. See the [integrated extract specification](http://www.england.nhs.uk/long-read/approved-costing-guidance-2024-summary-of-changes/) for the full list of ACSIU expected values.

### Emergency care

In the EC data feed the data item Urgent and emergency care activity type has been updated to include codes 05 ‘Same Day Emergency Care’ and 06 ‘Urgent and Emergency Care Extended Care Episode’.