NHS England Directly Commissioned Services 2023/24 Schedule 6 Detailed Requirements (Acute)

1.	**CONTEXT**	
1.1	Although no specialised services will be formally delegated during 2023/24, budgets will be allocated and managed on a population basis. It is imperative that the data reporting infrastructure is adequately prepared to support and enable population based reporting, and subsequent delegation of the identified portfolio of services. This document should be used in conjunction with the contractual Schedule 6 for directly commissioned services and provides supplementary information and detailed requirements, many of which are critical to enabling delegation to occur effectively from 2024/25.	
2.	**REQUIREMENTS FOR IDENTIFICATION OF SPECIALISED ACTIVITY**	
2.1	Specialised services are listed in NHS Regulation and therefore must be physically identified/identifiable in all relevant commissioning data flows irrespective of the commissioner of that activity.	
2.2	Identification Rules (IR) are specified for specialised services to enable activity to be clearly demarcated within commissioning dataflows. Identification rules may be: - Nationally defined and contained within the Prescribed Specialised Services IR software tool (produced and published by NHS Digital annually, under direction from NHS England); - Nationally defined and documented in the PSS manual and not contained within the PSS software tool, requiring attribution / assignment of service line by the provider (for example chemotherapy, major trauma); - Subject to local agreement for identification within commissioning and contracting datasets.	
2.3	Where identification of a service is enabled by the Prescribed Specialised Services IR software tool or through a nationally defined rule (as specified within the published list of active servicelines for 23/24 (NHS England » Directly commissioned services service codes)), providers must not implement alternative mechanisms for identification of activity which deviates from nationally defined rules. The PSS IR tool can be found here: Prescribed Specialised Services (PSS) Tools - NHS Digital.	
2.4	Where service lines require local identification rules (as specified in the published list of active servicelines for 2023/24), such local rules must be documented as part of Schedule 2G.	

2.5	Where a 'non-standard' currency is utilised within contract monitoring for billing purposes (for example 'year of care' and 'package of care' and 'block' arrangements for payment of services), providers should ensure that local business rules are clearly articulated as part of Schedule 2G which enable constituent activity to be identified within CDS data where possible (see also section 6.5 below).	
2.6	Within SUS+ CDS submissions, providers are required to populate the SERVICE CODE field (SUS+ CDS v6.3) to provide the specialised service line attributed to activity identified as specialised and included within contract monitoring reporting, irrespective of the responsible commissioner. In 2023/24, NHS England will rely as far as possible on CDS data to monitor activity and validate contract monitoring for specialised activity. Providers are required to prioritise recording the correct commissioner code and serviceline within their CDS submissions for specialised activity. In agreement with commissioners, providers may cease flowing records within PLCM where such records represent direct duplication of content flowing within CDS, provided that the content of CDS data reconciles to the relevant content within ACM. This must be enabled through provider submission of SERVICE CODE data within CDS 6.3.	
2.7	The following general principles apply to identifying activity belonging to prescribed services: • If an unbundled element of care is identified as belonging to a prescribed specialised service, this does not automatically mean the associated spell will belong to a specialised service, (e.g. a neonatal critical care period may be associated with an Admitted Patient Care spell that does not meet the identification rules for prescribed specialised services); • If a spell or outpatient attendance/procedure is identified as belonging to a prescribed specialised service, then all unbundled elements of care associated with this activity should be identified as belonging to the prescribed specialised service; • Providers should apply local identification rules relating to Highly Specialised Services (HSS) before application of the PSS tool. Any remaining local identification rules not relating to HSS should be applied after application of the PSS tool; • Health care providers are also required to be cognisant of relevant specialised service specifications and the points at which the responsibility for commissioning services hand off to other commissioners. There are instances where the specialised element of a pathway includes the clinical care of a patient up to certain date ranges (e.g. Bone and Marrow transplantation up to 100 days post transplantation or Long-Term Ventilation patients), or up to the point when patient is fit for discharge (e.g. Spinal cord injury).	

3.	**LOCATION FOR RECEIPT OF CONTRACT MONITORING INFORMATION**	
3.1	Unless stated elsewhere, all data flows subject to local reporting are required to be submitted to the Data Landing Portal (DLP), to be compliant with report specifications and be of sufficient quality, content and format to pass the DLP format and content validation checks.	ALL
3.2	Healthcare providers should note the additional guidance available on the NHS Digital website about the formatting of data files prior to submission of data via the DLP. See https://digital.nhs.uk/services/data-landing-portal#resources and the Excel guide in the resources section.	ALL
4.	**RECONCILIATION OF INVOICES**	
4.1	The Monthly Aggregate Contract Monitoring (ACM) report must include those services contracted by the provider and MUST reconcile with both CDS and non-CDS datasets, and with the invoice presented by the Provider. This will necessitate the inclusion of block contract payments and other financial apportionments. Providers are expected to triangulate these data flows, and where reconciliation is not achieved, providers will be required to submit additional information and data to facilitate the validation of data and reconciliation of the invoice by the NHS England commissioning region. The NHS England commissioning region will not pay for any activity it is not able to validate.	ALL
5.	**DATA SUBMISSION TIMETABLE**	
5.1	Unless stated elsewhere all providers must comply with the timetable set out in *S6A1 Appendix - Timetable for Data Flows*. Failure to comply with this timetable will result in financial penalties as described in SC28.18 to SC28.23 of this contract.	ALL
5.2	Should the provider experience serious technical difficulties with any of these data flows and wish to advise of late data submissions, this must be communicated to both the relevant NHS England commissioning region supplier manager, regional information lead and the CSU expecting to receive the data.	ALL
5.3	Where data is submitted late by the Provider, commissioners may extend all following deadlines in the timetable (*S6A1 Appendix - Timetable for Data Flows*) by the number of days that data was submitted late.	ALL
6.	**DATA FLOWS TO THE SECONDARY USES SERVICE (SUS+)**	
6.1	All acute providers are required to utilise CDS v6.3 from April 2023 to submit records to SUS (see https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb0092-commissioning-data-sets) Providers are also encouraged to utilise net change protocol in their data submissions in an effort to reduce national data processing.	ALL

6.2	The following CDS types will be utilised by the different direct commissioning functions and are to be included within the relevant data flows to SUS+
	
	• Admitted Patient Care CDS types 120,130,140,150,160, including where relevant
	  ○ Adult critical data extensions
	  ○ Neonatal critical care data extensions
	  ○ Paediatric critical care data extensions
	
	• Outpatient CDS type 020 including
	  ○ Telephone consultations
	  ○ RTT administrative events
	• Emergency care dataset CDS type 011
		ALL
		
		ALL
		SS
		SS
		
		ALL
		ALL
		AF,H&J

6.3	CDS types 120,130,140,150 and 160, (in relation to admitted patient care both finished and unfinished episodes) and CDS type 20 (Outpatients) are required to be submitted weekly. CDS type 011 (Emergency Care CDS) is required to be submitted daily.	ALL
6.4	If Providers include activity in CDS datasets that is paid for outside of National Tariff (e.g. package of care, year of care, block etc.) or where payment is by local tariff and is pre-grouper excluded, they must: • Indicate that the activity is subject to local payment rules that required a pre-grouper exclusion by setting the last character of the COMMISSIONING SERIAL NUMBER data-field to '=' (this is the method employed by SUS+ to indicate that the cost of the activity is outside of National Tariff and is subject to a pre-grouper exclusion). The '=' sign should only be used where documented in sheets '8 Service clarification', '9 Processing and zero price' and '13a HC devices (excluded procedures)' within the Tariff Information Workbook (or for other services where locally agreed), so as to ensure that non-tariff activity subject to post-grouper exclusion is correctly identified; • Indicate the service to which the activity belongs by using the appropriate national service code (NCBPSxxx) in the SERVICE LINE field within CDS 6.3.	ALL ALL
6.5	In agreement with the commissioner, where the healthcare providers are able to manipulate the content of the commissioner serial number field, the field will be used to share additional information, for example Individual Funding Request or Prior Approval number.	ALL
6.6	The CDS data flow to SUS+ must include all activity for which the Provider is responsible, including services where the Provider has a 'Lead Provider' arrangement and for services that the Provider sub-contracts to another Provider (NHS or Independent). The Provider is responsible for ensuring that Providers under 'Lead Provider' or sub-contract arrangements adhere to the format and timetable for SUS data described in this section (also see Local Requirements Reported Locally 6).	

6.7	Healthcare providers are required to access the Data Quality Maturity Index publication on the NHS Digital website (see https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality) on a monthly basis and the SUS+ interchange data quality reporting generated at the point of data submission to identify areas of poor data quality, and to correct any errors identified. This may necessitate the resubmission of data to SUS+.	ALL
6.8	Within CDS 6.3 submissions to SUS+, high cost tariff excluded drugs are expected to be documented using the dictionary of medicine and devices (dm+d) and flowing the relevant SNOMED CT term in the CDS fields.	ALL
7.	**PATIENT LEVEL NON-SUS+ DATA FLOWS**	
7.1	NHS England commissioning teams are prohibited from direct receipt of patient identifiable information (for example patient name, NHS Number etc.) except where staff are involved in the direct provision of clinical care (e.g. clinical case managers, Failsafe management and serious incident management).	ALL
7.2	In accordance with SC28.16 all commissioned activity (reported aggregately) should be backed up with patient level information and contain a single record for each activity unit. The primary source of such patient level information should be CDS data, but providers will be required to provide patient level data for any activity which does not flow via CDS. Contract elements covered by block payments are required to supported by patient level information. The only exception to this is where the block payment relates to an infrastructure (non-activity based block).	ALL
7.3	Patient level datasets must include all activity for which the Provider is responsible, including for services where the Provider has a 'Lead Provider' arrangement and for services that the Provider sub-contracts to another Provider (NHS or Independent). The Provider is responsible for ensuring that Providers under 'Lead Provider' or sub-contract arrangements adhere to the format and timetable for patient level data described in this section.	ALL
8.	**COUNTING, CURRENCIES AND CODING**	
8.1	Providers must comply with all national guidance relating to the reporting of healthcare activities included in but not limited to the following: • The NHS Data Dictionary (www.datadictionary.nhs.uk) • Information Standard Notices http://content.digital.nhs.uk/isce/publication/isn; • Mandatory requirement to record patients NHS Number as described in Service Conditions SC23.4. Failure to comply with SC23.4 will result in withholding payment as described in SC28.18 to SC28.23; • National clinical database protocols and standards for all national clinical databases or registries specified in the Identification Rules; • NICE guidance and TA's https://www.nice.org.uk/guidance • Specialised Services clinical circulars.	 ALL ALL ALL SS ALL SS

8.2	The currencies reported in each contract monitoring report supplied by the provider must mirror the detail originally provided in the Indicative Activity Plan (Schedule 2B) documentation. Where currency differences are noted these will be captured in the monthly data challenge process. Where a reported currency for a service has changed, this is required to be recorded as a contract variation so that an audit trail can be maintained.	ALL
8.3	The provider is required to adopt best practice with regards to clinical coding and where relevant utilise additional guidance issued via Clinical Coding briefings from NHS Digital. Where this results in a change of practice advance notice of the change is required and maintenance of cost neutrality (in accordance with Service conditions SC28.6 to 28.15).	ALL
8.4	On an annual basis the provider is required to share a copy of the trust Clinical Coding audit report as part of the annual Counting and Coding stock take (required by the end of September).	ALL
8.5	Unless otherwise stated, the National Tariff Service definition of a child (<19 years) is used.	ALL
9.	**INFORMATION GOVERNANCE AND AUDIT**	
9.1	All patient identifiable information exchanged electronically must be transmitted in a safe and secure manner, to and from nhs.net accounts (via the Health and Social Care Network (HSCN)) or other NHS Digital accredited networks (see also section 7.1 above).	ALL
9.2	The NHS England regional teams may be required to release information originally supplied by providers under the Freedom of Information Act or to support Parliamentary Questions, Ombudsman enquiries etc. In responding to such requests, NHS England regional teams will adhere to patient confidentiality and will not release commercially sensitive information, as set out in General Conditions (GC21.18).	ALL
10.	**NATIONAL PROGRAMMES AND QUALITY DASHBOARDS**	
10.1	Providers must contribute to the 'National Clinical Audit and Patient Outcomes Programmes' (NCAPOP) and to other National programmes where these are appropriate as described in Service Conditions SC26.	ALL
10.2	The Quality Dashboard should be completed on a quarterly basis in-line with the timetable. Details of the content of the dashboards can be found at https://www.england.nhs.uk/commissioning/spec-services/npc-crg/spec-dashboards/	SS
10.3	SSQD submissions in 2023/24 will be made through NHS England's Data Collection Framework accessed through OKTA at https://nhsi.okta-emea.com/	SS
10.4	Providers may be asked to participate in peer review processes when requested by commissioners.	SS

11.	**INFORMATION SYSTEM IMPLEMENTATION**	
11.1	Where a healthcare provider intends to implement any new information systems that may impact on the ability to report (e.g. Patient Administration System (PAS), Child Health Information System or contracting system during the lifetime of this contract, alternative methods of contract reporting, and billing should be agreed to allow for any down time caused by the system move. This can be documented within the DQIP.	ALL
12.	**NEW IN-YEAR INITIATIVES**	
12.1	tbc	ALL