



**DCB2212:
Drugs Patient Level
Contract Monitoring
(DrPLCM):
Requirements Specification**

Drugs Patient Level Contract Monitoring (DrPLCM): Requirements Specification

Version number: 1.5

First published: December 2018

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Classification: OFFICIAL

Publications Gateway Reference: 08757

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Amendment history

Version	Date	Amendment History
1.0	28/09/2018	Final.
1.1	02/10/2018	Minor changes to 2 data elements
1.2	10/10/2018	Amendments following feedback from NHS Digital and NHS England.
1.3	26/10/2018	Amendments following feedback from NHS England.
1.4	27/11/2018	Amendments following feedback from NHS England.
1.5	11/12/2018	Amendments following feedback from NHS England.

Approvals

Name	Role	Organisation	Version	Date

Glossary of terms

Term	Acronym	Definition
Aggregate Contract Monitoring	ACM	Aggregate Contract Monitoring provides a summary of the volume of clinical activity performed by a healthcare provider and associated costs chargeable to the commissioner for that activity. This report serves the contractual requirement for the aggregate finance and activity report, submission of which is required under Schedule 6 of the NHS Standard Contract.
Clinical Commissioning Group	CCG	An organisation responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are comprised of groups of GP practices that are responsible for commissioning most health and care services for patients.
Commissioning Data Sets	CDS	Commissioning Data Sets (CDS) are maintained and developed by NHS Digital, in accordance with the needs of the NHS and the Department of Health and Social Care. They form the basis of data on activity carried out by organisations reported centrally for monitoring and payment purposes.
Commissioning Support Unit	CSU	An organisation that provides CCGs with external support, specialist skills and knowledge to support them in their role as a commissioner.
Data Landing Portal	DLP	A system, developed by NHS Digital that allows data to be securely transferred between organisations. The system enables Data Services for Commissioners Regional Offices to set up data specifications, against which incoming data from Providers is validated.
Data Services for Commissioners Regional Office	DSCRO	Regional offices staffed by NHS Digital that support the data management needs of commissioners with the provision of appropriate technical and procedural controls and legal basis to store and process personal confidential data.
Information Governance	IG	The set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information at an enterprise level, supporting an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

Glossary of terms (cont/...)

Term	Acronym	Definition
Information Standard Notice	ISN	A publication that announces new or changes to information standards published under section 250 of the Health and Social Care Act 2012.
Information Technology	IT	The use of any computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data.
National Information Board	NIB	A partnership group with membership from organisations across the health and care system.
Patient Level Contract Monitoring	PLCM	Patient Level Contract Monitoring is a means to enable the interchange, in a uniform format, of monthly patient-level contract monitoring data between commissioners and providers of healthcare.
Secondary Uses Service	SUS+	SUS+ is a comprehensive repository for commissioning data sets in England. It is held by NHS Digital and it enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

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1. Background and context

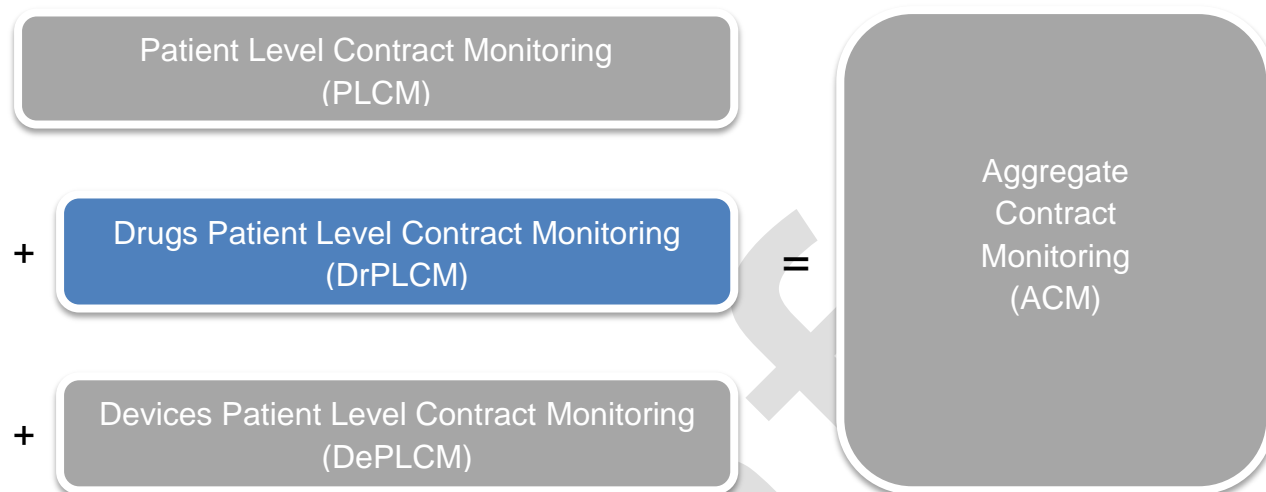
The purpose of the Drugs Patient Level Contract Monitoring Information Standard (hereafter the Standard) is to enable the interchange, in a uniform format, of monthly patient level drug contract monitoring data between commissioners and providers of healthcare. This will ensure that drug contract monitoring and reporting is consistent and comparable across all commissioning organisations and their footprints.

The Drugs Patient Level Contract Monitoring is a patient level report containing patient identifiers relating to high cost (National Tariff-excluded) drugs. Its purpose is to substantiate and provide further details of the 'DRUG' aggregate reporting line shown in the Aggregate Contract Monitoring (ACM) and is already widely used by most providers to report NHS England directly-commissioned services.

The ACM is the Activity and Finance Report which each provider is required to submit to its commissioners as a requirement of Schedule 6A of the [NHS Standard Contract](#). It demonstrates the volume of activity and the aggregated cost of commissioned clinical care provided to patients as well as financial adjustments not attributed directly to clinical care. Although the financial reconciliation process in Service Condition 36 of the NHS Standard Contract allows for changes to be made to the amount charged after its submission, the ACM should be a very good indication of the amount a commissioner will be expected to pay for the period and therefore provides a good basis for validation. It is already widely used by most providers to report NHS England directly-commissioned services.

Diagram 1 below shows how the Drugs Patient Level Contract Monitoring relates to the three other contract monitoring data flows, each of which is covered by a separate data standard. The Drugs Patient Level Contract Monitoring **should not** contain any patient level **activity** information.

Diagram 1.



1.1 Relationship to other policies, programmes, projects and services

This new information standard is aligned to the National Information Board’s (NIB) Domain H (Data Outcomes for Research and Oversight) and the high-level rationale for modular data. It is designed to collect data more efficiently and includes activities not recorded by Commissioning Data Sets (CDS). This information is essential to the efficient running, planning and development of the NHS and enables data to be analysed in new and different ways for the health and social care system.

1.2 Supporting information

This Standard should be read alongside the following supporting documents or information resources contained within the following websites:

#	Name	Summary
1.	Drugs Patient Level Contract Monitoring implementation guidance v1.0	Implementation guidance for users of the Standard [link TBC on final publication].
2.	NHS Data Model and Dictionary v3	Includes definitions for many of the data elements contained within the Standard
3.	NHS Digital Data Landing Portal	Resources and user guides relating to the Data Landing Portal (DLP) – the means by which providers can securely transfer data to Data Services for Commissioners

		Regional Offices (DSCROs).
4.	User Guidance Documents	Guidance for users of the Standard [link TBC on final publication]

2. Purpose and scope

2.1 Users of the Standard

The Drugs Patient Level Contract Monitoring is to be used across the NHS and Independent Sector organisations in England, primarily within commissioning functions. The main users of this are:

- NHS staff in providers responsible for contracting, finance, hospital pharmacy and business intelligence (informatics);
- National bodies which support the delivery of Health and Social Care such as NHS Digital, NHS Improvement, the Care Quality Commission and Public Health England (PHE);
- NHS England, its commissioning regions and local offices;
- All NHS England direct commissioning functions, clinical commissioning groups (CCGs), Data Services for Commissioners Regional Offices (DSCROs) and organisations providing a commissioning support unit (CSU) service;
- Any other NHS organisations that replace any of the above and take on their functions in future.

2.2 Scope

The scope of the Standard is **all NHS-funded drugs and advanced therapy medicinal products not reimbursed through National Tariff prices, as defined by the [NHS Improvement National Tariff Payment System High Cost Drugs List](#), provided to patients for all NHS commissioners**. The total attributed to a commissioner in the Drugs Patient Level Contract Monitoring must be equivalent to the aggregate monetary value shown relating to National Tariff-excluded drugs in the ACM for a particular commissioner.

This covers:

- All NHS and independent sector acute providers operating under the full-length version of the NHS Standard Contract – see table below, but not primary care from whom the NHS commissions healthcare;
- All NHS commissioners;
- All NHS-funded drugs and advanced therapy medicinal products not reimbursed through National Tariff prices.

The table below is a detailed list of the scope of the Standard for providers.

Provider Type and NHS Standard Contract version	Drugs Patient Level Contract Monitoring
NHS or Independent Sector provider commissioned to provide acute services under the full-length version of the NHS Standard Contract	Mandatory
NHS or Independent Sector provider commissioned to provide mental health services under the full-length version of the NHS Standard Contract	
NHS or Independent Sector provider commissioned to provide community services under the full-length version of the NHS Standard Contract	Recommended (where applicable)
NHS provider commissioned to provide ambulance services under the full-length version of the NHS Standard Contract	
NHS or Independent Sector provider commissioned to provide services of any type under the shorter-form version of the NHS Standard Contract	

2.3 Rationale

Currently, local providers and commissioners can agree amongst themselves the content and format of a contract monitoring data set. For providers this can result in a range of different formats for different commissioners and when multiplied by the number of providers across the country this can become a large number of differing formats.

Where an individual provider is required to generate a different reporting format for each commissioning function it increases the data collation and reporting burden for the provider.

A requirement under the current Schedule 6 of the NHS Standard Contract is the production of an Activity and Finance Report and that “...*this report may also serve as the reconciliation account to be sent by the Provider by the First Reconciliation Date under SC36.28, or under SC36.31*”. Aggregate Contract Monitoring (ACM) submissions can therefore be a means by which the initial monthly financial value claimed by the provider can be validated by the commissioner.

The Drugs Patient Level Contract Monitoring is a patient level report, containing patient identifiers. Its purpose is to substantiate and provide detail of the aggregate value in the ACM relating to drugs and advanced therapy medicinal products not reimbursed through National Tariff prices as defined by the NHS Improvement National Tariff Payment System High Cost Drugs List. It contains details relating to the administration of these drugs that are not found in standard CDS flows submitted to SUS+.

In order for a commissioning organisation to have a total view of its National Tariff-excluded drugs expenditure there is a need to aggregate its reporting. In many instances this requires the re-mapping of differing provider returns into a common format, resulting in an additional administrative burden.

2.4 Benefits

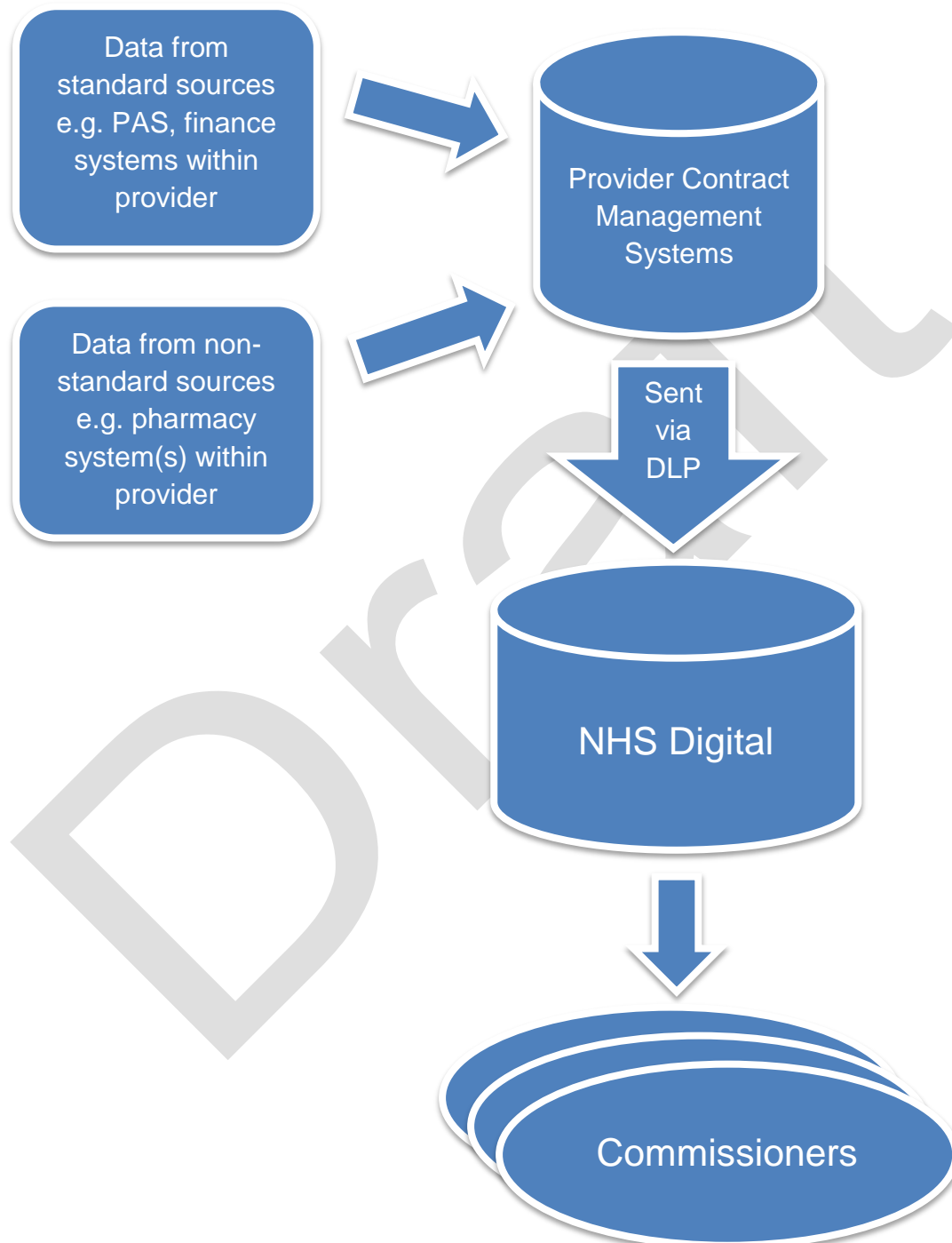
The Standard will ensure that monthly drug contract monitoring data that flows from providers to commissioners via NHS Digital will contain a consistent set of data items of sufficient quality. This will:

- Minimise the burden on providers through convergence to a single report format for use by all commissioning functions regardless of organisation;
- Reduce the burden on commissioners and their CSUs through convergence to a single report format from all providers;
- Allow the development of a standard automated reconciliation process for secondary care drug usage and finance which will increase efficiency through removal of manual validation checks;
- Improve year-end forecasting and forecasting against plan of drug usage for commissioners;
- Provide greater assurance that the right patients are receiving the right drugs at the right place for the correct price;
- Improve the regional and national consistency of reporting of NHS England directly commissioned services, resulting in national economies of scale.

2.5 High level process

Diagram 2 provides a high-level overview of the data flows associated with the production and submission of the Standard.

Diagram 2.



3. Requirements

3.1 Definitions

The definitions of the key words MUST, SHOULD and MAY are taken from the Internet Engineering Task Force [Best Current Practice Document](#). Other terms used below and elsewhere in this Specification are defined as follows:

Term	What it stands for
Organisations	Organisations required to implement and comply with the Standard, that is: <ul style="list-style-type: none">• All NHS and independent sector acute providers operating under the full-length version of the NHS Standard Contract, but not primary care from whom the NHS commissions healthcare;• All NHS commissioners.
Relevant Staff	Employees or contractors of organisations to which the Standard applies who have a pharmacy, contracting, commissioning, performance, finance, business informatics or IT role.
Systems	Any clinical, contracting, financial, administrative or contract management system used in the capture of data for, or in the production of, the Standard.

- All MUST requirements must be met;
- All SHOULD requirements must be met or there be a credible and legitimate reason for why they have not been;
- Any MAY requirements are purely optional.

3.2 General requirements

#	Requirement
Implementing the Standard: Procedures, Systems and Governance	
1.	Organisations MUST prepare for the implementation of the Standard, by assessing their current systems and processes, developing a local implementation plan and the subsequent roll-out of this plan.
2.	Organisations SHOULD refer to and utilise the Implementation Guidance accompanying this Standard to help steer decisions.
3.	Organisations MUST review their current systems used in the production of the Standard to ensure that the necessary data items are held and are in the correct format. In cases where data items used in the Standard are missing IT systems MUST be suitably adapted.
4.	Information governance leads MUST review the information governance implications of implementation of the Standard within their organisation and if necessary plan to implement mitigating actions to address any identified risks such that they are as low as reasonably possible.
Implementing the Standard: Workforce	
5.	Organisations MUST provide, arrange and/or support relevant staff to receive any training which is identified as locally necessary to enable effective implementation of and conformance to the Standard.
Ongoing Compliance with the Standard: Accuracy of Data	
6.	Organisations MUST ensure that data recorded for compliance to the Standard is accurate. Systems to quality assure data MUST be put in place.

#	Conformance Criteria
Implementing the Standard: Procedures, Systems and Governance	
1.	Organisations prepared effectively for implementation of the Standard, assessed their current systems and processes and developed a local roll-out plan. Measurement beginning from the publication of the Information Standards Notice (ISN) in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Implementation Guidance accompanying this Standard was read and used to inform local decision-making. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
3.	Systems used in the production of the Standard were reviewed and, in cases where data items used in the Standard were missing these systems were suitably adapted, to allow production of the Standard. Measurement beginning from the publication of the ISN in [date TBC]:

	<p>1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity.</p> <p>2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.</p>
4.	<p>Information governance risks associated with implementation of the Standard were identified and mitigating actions completed such that residual risks were as low as reasonably possible.</p> <p>Measurement beginning from the publication of the ISN in [date TBC]:</p> <p>1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity.</p> <p>2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.</p>
Implementing the Standard: Workforce	
5.	<p>Staff competency/training records indicated that relevant staff received any training identified as locally necessary that enabled implementation of and conformance to the Standard.</p> <p>Measurement beginning from the publication of the ISN in [date TBC]:</p> <p>1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity.</p> <p>2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.</p>
Ongoing Compliance with the Standard: Accuracy of Data	
6.	<p>Quality assurance processes were in place to enable verification of the accuracy of data recorded for production of the Standard.</p> <p>Measurement beginning from the publication of the ISN in [date TBC]:</p> <p>1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity.</p> <p>2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.</p>

3.3 Those with responsibility for data capture and IT solutions

#	Requirement
Overview	
	Those responsible for IT systems used in the capture of data for, or in the production of the Drugs Patient Level Contract Monitoring MUST update, change or replace those systems so that they allow conformance to the Standard.
Functionality: Data Items	
1.	Systems MUST enable recording of all data items contained within the Standard, in their specified format. Local systems MAY hold more information than is required by the Standard.
2.	Systems MUST allow for changes to the data items associated with the Standard over time, including the release of new or amended codes.
Functionality: Timeliness	
3.	Systems MUST enable recording of all data items contained within the Standard, in a timely fashion in order to allow production of the Drugs Patient Level Contract Monitoring in line with national reporting timetables.

#	Conformance Criteria
Functionality: Data Items	
1.	Systems enabled recording of all data items defined in the Standard and in their specified formats. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Systems allowed for changes to data items associated with the Standard over time, including the release of new or amended codes (where used by relevant systems). Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Functionality: Timeliness	
3.	Systems allowed for recording of all data items contained in the Standard, in a timely fashion in order to allow production of the Standard in line with national reporting timetables. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

3.4 Those with responsibility for the production/submission of the Standard

#	Requirement
Overview	
	Those responsible for contract management reporting and the production of the Drugs Patient Level Contract Monitoring MUST ensure that routine submissions are made that conform to the Standard.
Functionality: Data Items	
1.	Systems MUST be populated with data items required by the Standard, in their specified format. Local systems MAY hold more information that is required by the Standard.
2.	Systems MUST allow for changes to the data items associated with the Standard over time, including the release of new or amended codes.
Functionality: Timeliness	
3.	Systems MUST be populated with all data items (where relevant) contained within the Standard, in a timely fashion in order to allow production and submission of the Drugs Patient Level Contract Monitoring in line with national contracting/commissioning timetables.

#	Conformance Criteria
Functionality: Data Items	
1.	Systems were populated with data items defined in the Standard and in their specified formats. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
2.	Systems allowed for changes to data items associated with the Standard over time, including the release of new or amended codes (where used by relevant systems). Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.
Functionality: Timeliness	
3.	Systems were populated with all data items (where relevant) contained in the Standard, in a timely fashion in order to allow production and submission of the Standard line with national contracting/commissioning timetables. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

3.5 Those who are other users of the data

#	Requirement
Overview	
	Relevant staff SHOULD be familiar with the contents of the Drugs Patient Level Contract Monitoring and have an understanding of its uses and relevance.
Implementing the Standard: Workforce	
1.	Organisations SHOULD provide, arrange and/or support relevant staff to receive any training and/or awareness programme which is identified as locally necessary to enable effective implementation of and conformance to the Standard.

#	Conformance Criteria
Implementing the Standard: Workforce	
1.	Staff competency/training records indicate that relevant staff have received training identified as locally necessary to enable effective implementation of and conformance to the Standard. Measurement beginning from the publication of the ISN in [date TBC]: 1. The number of queries received by NHS Digital regarding the implementation of the changes may denote non-conformity. 2. The number of queries/complaints received regarding the Standard will be monitored to inform compliance.

4. When should the Standard be submitted?

The submission of the Standard is an NHS Standard Contract requirement and must be in line with the timescale indicated in the National Requirements Reported Locally section within Schedule 6 of the [NHS Standard Contract](#).

5. How should the Standard be submitted?

All submissions up to the agreed submission date must be on a bulk replacement/update basis i.e. each submission/resubmission will overwrite and replace in full any previous submissions for the same reporting period or periods.

The completed monthly Drugs Patient Level Contact Monitoring should be transmitted using the [NHS Digital Data Landing Portal \(DLP\)](#). The DLP allows data to be transferred securely between organisations using a centrally managed system. It also facilitates the standardisation of local data transfers nationally.

Before submission is attempted, users MUST alert their DSCRO so that the necessary loading files for the Standard can be created prior to use.

The DLP currently accepts files in a comma-separated value (CSV) format, or CSV files compressed using the gzip format. It has a maximum allowable file size of 1Gb for uncompressed CSV files (or 100Mb for compressed files). The first row must contain column headers, the names of which must match those in the specification being used when submitting the file. Spaces used in the field names of the Specification must be replaced by underscores.

For more detailed guidance on submission of data using the DLP please refer to guidance on the [NHS Digital Data Landing Portal \(DLP\)](#) site. Users should be aware that the DLP interface is accessed using Google Chrome installed with the NHS Digital Chrome Extension or using Internet Explorer 11.

If using Google Chrome please refer to the Google Chrome Installation Guide which can be downloaded from the NHS Digital DLP webpage. The guide provides full instructions on installing Google Chrome and the required NHS Digital Chrome Extension.

6. How should the Standard be completed?

Providers must use a consistent method of completion to populate the Standard with data for each submission/resubmission.

The Standard must be completed in such a manner that it contains data relating to the current reporting month and all previous months, with all previous months shown individually. Each submission must contain data for each of the submission periods prior to the current submission period i.e. the submission relating to drugs administered in June 2019 must contain data for drugs administered in April 2019, May 2019 and June 2019 **all shown separately.**

7. Specific data requirements

The table below defines the detailed data requirements of the Standard, listing each data element and its format. All data elements listed below MUST be included, their completion being determined by the completion criteria (M/R/O) shown in the final column.

Data Element	Format and Length	Notes	Mandatory (M), Mandatory Where Relevant (R) or Optional (O)
FINANCIAL MONTH	max an2	Financial month in which the drug was administered (1 = Apr, 2 = May... 12 = March, with no leading zeros).	M
FINANCIAL YEAR	an6	Financial year in which the drug was administered (201920 = 2019/20, 202021 = 2020/21...).	M
DATE AND TIME DATA SET CREATED	an19 CCYY-MM-DD hh:mm:ss	Date and time that will be used to ascertain the latest version of the submission.	M
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an6	National ODS code - see the NHS Digital ODS Portal for valid codes. This should be derived with reference to the NHS England Commissioner Assignment Method (CAM) and hierarchy for assigning NHS England directly commissioned services. NHS Providers must complete this field with their national 3-character code with no trailing zeros (i.e. RNA not RNA00). Non-NHS providers should complete this field with their full 5-character code. Only where a hospital site is required for specific contract monitoring purposes should NHS providers use a national 5-figure code.	M
ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	min an3 max an5	National ODS code - see the NHS Digital ODS Portal for valid codes.	M

<u>ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)</u>	min an3 max an5	National ODS code - see the NHS Digital ODS Portal for valid codes. This should be derived with reference to the NHS England Commissioner Assignment Method (CAM) and hierarchy for assigning NHS England directly commissioned services.	M
<u>GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)</u>	an6	National ODS code - see the NHS Digital ODS Portal for valid codes.	M
<u>WITHHELD IDENTITY REASON</u>	an2	National code - see the NHS Data Model and Dictionary website for valid codes.	R
<u>NHS NUMBER</u>	n10	If the NHS NUMBER does not exist the LOCAL PATIENT IDENTIFIER (EXTENDED) must be populated.	R - where the NHS NUMBER exists.
<u>LOCAL PATIENT IDENTIFIER (EXTENDED)</u>	max an20		R
<u>POSTCODE OF USUAL ADDRESS</u>	max an8	Where the POSTCODE OF USUAL ADDRESS is not known, (for example, the patient has no fixed abode, the patient is an overseas visitor etc.) the appropriate ODS pseudo postcode must be used.	R
<u>PERSON BIRTH DATE</u>	an10 CCYY-MM-DD		R - where the patient identity has not been withheld.
AGE AT ACTIVITY DATE (CONTRACT MONITORING)	max n3	Age of the patient when administered the drug.	R - where the patient identity has been withheld.
<u>PERSON STATED GENDER CODE</u>	an1	National code - see the NHS Data Model and Dictionary website for valid codes.	R
<u>ACTIVITY TREATMENT FUNCTION CODE</u>	an3	National code - see the NHS Data Model and Dictionary website for valid codes.	R - where the POINT OF DELIVERY CODE is DRUG.

HOSPITAL PROVIDER SPELL NUMBER	max an12	Where a drug was administered in an admitted patient care (inpatient) setting, else blank.	R - for drug administration in an admitted patient care (inpatient) setting at providers with e-prescribing systems, else O.
ATTENDANCE IDENTIFIER	max an12	Where a drug was administered in an non-admitted patient care (outpatient) setting, else blank.	R - for drug administration in an non-admitted patient care (outpatient) at providers with e-prescribing systems, else O.
CLINICAL INTERVENTION DATE (DRUG ADMINISTERED)	an10 CCYY-MM-DD	Date the drug was administered to the patient.	R - where the POINT OF DELIVERY CODE is DRUG.
THERAPEUTIC INDICATION CODE (SNOMED CT)	min an6 max an20	See the NHS Digital TRUD website for valid SNOMED CT codes.	R - for providers with electronic patient health records or where the POINT OF DELIVERY CODE is DRUG, else O.
HIGH COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D)	min an6 max an20	See the NHS Digital TRUD website for valid SNOMED CT codes.	O - until dm+d enabled system in place, thereafter R where the POINT OF DELIVERY CODE is DRUG.

<u>DM+D TAXONOMY CODE (HIGH COST TARIFF EXCLUDED DRUG)</u>	an2	Taxonomy level of the code used in the HIGH COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D) field. See the NHS TRUD website for the taxonomy of a particular drug code and/or name.	O - until dm+d enabled system in place, thereafter R where the POINT OF DELIVERY CODE is DRUG.
<u>DRUG NAME (HIGH COST TARIFF EXCLUDED DRUG)</u>	max an255	NHS Digital dm+d name in UPPER CASE relevant to the drug. Use the standard name in UPPER CASE for those not listed in dm+d.	R - until dm+d enabled system in place or where the POINT OF DELIVERY CODE is DRUG, thereafter O for those drugs listed in dm+d.
<u>ROUTE OF ADMINISTRATION (SNOMED CT DM+D)</u>	min an6 max an20	See the NHS Digital SNOMED CT Browser for valid SNOMED CT codes.	R - for drug delivery in an admitted patient care (inpatient) or non-admitted patient care (outpatient) setting at providers with e-prescribing systems and where the POINT OF DELIVERY CODE is DRUG, else O.

<p>DRUG STRENGTH (HIGH COST TARIFF EXCLUDED DRUG)</p>	<p>max an100</p>	<p>To be completed in conjunction with the UNIT OF MEASUREMENT (SNOMED CT DM+D) field.</p>	<p>R - until dm+d enabled system in place or where the DM+D TAXONOMY CODE (HIGH COST TARIFF EXCLUDED DRUG) is missing or VTM, else O.</p>
<p>DRUG VOLUME (HIGH COST TARIFF EXCLUDED DRUG)</p>	<p>max an100</p>	<p>To be completed if the ROUTE OF ADMINISTRATION (SNOMED CT DM+D) relates to a liquid, else blank.</p>	<p>R - until dm+d enabled system in place or where the DM+D TAXONOMY CODE (HIGH COST TARIFF EXCLUDED DRUG) is missing or VTM, else O.</p>
<p>DRUG PACK SIZE (HIGH COST TARIFF EXCLUDED DRUG)</p>	<p>max an100</p>	<p>To be completed where the HIGH COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D) does not code for pack size i.e. where the DRUG CODE (SNOMED CT DM+D) is not one that relates to a virtual medicinal product pack (VMPP) or actual medicinal product pack (AMPP).</p>	<p>O - until dm+d implemented and where the DM+D TAXONOMY CODE (HIGH COST TARIFF EXCLUDED DRUG) is either VMPP or AMPP, else R where the POINT OF DELIVERY CODE is DRUG.</p>

<p>DRUG QUANTITY OR WEIGHT PROPORTION (HIGH COST TARIFF EXCLUDED DRUG)</p>	<p>max n4.max n4</p>	<p>To be completed in conjunction with the UNIT OF MEASUREMENT (SNOMED CT DM+D) field. Where relevant, the field should express the quantity as a proportion of the DRUG PACK SIZE (HIGH COST TARIFF EXCLUDED DRUG). Part packs should be recorded using decimals to up to four decimal places i.e. a pack split equally between two patients would have a quantity of 0.5000 or a patient given 32 tablets from a pack size of 30 would have a quantity of 1.0667 (i.e. 32/30). Where the drug pack size is not relevant, the quantity or weight of the drug given i.e. quantity of dose units, must be shown and the UNIT OF MEASUREMENT (SNOMED CT DM+D) field completed accordingly.</p>	<p>R - where the POINT OF DELIVERY CODE is DRUG.</p>
<p>UNIT OF MEASUREMENT (SNOMED CT DM+D)</p>	<p>min an6 max an20</p>	<p>SNOMED CT code relevant to the unit of measure.</p>	<p>R - until dm+d enabled system in place or where the POINT OF DELIVERY CODE is DRUG, else O.</p>
<p>DISPENSING ROUTE (HIGH COST TARIFF EXCLUDED DRUG)</p>	<p>an1</p>		<p>R - where the POINT OF DELIVERY CODE is DRUG.</p>
<p>PROVIDER REFERENCE NUMBER</p>	<p>max an17</p>	<p>Free text but may be used for a specific locally agreed purpose between a provider and a commissioner. No Patient Identifiable Data (PID) to be recorded in this field.</p>	<p>R - where the POINT OF DELIVERY CODE is DRUG.</p>

<u>COMMISSIONED SERVICE CATEGORY CODE</u>	an2	This should be derived with reference to the NHS England Commissioner Assignment Method (CAM) and hierarchy for assigning NHS England directly commissioned services.	M
<u>SPECIALISED SERVICE CODE</u>	max an12	Where the SPECIALISED SERVICE CODE cannot be determined but the COMMISSIONED SERVICE CATEGORY CODE relates to NHS England - Specialised Services a SPECIALISED SERVICE CODE of NCBPSXXX should be used.	R - where the commissioner is NHS England specialised services, else O.
<u>POINT OF DELIVERY CODE</u>	max an10	DRUG for each patient-level drug recorded, BLOCK, ADJUSTMENT or NAOTHER should only be used.	M
POINT OF DELIVERY FURTHER DETAIL CODE	max an10	Free text.	R
POINT OF DELIVERY FURTHER DETAIL DESCRIPTION	max an100	This field must be completed where the point of delivery taxonomy list is starred (**), indicating that it requires more detail. Where detail needs to captured in structured data, this should be in the format DESCRIPTION/MEASURE. No Patient Identifiable Data (PID) to be recorded in this field.	R - where the point of delivery taxonomy is starred (**) indicating as requiring more detail, else O.
UNIT PRICE (SUPPLIER)	max n16.max n6	Unit price paid to a supplier excluding VAT.	M
UNIT PRICE (COMMISSIONER)	max n16.max n6	Unit price charged to a commissioner to include agreed on costs.	M
HOME DELIVERY CHARGE (HIGH COST TARIFF EXCLUDED DRUG)	max n16.max n6	Charge for home delivery. Where there is no charge or this is not applicable then this should to set to zero.	M

VALUE ADDED TAX CHARGED INDICATOR (CONTRACT MONITORING)	an1	The price charged for medicines dispensed via internal pharmacies should include VAT. The price charged for medicines dispensed via outsourced or subsidiary pharmacies or homecare should exclude VAT, i.e. commissioners should only be charged the net cost of the drug. Y=VAT charged, N=VAT not charged or exempt.	M
TOTAL COST	max n16.max n6	(UNIT PRICE (COMMISSIONER) * DRUG QUANTITY OR WEIGHT PROPORTION (HIGH COST TARIFF EXCLUDED DRUG)) + HOME DELIVERY CHARGE (HIGH COST TARIFF EXCLUDED DRUG) (where applicable).	M

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