This document is being issued as formal notice of Commissioners intentions with regard to counting and coding changes for 17/18 in accordance with Service Condition 28 of the Contract.

1) The CCG will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date

2) The Trust is required to outline any drug or device uplift over and above the unit price paid

3) The Trust is required to outline any drugs where VAT is not being paid

4) Locally agreed or non-tariff prices will be reviewed

5) Commissioners would like to carry out a review of any day-case activity with a view to working with the Trust to move this activity to outpatient settings where clinically appropriate to do so

6) The Trust must work to report in line with schedule 6 requirements with the support of commissioners. The data will be at patient level and will be submitted via the Midlands and Lancashire DSCRO. A template must be agreed for each service type before contract sign off

7) Commissioners would like to undertake a review of any activity being recorded as day-case that could be coded as a home visit

8) A review of non-consultant led outpatient tariffs

9) Commissioners expect that the correct treatment function code must be used for all acute activity

10) Providers must be able to demonstrate contract positions prior to any adjustments made to the specialised IR

11) Outpatient telephone consultations: Where clinically appropriate Providers will be expected to move to telephone consultations.

12) Outpatient Nurse Led activity – Commissioners would expect any Outpatient activity seen by a nurse to be coded and charged via a locally agreed price

13) Planned procedure not carried out – Commissioners will only pay a locally agreed tariff for activity that is for medical or patient reasons (WA14B)

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14) A locally agreed price will be determined for patients attending A&E who leave before being treated

15) Multiple diagnostic tests occurring on the same day will be reviewed to ensure correct clinical coding is applied. This applies to any scans that occur in more than one area

16) Procedures of low clinical value will be adhered to and challenged. Any exclusions from the policy must be supported and evidenced by IFR approval

17) Neonatal level of care field to be populated in accordance with data dictionary national codes. For avoidance of doubt this is codes 0,1,2,3

18) Activity will be coded as regular day/night attendances with a locally agreed price. This is where a patient is admitted electively during the day or night as part of a planned series of regular admissions for an ongoing regime of broadly similar treatment and who is discharged the same day/next morning

In addition to the counting and coding changes listed above, Commissioners will also be expecting the following additional information items to be included in the contract for 17/18:

19) Additional information will be required from patient level monitoring, therefore commissioners will be requesting the following SUS data fields are completed:
    - All admissions should be time stamped including a discharge ready date
    - Outpatient appointment should be time stamped
    - All critical care admissions must include a discharge ready date
    - All critical care admissions must display the number of organs supported per day
    - Ambulance incident number (CAD ID) to be populated in A&E submission. This will allow tracking of patients between both A&E and ambulance services

20) A timetable must be agreed during the contract negotiation process for SLAM and non-SUS patient level information submissions to commissioners (No later than the 23rd of the month)

21) Maternity antenatal and postnatal pathway: patient level data will be required to be submitted to the Midlands and Lancashire DSCRO using a standard template that will be sent to providers.

22) Best practice tariffs: All activity flagged as best practice tariff where all compliance cannot be demonstrated through SUS will require additional local data feeds and information requirements to be made in order for payment to be validated and then processed

23) Any patients that have been approved via IFR will be given a unique identifier (Blueteq number if using Blueteq for approval) within an agreed field in SUS

24) Activity will be identified in both local monitoring (SLAM) and SUS where it relates to any prime contractor arrangements

25) A locally agreed price will be negotiated for all Outpatient Follow-Up activity

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