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## **A short guide to using the PbR data**

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## 1 Introduction

The Payment by Results (PbR) data set is constructed from the PbR extracts produced by the Secondary Uses Service (SUS). SUS takes the commissioning data sets (CDS) submitted by NHS providers and applies the PbR policy rules as set out by the Department of Health (DH) in their Payment by Results (PbR) policy. The rules for applying the PbR policy change on a yearly basis and further information relating to the PbR policy for each year can be found on the PbR section of the DH website:

<http://www.dh.gov.uk/en/Managingyourorganisation/NHSFinancialReforms/index.htm>

The PbR data contains a number of concepts which end users need to be aware of before making use of the data set for analytical purposes. This document attempts to provide a brief description of some of these concepts in order to allow users to make more effective and accurate use of these data.

## 2 PbR and HES: What's the difference?

There are a number of differences between the PbR data and the HES data. The first difference relates to the cumulative nature of the HES extract with the year to date being extracted each time whereas PbR data is not cumulative and simply takes a single month snapshot at a given point in time and never returns to extract that same data again in the future. So HES extracts April data and then April-May and then April-June and so on through the year where PbR data extracts April only and then May only and then June only and so on.

The HES data is subjected to additional processing to clean and de-duplicate the data whereas these same rigorous rules are not applied to the PbR data resulting in a divergence between the two data sets. Also, the PbR data does not contain the vast array of added value calculated fields that appear on the HES data which is a further difference between HES and PbR data.

The HES data includes both finished and unfinished episodes whereas in the PbR data you will only see finished episodes within completed spells. Also you won't see finished episodes within the PbR data until the spell to which it relates is complete. This differs from HES as you will see finished episodes appearing in the HES data before the spell to which they relate has ended. So if you have episodes within a long multi episode spell which spans a couple of years you might see some records in the HES data many months/years before they appear in the PbR data.

The biggest benefit to the PbR data is that it contains tariff information so alongside activity you can also produce cost analysis using these data which is an option not currently available on the HES data.

The PbR data don't currently contain generic patient identifiers which would allow linkage to other data sets so the PbR data cannot be used to link between data sets.

### 3 PbR spells & episodes

The main unit of currency used in the PbR data is the Hospital Provider Spell (HPS). The HPS is comprised of one or more Finished Consultant Episodes (FCEs). The PbR Admitted Patient Care (APC) data comprises both a spells and an episodes extract, both of which are available through the PbR extract service. The two data sets should be joined together using the SPELL\_ID field which has a one to many relationship between spells and episodes.

The PbR data made available through the PbR extract service are the monthly post reconciliation (freeze) data. Generally the post reconciliation date, when the extract for a month is taken, falls two months after the end of the month to which it applies (e.g. April is extracted at the start of July). The data are not cumulative in nature and are simply a snapshot of a month taken from SUS at the monthly post reconciliation date for that month. Once the snapshot for a month has been taken at the post reconciliation date the data for that month is not subsequently updated.

The APC data contains spells with a discharge date in the month being extracted and all of their constituent FCEs. Only completed spells are contained within the data, there are no unfinished spells and also there are no unfinished episodes. The data comprises CDS 120 (Finished birth episode), 130 (Finished general episode), 140 (Finished delivery episode) and 160 (Other delivery event).

### 4 Mandatory/Non-Mandatory activity & PbR qualification

Whilst both mandatory and non-mandatory activity is contained within the PbR data only activity under the scope of the national tariff receives a mandatory tariff value, that is activity for which a national tariff exists. Non-mandatory activity is included within the PbR data however, as there is no national tariff available and the tariffs for this activity have to be agreed locally between commissioners and providers, this non-mandatory activity is not currently priced in the data.

There is a field within the data called IC\_PBR\_QUALIFIED which flags activity as either PbR qualifying (= 'Y') or PbR non-qualifying (= 'N'). This is the best field to use when trying to identify mandatory and non-mandatory PbR activity. Essentially spells with a national mandatory tariff are considered to be qualifying and spells without a national mandatory tariff are considered to be non-qualifying. Most qualifying activity will have tariff values greater than £0 and non-qualifying activity will have tariffs of £0. There are a couple of exceptions to this where national mandatory tariffs of £0 exist, such as spell HRGs (SPELL\_CORE\_HRG) of UZ01Z, PB03Z, LA08E, which are considered to be qualifying activity as the £0 is actually a listed national mandatory tariff for these HRGs.

Further information relating to mandatory/non-mandatory activity and tariffs can be obtained from the PbR section of the DH website.

## 5 PbR exclusions

Certain activity is considered to be outside the scope of PbR and these exclusions are set out by the DH in their PbR policy. The PbR data contains both excluded and non-excluded activity.

Episode level exclusions can be identified by using the PBR\_EXCLUDED\_INDICATOR field within the episodes data (= '0' for non-excluded, <> '0' for excluded). Spell level exclusions can be identified by using the EXCLUSION\_REASON\_SPELL field within the spells data (IS NULL for non-excluded, IS NOT NULL for excluded).

## 6 Spell report flag

It can sometimes be useful to identify the dominant episode within a spell as a method for selecting the most appropriate field to use for spell level analysis when dealing with multi episode spells and the spell report flag provides the best method for doing this. In the PbR data dominant episodes are only accurately populated for PbR qualifying activity and can be selected by applying the following filters to the episodes data: IC\_PBR\_QUALIFIED = 'Y' AND DOMINANT\_EPISODE\_IND = '1' AND PBR\_EXCLUDED\_INDICATOR = '0'

Some fields in the spells extract have been populated with the value taken from the dominant episode of the spell. For example fields such as the MAIN\_SPECIALTY\_CODE or TREATMENT\_FUNCTION\_CODE on the spells extract have been populated using this method.

## 7 Spell length of stay (LOS)

There are a number of LOS fields available in the PbR spells data and it's important to understand the differences between them. The HPS\_LOS field holds the length of stay of the hospital provider spell and this LOS field covers all episodes in a spell.

Critical care activity is currently excluded under PbR rules and this activity is subsequently removed from the LOS value that is used for tariffing purposes. Alongside this the durations of any excluded episodes within a spell are also removed. The ADJ\_FINAL\_LENGTH\_OF\_STAY field holds an LOS value matching this criteria and it is this field which is used for tariffing when assessing whether a spell can attract a long stay payment etc.

## 8 PbR pricing

The PbR data prices activity following the application of the DH PbR pricing rules. There are various tariff fields contained within the PbR data which show the affect of the various adjustments and top ups that can be applied as part of the PbR pricing methodology. There are two key tariff fields, the first being TARIFF\_PRE\_MFF\_ADJUSTED\_NATIONAL which is the national tariff inclusive of all adjustments and top-ups but without the market

forces factor (MFF) applied. The second is the TARIFF\_TOTAL\_PAYMENT\_NATIONAL field which is the national tariff inclusive of all adjustments, top-ups and the MFF.

## 9 Useful information sources

There are various websites which provide some useful sources of information when using the PbR data and some of these can be accessed through the following links:

Department of Health: PbR

<http://www.dh.gov.uk/en/Managingyourorganisation/NHSFinancialReforms/index.htm>

NHS IC: SUS – PbR section

<http://www.ic.nhs.uk/services/secondary-uses-service-sus/updates-and-guidance/payment-by-results-guidance>