**FOI 6323 Q1**

**Appendix 1**

**[1] DCB2212 Drug Patient Level Contract Monitoring (DrPLCM) report.**

Please include the following data fields from the NHS DrPLCM technical specification:

|  |  |  |
| --- | --- | --- |
| Field Number  | Name of “Data Element” | Comment |
| 1 | FINANCIAL MONTH |  |
| 2 | FINANCIAL YEAR |  |
| 5 | ORGANISATION IDENTIFIER (CODE OF PROVIDER) |  |
| 9 | ORGANISATION IDENTIFIER (CODE OF COMMISSIONER) |  |
| 19 | ACTIVITY TREATMENT FUNCTION CODE |  |
| 22 | CLINICAL INTERVENTION DATE (DRUG DISPENSED) |  |
| **23** | **THERAPEUTIC INDICATION CODE (SNOMED CT)** | **Please inc. indication code (SNOMED or ICD) and / or indication description, whichever you have** |
| 24 | HIGH COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D) |  |
| 25 | DM+D TAXONOMY CODE (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 26 | DRUG NAME (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 27 | ROUTE OF ADMINISTRATION (SNOMED CT DM+D) |  |
| 28 | DRUG STRENGTH (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 29 | DRUG VOLUME (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 30 | DRUG PACK SIZE (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 31 | DRUG QUANTITY OR WEIGHT PROPORTION (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 32 | UNIT OF MEASUREMENT (SNOMED CT DM+D) |  |
| 33 | DISPENSING ROUTE (HIGH COST TARIFF EXCLUDED DRUG) |  |
| 35 | COMMISSIONED SERVICE CATEGORY CODE |  |