

Ref: FOI/GS/ID 8816

**Please reply to:**  
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30 January 2024

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Drug Patient Level Contract Monitoring (DrPLCM) report.

*You asked: All questions are shown as received by the Trust.*

### **(1) Drug Patient Level Contract Monitoring (DrPLCM) report**

Data fields from the DrPLCM report, as specified in table 1 (below). Please do not send patient IDs or cost data, as I appreciate this would compromise data privacy and commercial sensitivity.

#### **Appendices** – specification

Please include the data fields specified within table 1:

#### **1. Drug Patient Level Contract Monitoring (DrPLCM) report**

An extract of records from this report for all hospitals in the Trust for the three months between **Oct 2023 and Dec 2023**

Sourced from NHS Digital, DrPLCM Technical Specification V2.6 document <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/contract-monitoring">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/contract-monitoring</a>	
Field number	Data Element
1	FINANCIAL MONTH
2	FINANCIAL YEAR
5	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
6	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
9	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)
19	ACTIVITY TREATMENT FUNCTION CODE
22	CLINICAL INTERVENTION DATE (DRUG DISPENSED)

23	THERAPEUTIC INDICATION CODE (SNOMED CT)
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)
34	PROVIDER REFERENCE NUMBER
35	COMMISSIONED SERVICE CATEGORY CODE
36	SERVICE CODE
37	NATIONAL CANCER DRUGS FUND FORM CODE
44	LOCAL CONTRACT MONITORING CODE
45	LOCAL CONTRACT MONITORING DESCRIPTION
46	CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)
47	CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)
51	VALUE ADDED TAX CHARGED INDICATOR (CONTRACT MONITORING)

Trust response:

Please see the attached spreadsheet.