

NHS Connecting for Health

NHS Data Model and Dictionary Service

| | |
|---------------------------|---|
| Reference: | Change Request 1128 |
| Version No: | 1.0 |
| Subject: | Changes to reporting procedures for Overseas Visitors from the European Economic Area and Switzerland |
| Effective Date: | Immediate |
| Reason for Change: | Change to Data Standards |
| Publication Date: | 15 September 2010 |

Background:

From 12 October 2009 the Department of Health changed the arrangements for recording and reporting of healthcare (including planned treatments) for visitors from the European Economic Area (EEA) and Switzerland.

The key features of these changes are as follows:

- **Collection of European Health Insurance Card (EHIC) details:**
 - There is a requirement to collect European Health Insurance Card and Provisional Replacement Certificate (PRC) data from European Economic Area and Switzerland visitors wherever available.
 - The data is reported to the Department for Work and Pensions Overseas Healthcare Team (DWP OHT).
 - Without this information, the United Kingdom cannot claim reimbursement from European Economic Area member states (and Switzerland) and treatment will have effectively been provided by the United Kingdom taxpayer for free.
- **Charging European Economic Area and Switzerland visitors:**
 - European Economic Area and Switzerland visitors should be charged for healthcare where they:
 - are not able to present an European Health Insurance Card, or a Provisional Replacement Certificate,
 - are not able to demonstrate that they are an European Economic Area and Switzerland national (or a stateless person or refugee or family member) who is resident in an European Economic Area and Switzerland country and
 - do not qualify under any other exemptions in the Overseas Visitor Hospital Charging Regulations.
- **Relocation of work from Leeds Primary Care Trust to Department for Work and Pensions Overseas Healthcare Team:**
 - Information about both necessary (European Health Insurance Card) and planned (E112) treatments of European Economic Area and Switzerland visitors is sent to the Department for Work and Pensions Overseas Healthcare Team.
 - All data is sent via the Overseas Visitor Treatment (OVT) Portal, a secure web interface, which is accessed via <https://nww.ovt.dh.nhs.uk/>.
- **Finance arrangements are not changing:**
 - Trusts invoice their host Primary Care Trust for healthcare provided to charge-exempt overseas visitors.
 - The process of recording and reporting European Health Insurance Card and Provisional Replacement Certificate details for European Economic Area and Switzerland visitors is separate from existing funding mechanisms.
- **Discontinuation of Income Generation Audit (IGA) forms:**
 - There is no requirement to complete Income Generation Audit forms for any treatments, whether for planned treatment of European Economic Area and Switzerland visitors or for visitors from countries outside the European Economic Area and Switzerland with whom there is a bilateral relationship (e.g. Australia).

- **Evaluation:**

- The success of trusts in recording and reporting of healthcare will be measured by quarterly tables of reported treatments by trust. These figures will be analysed against visitor numbers to the regions concerned.

This Data Dictionary Change Notice introduces changes to support the Information Standard as follows:

- Updates references to reflect the changes above
- Adds NHS Business Definitions, to support the changes for:
 - DA1
 - Department for Work And Pensions
 - Department for Work and Pensions (DWP) Overseas Healthcare Team (OHT)
 - European Economic Area (EEA)
 - European Health Insurance Card (EHIC)
 - Exempt From Charge Service
 - National Health Service (Charges to Overseas Visitors) Regulations 1989
 - National Health Service Act 2006 (the NHS Act 1977 has been consolidated by the NHS Act 2006, therefore all references have been updated and linked to this new definition)
 - Ordinarily Resident
 - Overseas Visitor
 - Overseas Visitor Chargeable Category
 - Overseas Visitor Treatment (OVT) Portal
 - Provisional Replacement Certificate (PRC)
 - Reciprocal Healthcare Agreement.
- Adds links to existing references for these new definitions.

Summary of changes:

Supporting Information

| | |
|--|----------------------------|
| ADMITTED PATIENT FLOWS DATA SET OVERVIEW | Changed Description |
| ADMITTED PATIENT STOCKS DATA SET OVERVIEW | Changed Description |
| BOOKINGS ADMITTED PATIENT AND OUT-PATIENT PROVIDER DATA SET OVERVIEW | Changed Description |
| CDS ADDRESSING GRID | Changed Description |
| DA1 | New Supporting Information |
| DEFAULT CODES SUMMARY TABLE | Changed Description |
| DEPARTMENT FOR WORK AND PENSIONS | New Supporting Information |
| DEPARTMENT FOR WORK AND PENSIONS OVERSEAS HEALTHCARE TEAM | New Supporting Information |
| DISCHARGE READY DATE | Changed Description |
| EUROPEAN ECONOMIC AREA | New Supporting Information |
| EUROPEAN HEALTH INSURANCE CARD | New Supporting Information |
| EXEMPT FROM CHARGE SERVICE | New Supporting Information |
| METADATA FILES | Changed Description |
| NATIONAL HEALTH SERVICE (CHARGES TO OVERSEAS VISITORS) REGULATIONS 1989 (AS AMENDED BY STATUTORY INSTRUMENT) | New Supporting Information |
| NATIONAL HEALTH SERVICE ACT 2006 | New Supporting Information |
| NON-CONTRACT ACTIVITY | Changed Description |
| ORDINARILY RESIDENT | New Supporting Information |
| ORGANISATIONS MENU | Changed Description |
| OUT-PATIENT FLOWS DATA SET OVERVIEW | Changed Description |
| OUT-PATIENT STOCKS DATA SET OVERVIEW | Changed Description |
| OVERSEAS VISITOR | New Supporting Information |
| OVERSEAS VISITOR CHARGEABLE CATEGORY | New Supporting Information |
| OVERSEAS VISITOR TREATMENT PORTAL | New Supporting Information |
| PROVISIONAL REPLACEMENT CERTIFICATE | New Supporting Information |
| RECIPROCAL HEALTHCARE AGREEMENT | New Supporting Information |
| S2 | New Supporting Information |

| | |
|--|---------------------|
| SUMMARISED ACTIVITY FLOWS DATA SET OVERVIEW | Changed Description |
| SUMMARISED STOCKS DATA SET OVERVIEW | Changed Description |
| Class Definitions | |
| OVERSEAS VISITOR STATUS | Changed Description |
| Attribute Definitions | |
| ADMINISTRATIVE CATEGORY CODE | Changed Description |
| OVERSEAS VISITOR QUOTA NUMBER | Changed Description |
| OVERSEAS VISITOR REFERRAL PRODUCED | Changed Description |
| OVERSEAS VISITORS STATUS CLASSIFICATION | Changed Description |
| OVERSEAS VISITOR UK ARRIVAL DATE | Changed Description |
| REQUEST CATEGORY | Changed Description |
| Data Elements | |
| ADMINISTRATIVE CATEGORY | Changed Description |
| ADMINISTRATIVE CATEGORY CODE | Changed Description |
| ADMITTED PATIENT ELECTIVE ADMISSIONS | Changed Description |
| ADMITTED PATIENT TOTAL NON-ELECTIVE ADMISSIONS | Changed Description |
| DECISIONS TO ADMIT NUMBER | Changed Description |
| DEFERRED ADMISSIONS (ORDINARY) | Changed Description |
| ORGANISATION CODE (CODE OF COMMISSIONER) | Changed Description |
| OVERSEAS VISITORS STATUS CLASSIFICATION | Changed Description |
| PATIENTS ADMITTED NUMBER | Changed Description |
| PATIENTS SUSPENDED (ORDINARY) | Changed Description |
| PATIENTS WAITING FOR ADMISSION | Changed Description |
| POSTCODE OF USUAL ADDRESS | Changed Description |
| REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER | Changed Description |
| REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER | Changed Description |
| REMOVALS OTHER THAN ADMISSION | Changed Description |

Date: 15 September 2010

Sponsor: Nick Tomlinson, Head of Overseas Healthcare, Department of Health

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

ADMITTED PATIENT FLOWS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Events During the Reporting Period

- The [Department of Health](#) requires performance management information on [ELECTIVE ADMISSION LIST](#) events within a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trust](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Admitted Patient Flow Events

- The collection data is sub grouped by [MAIN SPECIALTY CODE](#). Where no flow activity data for a [MAIN SPECIALTY CODE](#) has occurred within the [REPORTING PERIOD](#) then no admitted patient flow sub group should be recorded for it. Only one sub group is permitted per [MAIN SPECIALTY CODE](#).
- The collection is for:

all [PATIENTS](#) for whom a [DECISION TO ADMIT](#) was taken during the [REPORTING PERIOD](#) to place the patients on the [Elective Admission List](#).

and

all [PATIENTS](#) admitted during the [REPORTING PERIOD](#) from the [Elective Admission List](#)

and

all [PATIENTS](#) who giving no advance warning failed to attend for admission from the [Elective Admission List](#) during the [REPORTING PERIOD](#)

and

all [PATIENTS](#) who were removed from the [Elective Admission List](#) during the [REPORTING PERIOD](#) for reasons other than admission

- ~~It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) from overseas.~~

~~It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).~~

~~[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.~~

- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

- The collection is sub-divided into a count of day case admissions and ordinary admissions.

[INTENDED MANAGEMENT](#) records whether a [PATIENT](#) is intended as an ordinary admission (to stay overnight) or a day case admission (not to stay overnight).

ADMITTED PATIENT STOCKS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Admitted Patient Stocks at the end of the Reporting Period

- The [Department of Health](#) requires performance management information on [ELECTIVE ADMISSION LIST](#) stocks at the end of a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Admitted Patient Stock Group Main Specialty

- The collection data is grouped by [MAIN SPECIALTY CODE](#). Where there are no stocks present for a [MAIN SPECIALTY CODE](#) within the [REPORTING PERIOD](#) then no admitted patient stocks group should be recorded for it. Only one sub group is permitted per [MAIN SPECIALTY CODE](#).

Admitted Patient Stock Sub Group Ordinary Admissions and Day Case Admissions

- Within the [MAIN SPECIALTY CODE](#) grouping, the collection is further sub grouped by [WAITING FOR ADMISSION INTENDED MANAGEMENT](#) which indicates whether the sub group is for ordinary admissions or day case admissions
- The collection is for:

all [PATIENTS](#) who are waiting to be admitted from the [ELECTIVE ADMISSION LIST](#) on the [REPORTING PERIOD END DATE](#). This includes [PATIENTS](#) with an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#).

and

all [PATIENTS](#) who are waiting to be admitted by specified waiting time band from the [ELECTIVE ADMISSION LIST](#) on the [REPORTING PERIOD END DATE](#). This includes [PATIENTS](#) with an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#).

and

all [PATIENTS](#) who are waiting to be admitted from the [ELECTIVE ADMISSION LIST](#) on the [REPORTING PERIOD END DATE](#) due to Self-Deferred Admission. This includes [PATIENTS](#) with an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#).

and

all [PATIENTS](#) who are waiting to be admitted from the [ELECTIVE ADMISSION LIST](#) who at the [REPORTING PERIOD END DATE](#) are [Suspended Patients](#). This includes [PATIENTS](#) with an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#).

- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions, and is inclusive of private [PATIENTS](#) and [PATIENTS](#) from overseas.

~~It excludes those [PATIENTS](#) who are classified as planned admissions and for the total number of [PATIENTS](#) waiting and waiting by time band also excludes [Suspended Patients](#).~~

~~[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.~~

- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) who are [Overseas Visitors](#).

~~It excludes those [PATIENTS](#) who are classified as planned admissions and for the total number of [PATIENTS](#) waiting and waiting by time band also excludes [Suspended Patients](#).~~

~~[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.~~

- The collection is further sub grouped into a count of day case admissions and ordinary admissions .

[INTENDED MANAGEMENT](#) records whether a [PATIENT](#) is intended as an ordinary admission or a day case admission and therefore which [WAITING FOR ADMISSION INTENDED MANAGEMENT](#) it is being sub grouped within.

Summarised Admitted Patient Stock Group Intended Procedures for Ordinary Admissions

- The collection data is grouped by [ADMISSION INTENDED PROCEDURE](#) which indicates the required range of [OPERATIVE PROCEDURES](#). Where there are no stocks present for an [ADMISSION INTENDED PROCEDURE](#) within the [REPORTING PERIOD](#) then no in-patient stocks group should be recorded for it. Only one group is permitted per [ADMISSION INTENDED PROCEDURE](#).
- The required grouping ranges of [ADMISSION INTENDED PROCEDURE](#) are:

0001 CABG - K40-46 Coronary Artery Bypass Graft Code Range:

or

0002 PTCA - K49-50 Percutaneous Transluminal Operations Coding Range:

or

0003 Valves Coding Range K25-K35 & K38

or

0004 - Angiography Coding Range K63 & K65

- Within the [ADMISSION INTENDED PROCEDURE](#) the collection only applies to patients waiting for admission as ordinary admissions as indicated by [WAITING FOR ADMISSION INTENDED MANAGEMENT](#).

- The collection is for:

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD](#) and are waiting to be admitted from the [Elective Admission List](#)

and

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and are waiting to be admitted by specified waiting time band from the [Elective Admission List](#)

- It includes those [PATIENTS](#) who are classified as a booked admissions and waiting list admissions, and is inclusive of private [PATIENTS](#) and [PATIENTS](#) from overseas.

It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

BOOKINGS ADMITTED PATIENT AND OUT-PATIENT PROVIDER DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Provider Admitted Patient and Out-Patient Bookings: Events During the Reporting Period

- The [Department of Health](#) requires performance management information on [ELECTIVE ADMISSION LIST](#) and [APPOINTMENT WAITING LIST](#) booking events within a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

Admitted Patient Booking Events

- The collection is for:

all [PATIENTS](#) for whom a [DECISION TO ADMIT](#) was taken during the [REPORTING PERIOD](#) to place the [PATIENTS](#) on the [ELECTIVE ADMISSION LIST](#) for booked and waiting list admission

and

all patients for whom a [DECISION TO ADMIT](#) was taken during the [REPORTING PERIOD](#) to place the patients on the [ELECTIVE ADMISSION LIST](#) for booked admission only.

- It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

- All [PATIENTS](#) waiting for admission to NHS hospitals should be included, i.e. [PATIENTS](#) who are private

~~PATIENTS and patients from overseas where they have an OVERSEAS VISITOR STATUS or OVERSEAS VISITOR EXEMPT CATEGORY.~~

- All PATIENTS waiting for admission to NHS hospitals should be included, i.e. include PATIENTS who are private PATIENTS and PATIENTS who are Overseas Visitors where they have an OVERSEAS VISITOR STATUS of OVERSEAS VISITOR EXEMPT CATEGORY).
- The collection is sub-divided into a count of day case admissions and ordinary admissions.

INTENDED MANAGEMENT records whether a PATIENT is intended as an ordinary admission (to stay overnight) or a day case admission (not to stay overnight).

Out-Patient Booking Events

- The collection is for:

all PATIENTS referred within the REPORTING PERIOD for a first Out-Patient Appointment by GENERAL PRACTITIONER written referral where a booking systems was used

and

all PATIENTS given a first APPOINTMENT and added to the Out-Patient Waiting List within the REPORTING PERIOD for a first Out-Patient Appointment arising from a GENERAL PRACTITIONER written referral regardless of whether or not a booking systems was used.

- The APPOINTMENT ACCEPTED DATE of the first APPOINTMENT indicates which REPORTING PERIOD the first APPOINTMENT was added to the Out-Patient Waiting List.

A first APPOINTMENT is where APPOINTMENT FIRST ATTENDANCE is National Code 01 'First appointment' for a first appointment which has taken place.

Where one or more APPOINTMENT is recorded for a PATIENT but none has as yet taken place, the notional 'first appointment' will be the APPOINTMENT with the earliest APPOINTMENT DATE. This excludes any APPOINTMENTS which have been cancelled as indicated by a recorded APPOINTMENT CANCELLED DATE.

CDS ADDRESSING GRID

Change to Supporting Information: Changed Description

Activity from 1st April 2005

To help determine who has access to Commissioning Data Set data once it has been stored in the Secondary Uses Service, NHS Trusts and Primary Care Trusts need to identify each of those ORGANISATIONS as a CDS COPY RECIPIENT IDENTITY taking all of the following factors into account. Information is required to:

- monitor and manage NHS SERVICE AGREEMENTS;
- develop commissioning plans;
- monitor HEALTH PROGRAMMES;
- underpin clinical governance;
- understand the health needs of the population.

Main commissioners need access to data to monitor Non-Contract Activity as part of the management of their NHS SERVICE AGREEMENTS.

Primary Care Trusts need to monitor in-year referrals to investigate the sources and reasons for Non-Contract Activity.

Independent Sector Treatment Centres are responsible for providing Admitted Patient Care and Out-Patient Attendance Commissioning Data Sets and may submit on their own behalf or via a third party.

Other Independent Sector activity for NHS [PATIENTS](#) is the responsibility of the NHS commissioning body for the provision of the appropriate central returns and data sets.

The [Department of Health](#) require a complete record of all [PATIENTS](#) admitted to or treated as out-patients by NHS hospitals and [Primary Care Trusts](#), including [PATIENTS](#) receiving private treatment. ~~The record also includes NHS [PATIENTS](#) treated electively in the independent sector and overseas visitors.~~

The record also includes:

- [NHS PATIENTS](#) treated electively in the independent sector and
- [PATIENTS](#) who are Overseas Visitors.

A [PATIENT / NHS SERVICE AGREEMENT](#) entry has been specifically introduced to identify [ACTIVITY](#) commissioned by the National Specialised Commissioning Group (NSCG). The code YDD82 should be used as the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) for National Specialised Commissioning Group commissioned activity.

THE CDS ADDRESSING GRID - Activity from 1st April 2005

| | CDS COPY RECIPIENT IDENTITY | | | |
|--|--|---|--|--|
| | CDS PRIME RECIPIENT IDENTITY | | | |
| PATIENT / NHS SERVICE AGREEMENT | ORGANISATION CODE (PCT OF RESIDENCE) | ORGANISATION CODE (RESPONSIBLE PCT) | ORGANISATION CODE (CODE OF COMMISSIONER) | ORGANISATION CODE of ORGANISATION to which costs of treatment accrue |
| PATIENT registered with General Medical Practitioner Practice with Primary Care Trust NHS SERVICE AGREEMENT | M | R | | |
| PATIENT not registered with a General Medical Practitioner Practice but resident in an area covered by a Primary Care Trust with a Primary Care Trust NHS SERVICE AGREEMENT | M | R | | |
| PATIENT registered with a General Medical Practitioner Practice treated as a Non-Contract Activity | M | R | R | |
| PATIENT not registered with a General Medical Practitioner Practice treated as a Non-Contract Activity | M | R | R | |
| | | | | |

| | | | | |
|---|----------------------|----------|----------|----------------------|
| Overseas visitor exempt from charges and not registered with a General Medical Practitioner Practice | M (TDH00) | | R | |
| Overseas visitor exempt from charges and registered with a General Medical Practitioner Practice | M (TDH00) | R | R | |
| Overseas visitor liable for NHS charges and not registered with a General Medical Practitioner Practice | M (VPP00) | | | |
| Overseas visitor liable for NHS charges and registered with a General Medical Practitioner Practice | M (VPP00) | R | | |
| PATIENT registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement | M | R | | R |
| PATIENT not registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement | M | R | | R |
| Private PATIENT | M | R | | |
| Private PATIENT | M | R | R | |
| National Specialised Commissioning Group commissioned | M | R | | R (YDD82) |
| Overseas Visitor exempt from charges and not registered with a General Medical Practitioner Practice | M (TDH00) | | R | |
| Overseas Visitor exempt from charges and registered with a General Medical Practitioner Practice | M (TDH00) | R | R | |
| Overseas Visitor liable for NHS charges and not registered with a General Medical Practitioner Practice | M (VPP00) | | | |
| Overseas Visitor liable for NHS charges and registered with a General Medical Practitioner Practice | M (VPP00) | R | | |
| Ordinarily Resident registered with General Medical Practitioner Practice with | M | R | | |

| | | | | |
|---|---|---|---|---|
| Primary Care Trust NHS SERVICE AGREEMENT | | | | |
| Ordinarily Resident not registered with a General Medical Practitioner Practice but resident in an area covered by a Primary Care Trust with a Primary Care Trust NHS SERVICE AGREEMENT | M | R | | |
| Ordinarily Resident registered with a General Medical Practitioner Practice treated as a Non-Contract Activity | M | R | R | |
| Ordinarily Resident not registered with a General Medical Practitioner Practice treated as a Non-Contract Activity | M | R | R | |
| Ordinarily Resident registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement | M | R | | R |
| Ordinarily Resident not registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement | M | R | | R |

Key to population codes:

R - Data required for a Commissioning Data Set data flow as part of NHS business rules to meet NHS business requirements.

M - Data is mandatory in the CDS-XML schema and Commissioning Data Set messages will not flow if this data is absent.

Notes:

a) The [CDS PRIME RECIPIENT IDENTITY](#) must be allocated on the first creation and submission of a [CDS TYPE](#) and **must not change even if the [ADDRESS](#) or [Primary Care Trust](#) of the [PATIENT](#) changes during the lifetime of the Commissioning Data Set record** otherwise duplicate Commissioning Data Set data may be lodged in the [Secondary Uses Service](#) database.

See the supporting information in [Commissioning Data Set Submission Protocol](#) for a detailed explanation.

b) Note that if two recipients are identical for example, the [ORGANISATION CODE \(PCT OF RESIDENCE\)](#) may be the same as the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#), **only one entry for that ORGANISATION should be made for that recipient.**

c) For further information please refer to [Data Set Change Notice 06/2005](#), [Data Set Change Notice 19/2005](#) and [Data Set Change Notice 19/2006](#).

DA1

Change to Supporting Information: New Supporting Information

The DA1 form is presented to the social security institution in the state of residence or stay to gain entitlement to healthcare benefits.

The DA1 entitles people to healthcare under insurance against Accidents at Work and Occupational Diseases (AWOD), when they live or stay in a European Union State, other than the state where they are insured.

Note: prior to 1 May 2010, the DA1 was known as the E123.

For further information on the DA1 see the:

- Department for Work and Pensions website: Getting Industrial Injuries Disablement Benefit when you are living in another EEA country;
- International Pension Centre (IPC).

This supporting information is also known by these names:

| Context | Alias |
|----------|-------|
| formerly | E123 |

DEFAULT CODES SUMMARY TABLE

Change to Supporting Information: Changed Description

Default (or pseudo) codes may be used:

- to indicate an [ORGANISATION TYPE](#), such as Commissioner Code for Ministry of Defence (MoD) Healthcare;
- to indicate that the code value is not known;
- to indicate that a code cannot be supplied (e.g. no referring [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#)).

| Person Default Codes | Code |
|--|-------------------------------------|
| CONSULTANT: GENERAL MEDICAL COUNCIL REFERENCE NUMBER not known | C999998 |
| Dental CONSULTANT: GENERAL MEDICAL COUNCIL REFERENCE NUMBER / GENERAL DENTAL COUNCIL REGISTRATION NUMBER not known | CD999998 |
| Dentist code not applicable (dentist does not have Dental Practice Board number) | D9999981 |
| Dentist, Dental Practice Board (DPB) number not known | D9999998 |
| GENERAL MEDICAL PRACTITIONER PPD CODE not known | G9999998 |
| Locum refers | Code of GP for whom locum is acting |
| MIDWIFE | M9999998 |
| Ministry of Defence Doctor | A9999998 |
| GENERAL MEDICAL PRACTITIONER PPD CODE not applicable | G9999981 |
| NURSE | N9999998 |
| Other health care professional | H9999998 |
| Overseas visitor exempt from charges | TDH00 |
| Private PATIENTS /Overseas visitor liable for charges | VPP00 |
| Overseas Visitor exempt from charges | TDH00 |

| Private PATIENTS/Overseas Visitor liable for charges | VPP00 |
|--|----------------|
| REFERRER CODE not applicable, e.g. PATIENT has self-presented or not known | X999998 |
| Referrer other than GENERAL MEDICAL PRACTITIONER, GENERAL DENTAL PRACTITIONER or CONSULTANT | R9999981 |
| Organisation Default Codes | Code |
| Commissioner Code for Ministry of Defence (MoD) Healthcare | XMD00 |
| No Registered GP Practice | V81997 |
| ORGANISATION CODE (CODE OF PROVIDER) - non-NHS UK provider where no ORGANISATION CODE has been issued | 89999 |
| ORGANISATION CODE (CODE OF PROVIDER) - non-UK provider where no ORGANISATION CODE has been issued | 89997 |
| GP Practice Code not applicable | V81998 |
| GP Practice Code not known | V81999 |
| Primary Care Trust code not applicable (e.g. overseas visitors, Wales, Scotland or Northern Ireland). Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code. | X98 |
| Primary Care Trust code not applicable (e.g. Overseas Visitors, Wales, Scotland or Northern Ireland). Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code. | X98 |
| Primary Care Trust of residence not known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code. | Q99 |
| Referring ORGANISATION CODE not applicable | X99998 |
| Referring ORGANISATION CODE not known | X99999 |
| Strategic Health Authority of residence not known | Q99 |
| Organisation Site Default Codes | Code |
| SITE CODE (OF TREATMENT) - not a hospital site (for use on Out-Patient Commissioning Data Set) | R9998 |
| SITE CODE (OF TREATMENT) - non-NHS UK Provider where no ORGANISATION SITE CODE has been issued | 89999 |
| SITE CODE (OF TREATMENT) - non-UK Provider where no ORGANISATION SITE CODE has been issued | 89997 |

DEPARTMENT FOR WORK AND PENSIONS

Change to Supporting Information: New Supporting Information

The Department for Work and Pensions (DWP) is an ORGANISATION.

The Department for Work and Pensions supports Ministers in developing and implementing policies and strategies aimed at:

- people who receive benefit;
- people who need help to find work;
- disabled people;
- older people;
- people who receive the State Pension.

For further information on the Department for Work and Pensions, see the Department for Work and Pensions website.

This supporting information is also known by these names:

| Context | Alias |
|-----------|-------|
| shortname | DWP |

DEPARTMENT FOR WORK AND PENSIONS OVERSEAS HEALTHCARE TEAM

Change to Supporting Information: New Supporting Information

The [Department for Work and Pensions Overseas Healthcare Team](#) (DWP OHT) is a team within the [Department for Work and Pensions](#), which acts on behalf of the [Department of Health](#).

One of the [Department for Work and Pensions Overseas Healthcare Team's](#) duties is to secure reimbursement for the cost of healthcare of [Overseas Visitors](#) from the [European Economic Area](#) and Switzerland under European Union regulations, for the [Department of Health](#) and ultimately the NHS.

From 12 October 2009, the [Department for Work and Pensions Overseas Healthcare Team](#) are responsible for collecting information on [European Economic Area](#) residents and those from Switzerland who require NHS hospital treatment. This is done via the [Overseas Visitor Treatment Portal](#) (OVT Portal) which every [NHS Trust](#) can access.

Note: Prior to 12 October 2009, the information was collected on [Income Generation Audit \(IGA\)](#) forms and sent to [Leeds Primary Care Trust](#).

For contact details for the [Department for Work and Pensions Overseas Healthcare Team](#), see the [Department for Work and Pensions website](#).

This supporting information is also known by these names:

| Context | Alias |
|-----------|---------|
| shortname | DWP OHT |

DISCHARGE READY DATE

Change to Supporting Information: Changed Description

[Discharge Ready Date](#) is an [ACTIVITY DATE TIME TYPE](#).

The date that a [PATIENT](#) was medically ready for discharge from a [Hospital Bed](#) but could not be discharged, thereby qualifying for Delayed Discharge Payments under the provisions of the Community Care (Delayed Discharges etc) Act 2003.

The settings from where the discharge may originate are a health service hospital or an independent hospital in pursuance of arrangements made by an NHS body.

Within the Act, the relevant community care services are defined under the National Health Service and Community Care Act 1990 section 46 (3). This in turn refers to provisions of other acts as follows:

"community care services" means services which a local authority may provide or arrange to be provided under any of the following provisions:

(a) Part III of the [1948 c. 29.] National Assistance Act 1948;

(b) section 45 of the [1968 c. 46.] Health Services and Public Health Act 1968;

~~(c) section 21 of and Schedule 8 to the [1977 c. 49.] National Health Service Act 1977;~~ and (c) [National Health Service Act 2006](#); and

(d) section 117 of the [1983 c. 20.] Mental Health Act 1983

EUROPEAN ECONOMIC AREA

Change to Supporting Information: New Supporting Information

The [European Economic Area \(EEA\)](#) was established on 1 January 1994 and includes countries which are not part of the European Union.

For a list of [European Economic Area](#) countries relating to [Department of Health](#) and [NHS Overseas Visitors](#) policy, see the:

- [Department of Health website: European Economic Area \(EEA\) countries](#)
- [NHS Choices website: Travelling in the European Economic Area \(EEA\)](#).

This supporting information is also known by these names:

| Context | Alias |
|-----------|-------|
| shortname | EEA |

EUROPEAN HEALTH INSURANCE CARD

Change to Supporting Information: New Supporting Information

The [European Health Insurance Card \(EHIC\)](#) was introduced in 2005 and allows people to access state-provided healthcare (for clinically necessary treatment) in all [European Economic Area \(EEA\)](#) countries and Switzerland at a reduced cost or free of charge.

For further information on the [European Health Insurance Card](#), see the:

- [Department of Health website: The European Health Insurance Card \(EHIC\)](#)
- [NHS Choices website: European Health Insurance Card](#).

Note: the [European Health Insurance Card](#) and the [Provisional Replacement Certificate](#) are for clinically necessary treatment and the [S2](#) is for planned treatment.

This supporting information is also known by these names:

| Context | Alias |
|-----------|-------|
| shortname | EHIC |

plural

European Health Insurance Cards

EXEMPT FROM CHARGE SERVICE

Change to Supporting Information: New Supporting Information

Exempt From Charge Service is a **SERVICE** for which no charge may be made to a **PERSON**.

The **National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument)** states that a **PERSON** has to pay for NHS hospital healthcare unless the **SERVICE** they are receiving is an **Exempt From Charge Service**.

For further information on **Exempt from Charge Services**, see the [Department of Health website](#).

This supporting information is also known by these names:

| Context | Alias |
|---------|-----------------------------|
| plural | Exempt from Charge Services |

METADATA FILES

Change to Supporting Information: Changed Description

Files Available

- Metadata files are used by the NHS to validate data. The files facilitate data consistency and quality. The files are:
 - Diagnosis (ICD-10)
 - [OPCS Classification of Interventions and Procedures \(OPCS-4\)](#)
 - [NHS Postcode Directory](#)
 - Frozen Postcode Directory
 - Country Pseudo Postcodes.
- The ICD-10 file is issued by NHS Connecting for Health, from whom a specification is available. It is intended to reissue this file in line with the ICD-10 updates.
- The Operation metadata file and specification is issued by the NHS Classifications Service of NHS Connecting for Health to support implementation of new releases; see [Contact Details](#).
- The full and reduced versions of the [NHS Postcode Directory](#) are issued every quarter by the [Organisation Data Service](#). Named recipients both inside the NHS and other recipients licensed to use this data in support of the NHS are able to access it through the online distribution service, Terminology Reference Data Update Distribution Service (TRUD) and through the [Organisation Data Service](#) pages on NHSnet; see [Contact Details](#).
- A full description of the [NHS Postcode Directory](#) and the [Organisation Data Service](#) reduced postcode data files, can be found by browsing the [Office for National Statistics](#) Data section of the [Organisation Data Service](#) pages on NHSnet at:
 - <http://nww.connectingforhealth.nhs.uk/ods/downloads/officenatstats/> ([NHS Postcode Directory](#)) and
 - <http://nww.connectingforhealth.nhs.uk/ods/downloads/postcode/> (reduced files).

The same descriptions can also be accessed via the Terminology Reference Data Update Distribution Service (TRUD).

- Any area within the NHS taking advantage of the supply of metadata by the [Office for National Statistics](#) will be expected to abide by any rules and conditions imposed by the [Office for National Statistics](#) Section supplying the metadata.

Format of Metadata Files

The following pages give the record layouts and data content for the Operation and Country Pseudo Postcode metadata files.

Country Pseudo Postcode File DataContent

- ~~This file contains about 130 records. The usual country of residence for short term overseas visitors is derived from the country pseudo postcode. The codes are available in electronic format on the [NHS Postcode Directory](#) ("Gridlink version").~~
- This file contains about 130 records. The usual country of residence for short term Overseas Visitors is derived from the country pseudo postcode. The codes are available in electronic format on the [NHS Postcode Directory](#) ("Gridlink version").
- The expanded area code field contains the country of birth code in characters 1-4 (a repeat of the characters 3-6 in the pseudo postcode). The remainder of the expanded area code is blank except for codes 993C (UK nos) and 993V (no fixed abode) where characters 5-7 are 9space9.

COUNTRY PSEUDO FILE RECORD LAYOUT

| Start Pos | Size | Data Type | Field Description |
|-----------|------|-----------|----------------------------|
| 1 | 11 | X | selection indicators |
| 12 | 6 | X | 6 digit postcode (POSTSIX) |
| 18 | 1 | A | 7th digit |
| 19 | 6 | X | filler |
| 25 | 50 | X | name of country |
| 75 | 5 | X | filler |
| 80 | 19 | X | area details |
| 99 | 154 | X | filler |

NATIONAL HEALTH SERVICE (CHARGES TO OVERSEAS VISITORS) REGULATIONS 1989 (AS AMENDED BY STATUTORY INSTRUMENT)

Change to Supporting Information: New Supporting Information

Access to NHS hospital healthcare is based on [Ordinary Residence](#) in the United Kingdom.

Anyone who is not [Ordinarily Resident](#), i.e. an [Overseas Visitor](#), is subject to the [National Health Service \(Charges to Overseas Visitors\) Regulations 1989 \(as amended by Statutory Instrument\)](#).

The regulations concerning entitlement to NHS hospital treatment are the [National Health Service \(Charges to Overseas Visitors\) Regulations 1989 \(as amended by Statutory Instrument\)](#), see the [Department of Health website](#).

The [National Health Service \(Charges to Overseas Visitors\) Regulations 1989 \(as amended by Statutory](#)

[Instrument](#)) places a responsibility on [NHS Trusts](#) to establish whether a [PERSON](#) is:

- [Ordinarily Resident](#);
- exempt from charges under one of a number of exemption categories; or
- liable for charges.

The [National Health Service \(Charges to Overseas Visitors\) Regulations 1989](#) (as amended by [Statutory Instrument](#)) also state that certain treatments are [Exempt from Charge Services](#) in their own right, irrespective of the [PATIENT](#)'s status. These include:

- treatment given in [Accident And Emergency Departments](#);
- treatment for certain specified communicable diseases (excluding [Human Immunodeficiency Virus \(HIV\)/Acquired Immune Deficiency Syndrome \(AIDS\)](#)) treatment where only the initial diagnostic testing and associated counselling are without charge) and
- [compulsory psychiatric treatment](#).

For further information on the [National Health Service \(Charges to Overseas Visitors\) Regulations 1989](#) (as amended by [Statutory Instrument](#)), see the [Department of Health website](#).

NATIONAL HEALTH SERVICE ACT 2006

Change to Supporting Information: New Supporting Information

The [National Health Service Act 2006](#) received Royal Assent on 8 November 2006 and came into effect on 1 March 2007.

Most health legislation made since 1977 has been summarised within three Acts of Parliament, of which the [National Health Service Act 2006](#) is one.

The Acts are:

- The [National Health Service Act 2006](#);
- The [National Health Service \(Wales\) Act 2006](#);
- The [National Health Service \(Consequential Provisions\) Act 2006](#).

The [National Health Service Act 2006](#) contains legislation on areas such as "Private healthcare" etc.

For further information on the [National Health Service Act 2006](#), see the [Department of Health website](#).

NON-CONTRACT ACTIVITY

Change to Supporting Information: Changed Description

[Non-Contract Activity](#) was known as [Out Of Area Treatment](#) prior to 1 April 2005.

[Non-Contract Activities](#) are covered by [NHS SERVICE AGREEMENTS](#) between a commissioner and the Trust providing treatment. The commissioner is identified by the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#).

[Non-Contract Activities](#) cover:

- [PATIENTS](#) registered with a [General Medical Practitioner Practice](#) or resident in an English [Primary Care](#)

- [Trust](#) with which the [NHS Trust](#) has no [NHS SERVICE AGREEMENT](#) for that treatment or for that [SERVICE](#);
- [PATIENTS](#) registered with a [General Medical Practitioner Practice](#) or resident in Wales, Scotland or Northern Ireland who are not covered by a [NHS SERVICE AGREEMENT](#) with the [NHS Trust](#);
- ~~Overseas visitors:~~
- [Overseas Visitors.](#)

ORDINARILY RESIDENT

Change to Supporting Information: New Supporting Information

[Ordinarily Resident](#) is a term applied to a [PERSON](#).

An [Ordinarily Resident](#) is a [PERSON](#) who is [Ordinarily Resident](#) in the United Kingdom and cannot be charged for NHS hospital healthcare.

Note: The [Department of Health](#) website advises that: "Ordinarily Resident" is a common law concept interpreted by the House of Lords as someone who is living lawfully in the United Kingdom, voluntarily and for settled purposes as part of the regular order of their life for the time being, with an identifiable purpose for their residence here which has a sufficient degree of continuity to be properly described as settled.

For further information on [Ordinarily Resident](#), see the [Department of Health website](#).

This supporting information is also known by these names:

| Context | Alias |
|-----------------------------|------------------------------------|
| alsoknownas | Normally Resident |
| fullname | Ordinary Residence |

ORGANISATIONS MENU

Change to Supporting Information: Changed Description

- ~~Referenced Organisations:~~
 - [British Psychological Society](#)
 - [Care Quality Commission](#)
 - [Department for Children, Schools and Families](#)
 - [Department of Health](#)
 - [Health Protection Agency](#)
 - [Health Solutions Wales](#)
 - [Information Standards Board for Health and Social Care](#)
 - [International Health Terminology Standards Development Organisation](#)
 - [Local Health Board \(Wales\)](#)
 - [NHS Dental Services](#)
 - [NHS Prescription Services](#)
 - [Office for National Statistics](#)
 - [Ofsted](#)
 - [Organisation Data Service](#)
 - [The Casemix Service](#)
 - [The NHS Information Centre for health and social care](#)
 - [UK Terminology Centre](#)

- **Referenced Organisations:**

- [British Psychological Society](#)
- [Care Quality Commission](#)
- [Department for Children, Schools and Families](#)
- [Department for Work and Pensions](#)
- [Department for Work and Pensions Overseas Healthcare Team](#)
- [Department of Health](#)
- [Health Protection Agency](#)
- [Health Solutions Wales](#)
- [Information Standards Board for Health and Social Care](#)
- [International Health Terminology Standards Development Organisation](#)
- [Local Health Board \(Wales\)](#)
- [NHS Dental Services](#)
- [NHS Prescription Services](#)
- [Office for National Statistics](#)
- [Ofsted](#)
- [Organisation Data Service](#)
- [The Casemix Service](#)
- [The NHS Information Centre for health and social care](#)
- [UK Terminology Centre](#)

- **Regulatory Bodies:**

- [General Chiropractic Council](#)
- [General Dental Council](#)
- [General Medical Council](#)
- [General Optical Council](#)
- [General Osteopathic Council](#)
- [General Pharmaceutical Council](#)
- [General Social Care Council](#)
- [Health Professions Council](#)
- [Nursing and Midwifery Council](#)
- [Ophthalmic Qualifications Committee](#)
- [Royal Pharmaceutical Society of Great Britain](#)

OUT-PATIENT FLOWS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

- The [Department of Health](#) requires performance management information on [Out-Patient Waiting List](#) events within a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Out-Patient Flow Events

- The collection data is sub grouped by [MAIN SPECIALTY CODE](#). Where no flow activity data for a [MAIN SPECIALTY CODE](#) has occurred within the [REPORTING PERIOD](#) then no out-patient flow sub group should be recorded for it. Only one sub group is permitted per [MAIN SPECIALTY CODE](#).
- The collection is for:

all [GENERAL PRACTITIONER](#) written referrals, whether from doctor or dentists, received within the [REPORTING PERIOD](#) for a first [Out-Patient Appointment Consultant](#)

and

all non-[GENERAL PRACTITIONER](#) written referrals received within the [REPORTING PERIOD](#) for a first [Out-Patient Appointment Consultant](#)

and

all [GENERAL PRACTITIONER](#) written referrals, whether from doctor or dentists, for a first [Out-Patient Appointment Consultant](#) where the first [Out-Patient Attendance Consultant](#) took place within the [REPORTING PERIOD](#) and the period between the receipt of the referral and the attendance by specified waiting time band

and

all [GENERAL PRACTITIONER](#) written referrals, whether from doctor or dentists, for a first [Out-Patient Appointment Consultant](#) where the first [Out-Patient Attendance Consultant](#) has not yet taken place and the period between the receipt of the referral and the [REPORTING PERIOD END DATE](#) by specified waiting time band

and

all first attendance [APPOINTMENTS](#) where the first [Out-Patient Attendance Consultant](#) took place within the [REPORTING PERIOD](#)

and

all first attendance [APPOINTMENTS](#) where the first [Out-Patient Attendance Consultant](#) should have taken place within the [REPORTING PERIOD](#) did not take place due to the patient not attending or not attending on time

and

all follow-up attendance [APPOINTMENTS](#) where the [Out-Patient Attendance Consultant](#) took place within the [REPORTING PERIOD](#)

and

all follow-up attendance [APPOINTMENTS](#) where the follow-up [Out-Patient Attendance Consultant](#) should

have taken place within the [REPORTING PERIOD](#) did not take place due to the [PATIENT](#) not attending or not attending on time

- It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.
- It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

OUT-PATIENT STOCKS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

- The [Department of Health](#) requires performance management information on [Out-Patient Waiting List](#) stocks within a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Out-Patient Stocks

- The collection data is sub grouped by [MAIN SPECIALTY CODE](#). Where no stocks data for a [MAIN SPECIALTY CODE](#) is present within the [REPORTING PERIOD](#) then no out-patient stock sub group should be recorded for it. Only one sub group is permitted per [MAIN SPECIALTY CODE](#).
- The collection is for all [GENERAL PRACTITIONER](#) written referrals, whether from doctor or dentists, for a first [Out-Patient Appointment Consultant](#) where the first [Out-Patient Attendance Consultant](#) has not yet taken place and the period between the receipt of the referral and the [REPORTING PERIOD END DATE](#) by specified waiting time band.
- It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.
- It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

OVERSEAS VISITOR

Change to Supporting Information: New Supporting Information

An Overseas Visitor is a [PERSON](#) who is not [Ordinarily Resident](#) in the United Kingdom.

For further information on Overseas Visitors, see the [Department of Health website](#).

This supporting information is also known by these names:

| Context | Alias |
|---------|-------------------|
| plural | Overseas Visitors |

OVERSEAS VISITOR CHARGEABLE CATEGORY

Change to Supporting Information: New Supporting Information

Overseas Visitor Chargeable Category is an OVERSEAS VISITOR STATUS.

An Overseas Visitor Chargeable Category includes Overseas Visitors who are not exempt from charges by virtue of the National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument). The PERSON has to pay for NHS hospital healthcare unless the SERVICE they are receiving is an Exempt From Charge Service.

For further information on Overseas Visitor Chargeable Categories, see the Department of Health website.

This supporting information is also known by these names:

| Context | Alias |
|---------|--|
| plural | Overseas Visitor Chargeable Categories |

OVERSEAS VISITOR TREATMENT PORTAL

Change to Supporting Information: New Supporting Information

From 12th October 2009, the Overseas Visitor Treatment Portal (OVT Portal) is used to report treatments of Overseas Visitors (including planned treatment) from the European Economic Area (EEA) and Switzerland.

Note: Prior to 12 October 2009, the information was collected on Income Generation Audit (IGA) forms and sent to Leeds Primary Care Trust.

Note: There is no requirement to report treatments for Overseas Visitors from outside the European Economic Area and Switzerland via the Overseas Visitor Treatment Portal.

For further information on the Overseas Visitor Treatment Portal:

- see the Department of Health website: Overseas visitors;
- see <https://nww.ovt.dh.nhs.uk/> to access the Overseas Visitor Treatment Portal;
- email: OHT.Overseasvisitorsteam@dpw.gsi.gov.uk;
- telephone: 0191 218 1999.

This supporting information is also known by these names:

| Context | Alias |
|-----------|------------|
| shortname | OVT Portal |

PROVISIONAL REPLACEMENT CERTIFICATE

Change to Supporting Information: New Supporting Information

A [Provisional Replacement Certificate \(PRC\)](#) provides the same access to free healthcare as a [European Health Insurance Card \(EHIC\)](#).

[Overseas Visitors](#) receiving clinically necessary treatment, who fail to provide a [European Health Insurance Card](#), have to obtain a [Provisional Replacement Certificate](#) from the appropriate liaison body in the competent member state country.

For further information and a list of providers of [Provisional Replacement Certificates](#), see the [Department of Health website: Provisional Replacement Certificates](#).

This supporting information is also known by these names:

| Context | Alias |
|-----------|--------------------------------------|
| shortname | PRC |
| plural | Provisional Replacement Certificates |

RECIPROCAL HEALTHCARE AGREEMENT

Change to Supporting Information: New Supporting Information

The [United Kingdom](#) has [Reciprocal Healthcare Agreements](#) with a number of [non-European Economic Area \(EEA\)](#) countries and territories.

If a [PERSON](#) from a country with a [Reciprocal Healthcare Agreement](#) needs urgent or immediate medical treatment, it will be provided at a reduced cost or, in some cases, free.

For further information and the list of countries that have [Reciprocal Healthcare Agreements](#) with the [United Kingdom](#), see the [NHS Choices website](#).

This supporting information is also known by these names:

| Context | Alias |
|---------|----------------------------------|
| plural | Reciprocal Healthcare Agreements |

S2

Change to Supporting Information: New Supporting Information

The [S2](#) form entitles people to planned treatment in [European Economic Area \(EEA\)](#) countries and [Switzerland](#). Healthcare will be provided under the same conditions of care and payment as residents of that country.

Note: prior to 1 May 2010, the [S2](#) was known as the [E112](#).

For further information on the [S2](#), see the:

- [Department of Health website: Overseas treatment for NHS Patients](#)
- [NHS Choices website: Using E112](#)

- [NHS Choices website: Planned treatment abroad.](#)

Note: the [S2](#) is for planned treatment and the [European Health Insurance Card](#) and [Provisional Replacement Certificate](#) are for clinically necessary treatment.

This supporting information is also known by these names:

| Context | Alias |
|----------|-------|
| formerly | E112 |

SUMMARISED ACTIVITY FLOWS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

- The [Department of Health](#) requires performance management information on [ELECTIVE ADMISSION LIST](#) and [Out-Patient Waiting List](#) events within a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Admitted Patient Flow Events Elective Admission List

- The collection data is sub grouped by totals for all [MAIN SPECIALTY CODES](#) and for [MAIN SPECIALTY CODE](#) 110 Trauma & Orthopaedics only.
- The collection is for:

all [PATIENTS](#) admitted during the [REPORTING PERIOD](#) from the [Elective Admission List](#) subdivided into count of day case admissions and ordinary admissions

and

all [PATIENTS](#) admitted during the [REPORTING PERIOD](#) from the [Elective Admission List](#) as planned admission during the [REPORTING PERIOD](#)

and

all [PATIENTS](#) admitted during the [REPORTING PERIOD](#) from the [Elective Admission List](#) to a NHS Treatment Centre and Independent Sector Treatment Centre during the [REPORTING PERIOD](#)

- It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.
- It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It excludes [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

- The collection is sub-divided into a count of day case admissions and ordinary admissions.

[INTENDED MANAGEMENT](#) records whether a [PATIENT](#) is intended as an ordinary admission (to stay overnight) or a day case admission (not to stay overnight).

Admitted Patient Flow Events non-Elective Admissions

- The collection data is grouped by totals for [ADMISSION INTENDED PROCEDURE](#) which indicates the required range of [OPERATIVE PROCEDURES](#) and by admission to NHS Hospitals and non-NHS Hospitals.
- The required grouping ranges of [ADMISSION INTENDED PROCEDURE](#) are:

0001 CABG - Coronary Artery Bypass Graft Code Range:

or

0002 PTCA - Percutaneous Transluminal Operations Coding Range:

or

0005 CHD - Coronary Heart Disease Coding Range

- [ORGANISATION TYPE](#) of [ORGANISATION](#) records whether the hospital provider is an NHS or non-NHS [ORGANISATION](#).
- The collection is for all [PATIENTS](#) admitted non-electively during the [REPORTING PERIOD](#).

all [PATIENTS](#) admitted during the [REPORTING PERIOD](#) from the [Elective Admission List](#) to a NHS Treatment Centre and Independent Sector during the [REPORTING PERIOD](#)

- For NHS [Hospital Providers](#) it includes private [PATIENTS](#) and [PATIENTS](#) from overseas.
- For NHS Hospital Providers it includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It excludes [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

Out-Patient Referral Flow Events

- The collection data is sub grouped by totals for all [MAIN SPECIALTY CODE](#) and for [MAIN SPECIALTY CODE](#) 110 Trauma & Orthopaedics only.
- The collection is for:

all [GENERAL PRACTITIONER](#) written referrals, whether from doctor or dentists, received within the [REPORTING PERIOD](#) for a first [Out-Patient Appointment Consultant](#)

and

all [FIRST ATTENDANCE APPOINTMENTS](#) arising from [GENERAL PRACTITIONER](#) written referrals, whether from doctors or dentists, where the [Out-Patient Attendance Consultant](#) took place within the [REPORTING PERIOD](#).

- It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.
- It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

SUMMARISED STOCKS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

- The [Department of Health](#) requires performance management information on [ELECTIVE ADMISSION LIST](#) stocks at the end of a specified [REPORTING PERIOD](#).
- The [Department of Health](#) uses the information to help monitor national [WAITING LIST](#) trends. These are used to develop policies and indicate changes which can enable the [WAITING LISTS](#) to be managed more effectively.
- This central information collection requirement is both:

provider based and is submitted by provider [NHS Trusts](#) and provider [Primary Care Trusts](#) regardless of where [PATIENTS](#) live.

and

commissioner based and is the aggregation of commissioned [PATIENT](#) activity delivered by provider [NHS Trusts](#) and provider [Primary Care Trusts](#).

- Each submission will be from one [ORGANISATION](#) in the role of provider or commissioner and should only contain data appropriate to that role i.e. must not contain a mixture of commissioning and provider role data.

[COMMISSIONER OR PROVIDER STATUS INDICATOR](#) indicates whether it is a submission from the [ORGANISATION](#) in the role of commissioner of care or provider of care.

Admitted Patient Stock Group Main Specialty Code 110 Trauma and Orthopaedics

- The collection data is grouped by ordinary admissions and day case admissions for [MAIN SPECIALTY CODE](#) 110 Trauma & Orthopaedics only.
- The collection is for:

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and are waiting to be admitted from the [Elective Admission List](#)

and

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and are waiting to be admitted by specified waiting time band from the [Elective Admission List](#)

- ~~It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) from overseas.~~
- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) who are [Overseas Visitors](#).

It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

Summarised Admitted Patient Stock Group Intended Procedures for Ordinary Admissions

- The collection data is grouped by [ADMISSION INTENDED PROCEDURE](#) which indicates the required range of [OPERATIVE PROCEDURE](#). Where there are no stocks present for a [ADMISSION INTENDED PROCEDURE](#)

within the [REPORTING PERIOD](#) then no in-patient stocks group should be recorded for it. Only one group is permitted per [ADMISSION INTENDED PROCEDURE](#).

- The required grouping ranges of [ADMISSION INTENDED PROCEDURE](#) are:

0001 CABG - Coronary Artery Bypass Graft Code Range:

or

0002 PTCA - Percutaneous Transluminal Operations Coding Range:

or

0003 Valves Coding Range

or

0004 - Angiography Coding Range

- Within the [ADMISSION INTENDED PROCEDURE](#) the collection only applies to [PATIENTS](#) waiting for admission as ordinary admissions as indicated by [INTENDED MANAGEMENT](#).
- The collection is for:

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and are waiting to be admitted from the [Elective Admission List](#)

and

all [PATIENTS](#) for who have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and are waiting to be admitted by specified waiting time band from the [Elective Admission List](#)

- ~~It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions, and is inclusive of private [PATIENTS](#) and [PATIENTS](#) from overseas.~~
- It includes those [PATIENTS](#) who are classified as booked admissions and waiting list admissions; and is inclusive of private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It excludes those [PATIENTS](#) who are classified as planned admissions and [Suspended Patients](#).

[ELECTIVE ADMISSION TYPE](#) records the classification of the admission.

Out-Patient Stock Group Main Specialty Code 110 Trauma and Orthopaedics

- The collection data is for [MAIN SPECIALTY CODE](#) 110 Trauma and Orthopaedics only.
- The collection is for all [PATIENTS](#) referred by [GENERAL PRACTITIONER](#) written referral for a first [Out-Patient Appointment Consultant](#) where the [APPOINTMENT](#) has not taken place by the [REPORTING PERIOD END DATE](#) by specified waiting time band.
- ~~It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.~~
- It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

OVERSEAS VISITOR STATUS

Change to Class: Changed Description

~~The status of an overseas visitor for a particular [ACTIVITY](#), where an overseas visitor is a [PERSON](#) not ordinarily resident in the UK, with respect to charging rates. The algorithm for determining whether the [PATIENT](#) is exempt from charges or not is complex, but laid down in the [Department of Health's](#) Manual of Guidance for charging rates for overseas visitors. A [PERSON](#) not exempt under the NHS Charges to Overseas Visitors Regulations will be treated as a 'charged NHS patient', however such [PATIENTS](#) may pay hotel fees only, or pay all fees. The status of a [PATIENT](#) who is an Overseas Visitor for a particular [ACTIVITY](#).~~

Note: [PATIENTS](#) charged under the National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument) are NHS charged [PATIENTS](#) and should not be confused with private [PATIENTS](#). Unlike private [PATIENTS](#), NHS Charged [PATIENTS](#) are liable to pay for their healthcare even where an undertaking to pay has not been obtained. Alternatively, the [PATIENT](#) can opt to be treated as a private [PATIENT](#).

Although there is a central list of set charges, [Health Care Providers](#) can set their own charges on what they consider to be an appropriate commercial basis. [Health Care Providers](#) should recover the full cost of the healthcare given to a [PATIENT](#) who is an [Overseas Visitor](#). To calculate the cost, trusts follow [Non-Contract Activity](#) guidance, which can be found on the [Department of Health website](#).

ADMINISTRATIVE CATEGORY CODE

Change to Attribute: Changed Description

This is recorded for [PATIENT ACTIVITY](#).

The category 'amenity [PATIENT](#)' of the classification is only applicable to [PATIENTS](#) using a [Hospital Bed](#).

National Codes:

- 01 NHS [PATIENT](#), including overseas visitors charged under Section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988
- 02 Private [PATIENT](#), one who uses accommodation or services authorised under section 65 and/or 66 of the NHS Act 1977 (Section 7(10) of Health and Medicine Act 1988 refers) as amended by Section 26 of the National Health Service and Community Care Act 1990
- 03 Amenity [PATIENT](#), one who pays for the use of a single room or small ward in accord with section 12 of the NHS Act 1977, as amended by section 7(12) and (14) of the Health and Medicine Act 1988
- 01 NHS [PATIENT](#), including [Overseas Visitors](#) charged under the [National Health Service \(Charges to Overseas Visitors\) Regulations 1989](#) (as amended by Statutory Instrument)
- 02 Private [PATIENT](#), one who uses accommodation or services authorised under the [National Health Service Act 2006](#)
- 03 Amenity [PATIENT](#), one who pays for the use of a single room or small ward in accordance with the [National Health Service Act 2006](#)
- 04 Category II [PATIENT](#), one for whom work is undertaken by hospital medical or dental staff within category II as defined in paragraph 37 of the Terms and Conditions of Service of Hospital Medical and Dental Staff.

OVERSEAS VISITOR QUOTA NUMBER

Change to Attribute: Changed Description

The number of the referral within the agreed quota for authorised treatment of an [Overseas Visitor](#) from Gibraltar, Malta, Anguilla, British Virgin Islands, Montserrat, Turks & Caicos and St. Helena. The number of the referral within the agreed quota for authorised treatment of a [PATIENT](#) who is an [Overseas Visitor](#) from Malta, Anguilla, British Virgin Islands, Montserrat, Turks and Caicos and St. Helena.

Note: Further information on quotas can be found in chapter 7 of the [Department of Health](#) document "Implementing the overseas visitors hospital charging regulations", which can be found on the [Department of Health website](#).

OVERSEAS VISITOR REFERRAL PRODUCED

Change to Attribute: Changed Description

An indication of whether or not the [Overseas Visitor](#) has produced an authorisation for treatment from their social security institution. For visitors from European Economic Community countries this will be a Form E112 or E123. An indication of whether the [Overseas Visitor](#) has produced an authorisation for treatment from their social

security institution.

For visitors from European Economic Community countries, this will be a S2 or DA1.

Classification:

- a. Yes
- b. No

OVERSEAS VISITORS STATUS CLASSIFICATION

Change to Attribute: Changed Description

A classification of [OVERSEAS VISITOR STATUS](#).

National Codes:

- ~~1~~ Exempt from payment - subject to reciprocal health agreement
- 1 Exempt from payment - subject to Reciprocal Healthcare Agreement
- 2 Exempt from payment - other
- 3 To pay hotel fees only
- 4 To pay all fees
- 9 Charging rate not known

OVERSEAS VISITOR UK ARRIVAL DATE

Change to Attribute: Changed Description

The date that a [PATIENT](#) being treated as an Overseas Visitor last arrived in the UK. The date that a [PATIENT](#) being treated as an [Overseas Visitor](#) last arrived in the United Kingdom.

REQUEST CATEGORY

Change to Attribute: Changed Description

A classification of [DIAGNOSTIC TEST REQUEST](#) including the category of [PATIENT](#) (NHS or private) and the type of location from which the request was sent.

Classification:

- ~~a. Request in respect of a NHS patient, including amenity patients and overseas visitors charged under section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988.~~
- a. Request in respect of a NHS [PATIENT](#), including amenity [PATIENTS](#) and [Overseas Visitors](#) charged under the [National Health Service \(Charges to Overseas Visitors\) Regulations 1989 \(as amended by Statutory Instrument\)](#)
 - i. from NHS facilities of another provider
 - ii. being treated in a non-NHS institution
 - iii. being treated in other than i or ii
- ~~b. Request in respect of a private [PATIENT](#) using accommodation or services authorised under Section 65 or 66 of the NHS Act 1977 (Section 7(10) of the Health and Medicine Act 1988 refers) as amended by Section 26 of the National Health Service and Community Care Act 1990~~

- ~~e. Request in respect of a private [PATIENT](#) in a non-NHS institution under a contractual arrangement when a Primary Care Trust or NHS Trust is providing a service to the institution in accord with Section 58 of the NHS Act 1977~~
- b. Request in respect of a private [PATIENT](#) using accommodation or services authorised under the [National Health Service Act 2006](#)
- c. Request in respect of a private [PATIENT](#) in a non-NHS institution under a contractual arrangement when a [Primary Care Trust](#) or [NHS Trust](#) is providing a service to the institution in accord with the [National Health Service Act 2006](#)
- d. Category II request; those received as a result of work undertaken by hospital doctors within the scope of category II of the Schedule to paragraph 37 of the Terms and Conditions of Hospital Medical and Dental Staff. For example, requests may arise from examinations and reports on prospective emigrants for insurance and legal purposes and on behalf of the Employment Medical Advisory Service
- e. Request in respect of other human sources:
 - i. from a NHS facility or
 - ii. from a non-NHS institution under a contractual arrangement as specified at (c)
- f. Request in respect of a non-human source from any non-NHS [ORGANISATION](#)
- g. Request in respect of a non-human source from a NHS [ORGANISATION](#)

ADMINISTRATIVE CATEGORY

Change to Data Element: Changed Description

| | |
|-----------------|---|
| Format/length: | n2 |
| HES item: | ADMINCAT |
| National Codes: | See ADMINISTRATIVE CATEGORY CODE |
| Default Codes: | 98 - Not applicable 99 - Not known: a validation error |

Notes:

[ADMINISTRATIVE CATEGORY](#) is the same as [ADMINISTRATIVE CATEGORY CODE](#).

~~Overseas visitors who do not qualify for free NHS treatment can choose to pay for NHS treatment or for private treatment. A [PATIENT](#) who is an [Overseas Visitor](#) does not qualify for free NHS healthcare and can choose to pay for NHS treatment or for private treatment.~~ If they pay for NHS treatment then they should be recorded as NHS [PATIENTS](#).

The [PATIENT](#)'s [ADMINISTRATIVE CATEGORY](#) may change during an episode or spell. For example, the [PATIENT](#) may opt to change from NHS to private health care. In this case, the start and end dates for each new [ADMINISTRATIVE CATEGORY PERIOD](#) (episode or spell) should be recorded.

If the [ADMINISTRATIVE CATEGORY](#) changes during a [Hospital Provider Spell](#) the [ADMINISTRATIVE CATEGORY \(ON ADMISSION\)](#) is used to derive the 'Category of [PATIENT](#)' for [Hospital Episode Statistics \(HES\)](#).

[ADMINISTRATIVE CATEGORY](#) will be replaced with [ADMINISTRATIVE CATEGORY CODE](#), which should be used for all new and developing data sets and for XML messages.

[Hospital Provider Spell](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 21 '*Hospital Provider Spell*'.

ADMINISTRATIVE CATEGORY CODE

Change to Data Element: Changed Description

| | |
|----------------|-----|
| Format/Length: | an2 |
|----------------|-----|

| | |
|-----------------|---|
| HES Item: | ADMINCAT |
| National Codes: | See ADMINISTRATIVE CATEGORY CODE |
| Default Codes: | 98 - Not applicable 99 - Not known: a validation error |

This item is being used for development purposes and has not yet been assured by the Information Standards Board for Health and Social Care.

Notes:

[ADMINISTRATIVE CATEGORY CODE](#) is the same as [ADMINISTRATIVE CATEGORY CODE](#).

~~Overseas visitors who do not qualify for free NHS treatment can choose to pay for NHS treatment or for private treatment. A PATIENT who is an Overseas Visitor does not qualify for free NHS healthcare can choose to pay for NHS treatment or for private treatment. If they pay for NHS treatment then they should be recorded as NHS PATIENTS.~~

The PATIENT's [ADMINISTRATIVE CATEGORY CODE](#) may change during an episode or spell. For example, the PATIENT may opt to change from NHS to private health care. In this case, the start and end dates for each new [ADMINISTRATIVE CATEGORY PERIOD](#) (episode or spell) should be recorded.

If the [ADMINISTRATIVE CATEGORY CODE](#) changes during a [Hospital Provider Spell](#) the [ADMINISTRATIVE CATEGORY \(ON ADMISSION\)](#) is used to derive the 'Category of PATIENT' for [Hospital Episode Statistics \(HES\)](#).

[ADMINISTRATIVE CATEGORY CODE](#) replaces [ADMINISTRATIVE CATEGORY](#) and should be used for all new and developing data sets and for XML messages.

[Hospital Provider Spell](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 21 'Hospital Provider Spell'.

ADMITTED PATIENT ELECTIVE ADMISSIONS

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of finished [Consultant Episode \(Hospital Provider\)](#) where the PATIENT was admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) within the [REPORTING PERIOD](#). This includes [PATIENTS](#) who have been admitted and then are subsequently sent home without treatment.

~~It includes private PATIENTS and PATIENTS from overseas. It includes private PATIENTS and PATIENTS who are Overseas Visitors.~~

It is the total of number of elective admissions for [PATIENTS](#) where:

- a. the [ADMISSION OFFER OUTCOME](#) of the [OFFER OF ADMISSION](#) is National Code 1 'Patient admitted - treatment commenced' or 5 'Patient admitted - treatment deferred'

and

- b. the [ADMISSION METHOD](#) of the [Hospital Provider Spell ACTIVITY GROUP](#) is National Code 11 'Waiting list' or 12 'Booked' or 13 'Planned'

and

- c. the [ACTIVITY DATE](#) of the [Consultant Episode \(Hospital Provider\) ACTIVITY GROUP](#) recording the

[END DATE](#) is within the period of the [REPORTING PERIOD START DATE](#) and the [REPORTING PERIOD END DATE](#).

Within the [REPORTING PERIOD](#) includes where the [DATE](#) is the same as the [START DATE](#) or [END DATE](#).

ADMITTED PATIENT TOTAL NON-ELECTIVE ADMISSIONS

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of [PATIENTS](#) admitted non-electively to a [Hospital Provider Spell](#) of a NHS provider within the [REPORTING PERIOD](#). This includes [PATIENTS](#) who have been admitted and then are subsequently sent home without treatment.

~~It includes private [PATIENTS](#) and [PATIENTS](#) from overseas.~~ It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It is the total of number of non-elective admissions for [PATIENTS](#) where:

- a. the [ORGANISATION TYPE](#) of the [Health Care Provider ORGANISATION](#) is classification c 'NHS Trust' or x 'Primary Care Trust'

and

- b. the [ADMISSION METHOD](#) of the [Hospital Provider Spell ACTIVITY GROUP](#) is National Code: 21, 22, 23 24 or 28 'Emergency admission, when admission is unpredictable and at short notice because of clinical need' see [ADMISSION METHOD](#) for definition of each code within this grouping
or 31 or 32 'Maternity admission, of a pregnant or recently pregnant woman to a maternity ward (including delivery facilities) except when the intention is to terminate the pregnancy' see [ADMISSION METHOD](#) for definition of each code within this grouping
or 81, 82 or 83 'Other admission' see [ADMISSION METHOD](#) for definition of each code within this grouping

and

- c. the [ACTIVITY DATE](#) of the [Hospital Provider Spell ACTIVITY GROUP](#) recording the [START DATE](#) of the [Hospital Provider Spell](#) is within the period of the [REPORTING PERIOD START DATE](#) and the [REPORTING PERIOD END DATE](#).

Within the [REPORTING PERIOD](#) includes where the [DATE](#) is the same as the [START DATE](#) or [END DATE](#).

DECISIONS TO ADMIT NUMBER

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of [DECISIONS TO ADMIT](#) taken within the [REPORTING PERIOD](#) for [PATIENTS](#) to be placed on [ELECTIVE ADMISSION LIST](#) for admission to a [Hospital Provider Spell](#). ~~It includes private patients and patients from overseas.~~ It includes private [PATIENTS](#) and [PATIENTS](#) who are Overseas Visitors.

It is the total of number of such [DECISIONS TO ADMIT](#) where:

- a. the [DECIDED TO ADMIT DATE](#) of the [ELECTIVE ADMISSION LIST ENTRIES](#) is within the period of the [REPORTING PERIOD START DATE](#) and the [REPORTING PERIOD END DATE](#).

~~Within the reporting period includes where the date is the same as the start date or end date~~

~~Within the [REPORTING PERIOD](#) includes where the date is the same as the start date or end date~~

DEFERRED ADMISSIONS (ORDINARY)

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions, who have an [OFFER OF ADMISSION MADE DATE](#) recorded before or on the [REPORTING PERIOD END DATE](#) and are still waiting to be admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) for the specified [PATIENT CLASSIFICATION](#) of 'ordinary admission' due to [Self-Deferred Admission](#).

This includes [Self-Deferred Admission PATIENTS](#) where the [OFFERED FOR ADMISSION DATE](#) has passed by the end of the [REPORTING PERIOD](#).

~~It excludes [Self-Deferred Admission PATIENTS](#) where the [OFFERED FOR ADMISSION DATE](#) has not passed by the end of the [REPORTING PERIOD](#), private [PATIENTS](#), [PATIENTS](#) from overseas, elective planned admissions and [Suspended Patients](#).~~ It excludes [Self-Deferred Admission PATIENTS](#) where the [OFFERED FOR ADMISSION DATE](#) has not passed by the end of the [REPORTING PERIOD](#), private [PATIENTS](#), [PATIENTS](#) who are Overseas Visitors, elective planned admissions and [Suspended Patients](#).

It is the total of number of [Self-Deferred Admission PATIENTS](#) with an [OFFERED FOR ADMISSION DATE](#) still waiting admission where:

- a. no [ELECTIVE ADMISSION LIST REMOVAL REASON](#) and [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is recorded i.e. the [PATIENT](#) is still waiting for admission on the [WAITING LIST](#)
or
if recorded, [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is after the [REPORTING PERIOD END DATE](#) i.e. the [PATIENT](#) was waiting for admission on the [WAITING LIST](#) as at the end of the [REPORTING PERIOD](#) and should therefore be included in the count

and

- b. an [OFFERED FOR ADMISSION DATE](#) of an [OFFER OF ADMISSION](#) is recorded where the [OFFER OF ADMISSION MADE DATE](#) is before or on the [REPORTING PERIOD END DATE](#)

Where more than one [OFFER OF ADMISSION](#) is recorded due to [PATIENT Self-Deferred Admission](#), at least one should have an [OFFERED FOR ADMISSION DATE](#) before or on the [REPORTING PERIOD END DATE](#) even if it is not the latest offer made

and

the latest [OFFER OF ADMISSION](#) made, the one with the latest [OFFER OF ADMISSION MADE DATE](#), is before or on the [REPORTING PERIOD END DATE](#) i.e. exclude from the count if the latest offer was made after the end of the [REPORTING PERIOD](#)

and

- c. no [ELECTIVE ADMISSION SUSPENSION DETAIL](#) has been recorded

or

if recorded, the [LIST SUSPENSION START DATE](#) is before the [REPORTING PERIOD END DATE](#) and the [LIST SUSPENSION END DATE](#) is before the [REPORTING PERIOD END DATE](#) i.e. no period of suspension is still on-going as at the end of the [REPORTING PERIOD](#).

Where no [LIST SUSPENSION END DATE](#) has been recorded or where the [LIST SUSPENSION END DATE](#) is on or after the [REPORTING PERIOD END DATE](#) then the period of suspension is still active and the [PATIENT](#) should be excluded from the count

and

d. ~~the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS patient, including overseas visitors charged under Section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988'~~

d. the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS PATIENT, including Overseas Visitors charged under the National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument)'

and

no [OVERSEAS VISITOR STATUS](#) is recorded for the [ELECTIVE ADMISSION LIST ENTRY](#)

and

e. the [ELECTIVE ADMISSION EFFECTIVE WAIT START DATE](#) is different to the [ORIGINAL DECIDED TO ADMIT DATE](#)

and

the [ELECTIVE ADMISSION EFFECTIVE WAIT START DATE](#) is before or on the [REPORTING PERIOD END DATE](#)

and

f. the [ELECTIVE ADMISSION TYPE](#) is National Code 11 'Waiting list admission' or 12 'Booked admission'

and

g. the [PATIENT CLASSIFICATION](#) is National Code 1 'Ordinary admission'

Where no Self-Deferred Admission [PATIENTS](#) waiting for admissions match the above criteria, a zero value should be recorded.

ORGANISATION CODE (CODE OF COMMISSIONER)

Change to Data Element: Changed Description

| | |
|-----------------|---------------------------------------|
| Format/length: | see ORGANISATION CODE |
| HES item: | PURCODE |
| National Codes: | |
| Default Codes: | |

Notes:

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the same as the attribute [ORGANISATION CODE](#).

This is the [ORGANISATION CODE](#) of the [ORGANISATION](#) commissioning health care. This should always be the [ORGANISATION CODE](#) of the original commissioner for Commissioning Data Sets to support [Payment by Results](#).

Commissioning responsibility for individual [PATIENTS](#) rests with the [Primary Care Trust](#) with whom the [PATIENT](#) is registered. This means that [PATIENTS](#) registered with a [General Medical Practitioner Practice](#) in one [Primary Care Trust](#) area may reside in a neighbouring or other area but remain the responsibility of the [Primary Care Trust](#) with whom their [General Medical Practitioner Practice](#) of registration is associated. [Primary Care Trusts](#) are also responsible for non-registered [PATIENTS](#) who are resident within their boundaries.

For [Non-Contract Activity](#), for English registered [PATIENTS](#) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the responsible [Primary Care Trust](#).

For [Non-Contract Activity](#) on [PATIENTS](#) from Wales, Scotland and Northern Ireland (devolved administrations) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the commissioner from the devolved administration. Where specialised services are commissioned by *Health Commission Wales* the code W01HC should be used.

Charge-exempt overseas [PATIENTS](#) are identified by the [OVERSEAS VISITORS STATUS CLASSIFICATION](#) where the National Code is either 1 '*Exempt from payment - subject to reciprocal health agreement*' or 2 '*Exempt from payment - other*'. Charge-exempt overseas [PATIENT](#) activity is funded via the main (host) commissioner - normally the [Primary Care Trust](#) with the highest value of service agreements with the [NHS Trust](#). However, for [ACTIVITY](#) that is 'exempt from payment - subject to reciprocal health agreement' TDH00 should be used in the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) field. The code for the Overseas country should be given in the [POSTCODE](#) field. ~~[ACTIVITY](#) that is given the TDH00 code will be captured centrally by the [Secondary Uses Service \(SUS\)](#), sent to the provider's host commissioner to pay, and copied to Leeds [Primary Care Trust](#). [ACTIVITY](#) under the 'exempt from payment - other' category eg infectious diseases, should be given the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) of the main commissioner as the activity is not required by Leeds [Primary Care Trust](#).~~

Treatment for [PATIENTS](#) who are Overseas Visitors should be reported to the Department for Work and Pensions Overseas Healthcare Team via the Overseas Visitor Treatment Portal. This enables the Department of Health and ultimately the NHS to be reimbursed for the cost of treatments of Overseas Visitors from the European Economic Area (EEA) and Switzerland under European Union regulations.

For [PATIENTS](#) from the Channel Islands, Gibraltar and the Isle of Man it is recommended that TDH00 should be used in the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#). The code for the Overseas country should be given in the [POSTCODE](#) field.

For overseas chargeable [PATIENTS](#) and private [PATIENTS](#) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) should be VPP00.

For Specialised Services, the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) required would be that of the commissioning consortium. The code may be the [ORGANISATION CODE](#) of the 'lead' commissioner or a valid pseudo [ORGANISATION CODE](#) registered by the [Organisation Data Service](#). See the [Organisation Data Service](#) website at [Contact Details](#).

For episodes funded directly by the National Specialised Commissioning Group (NSCG) the code YDD82 should be used. ~~Charge-exempt overseas visitors who require services covered by the National Specialised Commissioning Group arrangements are funded through the National Specialised Commissioning Group.~~ [Charge-exempt Overseas Visitors](#) who require services covered by the National Specialised Commissioning Group arrangements are funded through the National Specialised Commissioning Group.

OVERSEAS VISITORS STATUS CLASSIFICATION

Change to Data Element: Changed Description

| | |
|---------------------------|---|
| Format/length: | n1 |
| HES item: | |
| National Codes: | See OVERSEAS VISITORS STATUS CLASSIFICATION |
| Default Codes: | 8 - Not applicable (not an overseas visitor) |
| Default Codes: | 8 - Not applicable (not an Overseas Visitor) |
| | 9 - Charging rate not known |

Notes:

[OVERSEAS VISITORS STATUS CLASSIFICATION](#) is the same as attribute [OVERSEAS VISITORS STATUS CLASSIFICATION](#).

~~Income Generation Audit (IGA) forms for overseas visitors should be sent to Leeds [Primary Care Trust](#), the agency acting on behalf of the [Department of Health](#). This enables the financial side of reciprocal and international agreements to be supported. It also helps to monitor the treatment of overseas visitors and associated levels of expenditure.~~ Healthcare for [PATIENTS](#) who are Overseas Visitors should be reported to the Department for Work

and Pensions Overseas Healthcare Team via the Overseas Visitor Treatment Portal. This enables the Department of Health and ultimately the NHS to be reimbursed for the cost of treatments of Overseas Visitors from the European Economic Area (EEA) and Switzerland under European Union regulations.

Where the transmission of Commissioning Data Sets identifies reciprocal agreement overseas PATIENTS by the use of TDH00 in the ORGANISATION CODE (CODE OF COMMISSIONER), the Secondary Uses Service will send the ACTIVITY to the Health Care Provider's host commissioner to pay and copy it to Leeds Primary Care Trust - alleviating the need to send a separate Income Generation Audit form.

The OVERSEAS VISITOR STATUS may change while the PATIENT is being treated. All such changes should be recorded so that charges for treatment can be revised accordingly.

PATIENTS ADMITTED NUMBER

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of PATIENTS classified as booked admissions or WAITING LIST admissions, admitted from an ELECTIVE ADMISSION LIST to a Hospital Provider Spell as day case admissions within the REPORTING PERIOD. This includes PATIENTS who have been admitted and then are subsequently sent home without treatment.

~~It includes private PATIENTS and PATIENTS from overseas, it excludes elective planned admissions. It includes private PATIENTS and Overseas Visitors, it excludes elective planned admissions.~~

It is the total of number of elective admissions for PATIENTS where:

- a. the ADMISSION OFFER OUTCOME of the OFFER OF ADMISSION is National Code 1 'Patient admitted - treatment commenced' or 5 'Patient admitted - treatment deferred'

and

- b. the ADMISSION METHOD of the Hospital Provider Spell ACTIVITY GROUP is National Code 11 'Waiting list' or 12 'Booked'

and

- c. the ACTIVITY DATE of the Hospital Provider Spell ACTIVITY GROUP recording the Start Date of the Hospital Provider Spell is within the period of the REPORTING PERIOD START DATE and the REPORTING PERIOD END DATE.

Within the REPORTING PERIOD includes where the DATE is the same as the START DATE or END DATE

and

- d. the PATIENT CLASSIFICATION of the Hospital Provider Spell ACTIVITY GROUP is National Code 2 'Day case admission'

START DATE of a Hospital Provider Spell is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date'.

PATIENTS SUSPENDED (ORDINARY)

Change to Data Element: Changed Description

| | |
|----------------|-----|
| Format/length: | n10 |
|----------------|-----|

HES item:
National Codes:
Default Codes:

Notes:

The total number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions, who are still waiting to be admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) for the specified [PATIENT CLASSIFICATION](#) of 'Ordinary Admission' who at the [REPORTING PERIOD END DATE](#) are [Suspended Patients](#).

~~It excludes private [PATIENTS](#), [PATIENTS](#) from overseas and elective planned admissions. It excludes private [PATIENTS](#), [PATIENTS](#) who are [Overseas Visitors](#) and elective planned admissions.~~

It is the total of number of [Suspended Patients](#) on the [ELECTIVE ADMISSION LIST](#) where:

- a. no [ELECTIVE ADMISSION LIST REMOVAL REASON](#) and [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is recorded i.e. the [PATIENT](#) is still waiting for admission on the [WAITING LIST](#)
or
if recorded, [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is after the [REPORTING PERIOD END DATE](#) i.e. the [PATIENT](#) was waiting for admission on the [WAITING LIST](#) as at the end of the [REPORTING PERIOD](#) and should therefore be included in the count

and

- b. an [ELECTIVE ADMISSION SUSPENSION DETAIL](#) is recorded where the [LIST SUSPENSION START DATE](#) is before or on the [REPORTING PERIOD END DATE](#)
and
the [LIST SUSPENSION END DATE](#) is on or after the [REPORTING PERIOD END DATE](#)
or
no [LIST SUSPENSION END DATE](#) is recorded i.e. it is still active and on-going

and

- ~~e. the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS patient, including overseas visitors charged under Section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988'~~

- c. the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS PATIENT, including Overseas Visitors charged under the National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument)'

and

- no [OVERSEAS VISITOR STATUS](#) is recorded for the [ELECTIVE ADMISSION LIST ENTRY](#)

and

- d. the [ELECTIVE ADMISSION TYPE](#) is National Code 11 'Waiting list admission' or 12 'Booked admission'

and

- e. [PATIENT CLASSIFICATION](#) is 'Ordinary Admission'

PATIENTS WAITING FOR ADMISSION

Change to Data Element: Changed Description

Format/length: n10
HES item:
National Codes:
Default Codes:

Notes:

The number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions, who are waiting to be admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) for the specified [WAITING FOR ADMISSION INTENDED MANAGEMENT](#) on the [REPORTING PERIOD END DATE](#).

This includes [PATIENTS](#) with an [OFFER OF ADMISSION MADE DATE](#) recorded before or on the [REPORTING PERIOD END DATE](#).

[PATIENTS WAITING FOR ADMISSION](#) will be further categorised by [MAIN SPECIALTY CODE](#) of the [ELECTIVE ADMISSION LIST](#) or [ADMISSION INTENDED PROCEDURE](#).

This includes [Self-Deferred Admission PATIENTS](#) where a further [OFFERED FOR ADMISSION DATE](#) has been made on or before the end of the [REPORTING PERIOD](#).

~~It excludes [Self-Deferred Admission PATIENTS](#) where no further [OFFERED FOR ADMISSION DATE](#) has been made as at the end of the [REPORTING PERIOD](#), private [PATIENTS](#), [PATIENTS](#) from overseas, elective planned admissions and [Suspended Patients](#).~~ It excludes [Self-Deferred Admission PATIENTS](#) where no further [OFFERED FOR ADMISSION DATE](#) has been made as at the end of the [REPORTING PERIOD](#), private [PATIENTS](#), [PATIENTS](#) who are [Overseas Visitors](#), elective planned admissions and [Suspended Patients](#).

It is the total of number of [PATIENTS](#) waiting [Elective Admission](#) where:

- a. no [ELECTIVE ADMISSION LIST REMOVAL REASON](#) and [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is recorded i.e. the [PATIENT](#) is still waiting for admission on the [WAITING LIST](#)
or
if recorded, [ELECTIVE ADMISSION LIST REMOVAL DATE](#) is after the [REPORTING PERIOD END DATE](#) i.e. the [PATIENTS](#) was waiting for admission on the [WAITING LIST](#) as at the end of the [REPORTING PERIOD](#) and should therefore be included in the count

and

- b. an [OFFERED FOR ADMISSION DATE](#) of an [OFFER OF ADMISSION](#) is recorded where the [OFFER OF ADMISSION MADE DATE](#) is before or on the [REPORTING PERIOD END DATE](#)
Where more than one [OFFER OF ADMISSION](#) is recorded (due to [Self-Deferred Admission](#)), at least one should have an [OFFER OF ADMISSION MADE DATE](#) before or on the [REPORTING PERIOD END DATE](#) and the latest [OFFER OF ADMISSION MADE DATE](#) is before or on the [REPORTING PERIOD END DATE](#) i.e. exclude from the count if the latest offer was made after the end of the [REPORTING PERIOD](#)

and

- c. the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS patient, including overseas visitors charged under Section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988'
- c. the [ADMINISTRATIVE CATEGORY CODE](#) of the [ADMINISTRATIVE CATEGORY](#) for the [ELECTIVE ADMISSION LIST ENTRY](#) is National Code 01 'NHS PATIENT, including Overseas Visitors charged under the National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended by Statutory Instrument)'

and

no [OVERSEAS VISITOR STATUS](#) is recorded for the [ELECTIVE ADMISSION LIST ENTRY](#)

and

- d. no [ELECTIVE ADMISSION SUSPENSION DETAIL](#) has been recorded
or
if recorded, the [LIST SUSPENSION START DATE](#) is before the [REPORTING PERIOD END DATE](#) and the [LIST SUSPENSION END DATE](#) is before the [REPORTING PERIOD END DATE](#) i.e. no period of suspension is still on-going as at the end of the [REPORTING PERIOD](#).
Where no [LIST SUSPENSION END DATE](#) has been recorded or where the [LIST SUSPENSION END DATE](#) is on or after the [REPORTING PERIOD END DATE](#) then the period of suspension is still active and the [PATIENT](#) should be excluded from the count

and

- e. the [ELECTIVE ADMISSION TYPE](#) is National Code 11 'Waiting list admission' or 12 'Booked admission'

[Hospital Provider Spell](#) is an [ACTIVITY GROUP](#) where [ACTIVITY GROUP TYPE](#) is National Code 21 'Hospital Provider Spell'.

POSTCODE OF USUAL ADDRESS

Change to Data Element: Changed Description

| | |
|-----------------|------------------------------|
| Format/length: | see POSTCODE |
| HES item: | HOMEADD |
| National Codes: | |
| Default Codes: | |

Notes:

This is a type of [POSTCODE](#).

The [POSTCODE](#) of the [ADDRESS](#) nominated by the [PATIENT](#) with [ADDRESS ASSOCIATION TYPE](#) 'Main Permanent Residence' or '*Other Permanent Residence*'.

If a [PATIENT](#) has no fixed abode this should be recorded with the appropriate code (ZZ99 3VZ).

~~For overseas visitors the [POSTCODES OF USUAL ADDRESS](#) field must show the relevant country pseudo postcode commencing ZZ99 plus space followed by a numeric, then an alpha character, then a Z. For [PATIENTS](#) who are Overseas Visitors, the [POSTCODES OF USUAL ADDRESS](#) field must show the relevant country pseudo postcode commencing ZZ99 plus space followed by a numeric, then an alpha character, then a Z. For example, ZZ99 6CZ is the pseudo-postcode for India. Pseudo-Country postcodes can be found in the [NHS Postcode Directory](#).~~

The 8 characters field allows a space to be inserted to differentiate between the inward and outward segments of the code, enabling full use to be made of Royal Mail postcode functionality. See [NHS Postcode Directory](#) and [Contact Details](#).

The [e-Government Interoperability Framework](#) (e-GIF) standard [POSTCODE](#) should be used for all new and developing systems and for XML messages.

References:

The [e-GIF](#) version approved for use in NHS England is:

[Government Data Standards Catalogue](#): (GDSC), Version 2.1, Agreed 1 September 2002.

GDSC: <http://www.cabinetoffice.gov.uk/govtalk/schemasstandards/e-gif/datastandards.aspx>.

REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER

Change to Data Element: Changed Description

| | |
|-----------------|----|
| Format/length: | n6 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The number of completed [REFERRAL TO TREATMENT PERIODS](#) during the reporting month where the [PATIENT](#) was referred to a [CONSULTANT](#) and where there is no [Hospital Provider Spell](#) within the [REFERRAL TO TREATMENT PERIOD](#) reported by [REFERRAL TO TREATMENT PERIOD TIME BAND](#) and [TREATMENT FUNCTION CODE \(REFERRAL TO TREATMENT PERIOD\)](#).

The number of completed weeks is the period from the [REFERRAL TO TREATMENT PERIOD START DATE](#) and the [REFERRAL TO TREATMENT PERIOD END DATE](#).

That is the number of [REFERRAL TO TREATMENT PERIODS](#) where:

- a. the [REFERRAL TO TREATMENT PERIOD](#) has a [REFERRAL TO TREATMENT PERIOD END DATE](#) within the [REPORTING PERIOD](#).

and

- b. the [SERVICE REQUEST](#) is made to a [CONSULTANT ORGANISATION](#)

and

- c. the [ACTIVITY](#) is a [SERVICE PROVIDED UNDER AGREEMENT](#)

~~i.e. only commissioned care is included, private patients and patients from overseas are excluded.~~

i.e. only commissioned care is included, private [PATIENTS](#) and [PATIENTS](#) who are [Overseas Visitors](#) are excluded.

and

- d. the [ACTIVITY](#) that ends the [REFERRAL TO TREATMENT PERIOD](#) is not a [Hospital Provider Spell](#)

REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER

Change to Data Element: Changed Description

| | |
|-----------------|----|
| Format/length: | n6 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The number of [REFERRAL TO TREATMENT PERIODS](#) during the reporting month where the [PATIENTS](#) was referred to a [CONSULTANT](#) with no [REFERRAL TO TREATMENT PERIOD END DATE](#) reported by [REFERRAL TO TREATMENT PERIOD TIME BAND](#) and [TREATMENT FUNCTION CODE \(REFERRAL TO TREATMENT PERIOD\)](#).

The number of completed weeks is the period from the [REFERRAL TO TREATMENT PERIOD START DATE](#) to the reporting date.

That is the number of [REFERRAL TO TREATMENT PERIODS](#) where:

- a. the [REFERRAL TO TREATMENT PERIOD](#) does not have a [REFERRAL TO TREATMENT PERIOD END DATE](#)

and

- b. the [SERVICE REQUEST](#) is made to a [CONSULTANT ORGANISATION](#)

and

- c. the [ACTIVITY](#) is a [SERVICE PROVIDED UNDER AGREEMENT](#)

~~i.e. only commissioned care is included, private patients and patients from overseas are excluded.~~

i.e. only commissioned care is included, private [PATIENTS](#) and [PATIENTS](#) who are [Overseas Visitors](#) are excluded.

REMOVALS OTHER THAN ADMISSION

Change to Data Element: Changed Description

| | |
|-----------------|-----|
| Format/length: | n10 |
| HES item: | |
| National Codes: | |
| Default Codes: | |

Notes:

The total number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions to be admitted to a [Hospital Provider Spell](#), who were removed from an [ELECTIVE ADMISSION LIST](#) within the [REPORTING PERIOD](#)

for reasons other than admission.

~~It includes private PATIENTS and PATIENTS from overseas, it excludes elective planned admissions and Suspended Patients.~~ It includes private PATIENTS and PATIENTS who are Overseas Visitors, it excludes elective planned admissions and Suspended Patients.

It is the total of number of removals from elective admission for PATIENTS where:

- a. the ELECTIVE ADMISSION LIST REMOVAL REASON is National Code 2 'Patient admitted as an emergency for the same condition' or 3 'Patient died' or 4 'Patient removed for other reasons'

and

- b. the ELECTIVE ADMISSION LIST REMOVAL REASON is within the period of the REPORTING PERIOD START DATE and the REPORTING PERIOD END DATE

Within the REPORTING PERIOD includes where the DATE is the same as the START DATE or END DATE

and

- c. no ELECTIVE ADMISSION SUSPENSION DETAIL has been recorded

or

if recorded, the LIST SUSPENSION END DATE is before the ELECTIVE ADMISSION LIST REMOVAL DATE i.e. no period of suspension is still on-going at the DATE of removal. Where no LIST SUSPENSION END DATE has been recorded then the period of suspension is still active and should be excluded from the count

and

- d. the ELECTIVE ADMISSION TYPE is National Code 11 'Waiting list admission' or 12 'Booked admission'

For enquiries about this Data Dictionary Change Notice, please email datastandards@nhs.net