

NHS Connecting for Health

NHS Data Model and Dictionary Service

Type: Data Dictionary Change Notice
Reference: 1329
Version No: 1.0
Subject: Change of name for "Health and Social Care Information Centre"
Effective Date: Immediate
Reason for Change: Change of Name
Publication Date: 5 September 2012

Background:

[Data Set Change Notice 15/2010](#) updated the NHS Data Model and Dictionary to display the preferred name of "The NHS Information Centre for health and social care".

The organisation has asked for the dictionary to be updated to display their statutory name of the "Health and Social Care Information Centre"

This Data Set Change Notice:

- changes the name to the "Health and Social Care Information Centre"
- updates all references in the dictionary to the new name.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

Central Return Forms

COVER 1	Changed Description
KC53 1	Changed Description
KC53 10	Changed Description
KC53 2	Changed Description
KC53 3	Changed Description
KC53 4	Changed Description
KC53 5	Changed Description
KC53 6	Changed Description
KC53 7	Changed Description
KC53 8	Changed Description
KC53 9	Changed Description
KC61 1	Changed Description
KC61 2	Changed Description
KC61 3	Changed Description
KC61 4	Changed Description
KC61 5	Changed Description
KC61 6	Changed Description
KC65 1	Changed Description
KC65 2	Changed Description
KC65 3	Changed Description
KC65 4	Changed Description
KC65 5	Changed Description
KC65 6	Changed Description
KC65 7	Changed Description
KT31 1	Changed Description

Supporting Information

AMBULANCE SERVICES DATA SET (KA34) OVERVIEW	Changed Description
BACKGROUND	Changed Description
CASEMIX SERVICE	Changed Description
CDS MANDATED DATA FLOWS	Changed Description
CDS V6 TYPE 170 OVERVIEW	Changed Description
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DATA SET OVERVIEW	Changed Description
CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICE SECONDARY USES DATA SET OVERVIEW	Changed Description
COMMISSIONING DATA SET OVERVIEW	Changed Description
DATA COLLECTIONS HELP	Changed Description
DIAGNOSTIC IMAGING DATA SET OVERVIEW	Changed Description
HEALTH AND SOCIAL CARE INFORMATION CENTRE renamed from NHS INFORMATION CENTRE FOR HEALTH AND SOCIAL CARE	Changed Name, Description
HEALTHCARE RESOURCE GROUP	Changed Description
HOSPITAL EPISODE STATISTICS CROSS REFERENCE TABLES	Changed Description
IMMUNISATION PROGRAMMES ACTIVITY DATA SET (KC50) OVERVIEW	Changed Description
INDEX	Changed Description
MAIN SPECIALTY AND TREATMENT FUNCTION CODES	Changed Description
MATERNITY SERVICES SECONDARY USES DATA SET OVERVIEW	Changed Description
MENTAL HEALTH MINIMUM DATA SET OVERVIEW	Changed Description
NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
NHS CONTINUING HEALTHCARE QUARTERLY CENTRAL RETURN DATA SET OVERVIEW	Changed Description
NHS FUNDED NURSING CARE ANNUAL CENTRAL RETURN DATA SET OVERVIEW	Changed Description
NHS HEALTH CHECKS DATA SET OVERVIEW	Changed Description
ORGANISATIONS INTRODUCTION	Changed Description
ORGANISATIONS MENU	Changed Description
PUBLICATION INFORMATION CONTACT DETAILS	Changed Description
SECONDARY USES SERVICE	Changed Description
SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW	Changed Description
SPECIAL HEALTH AUTHORITY	Changed Description
STOP SMOKING SERVICE QUARTERLY DATA SET OVERVIEW	Changed Description

Class Definitions

OCCUPATION CODE TYPE	Changed Description
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Attribute Definitions

CONSULTANT CODE	Changed Description
DOCTOR INDEX NUMBER	Changed Description
MAIN SPECIALTY CODE	Changed Description
OCCUPATION CODE	Changed Description
OCCUPATION CODE DESCRIPTION	Changed Description
TREATMENT FUNCTION CODE	Changed Description

Data Elements

DATA SET SEGMENT IDENTIFIER (CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DATA SET)	Changed Description
DATA SET SEGMENT IDENTIFIER (CHILDREN AND YOUNG PEOPLES HEALTH SERVICES SECONDARY USES DATA SET)	Changed Description
DATA SET SEGMENT IDENTIFIER (MATERNITY SERVICES SECONDARY USES DATA SET)	Changed Description
GENERAL MEDICAL PRACTITIONER (SPECIFIED)	Changed Description

Date: 5 September 2012

Sponsor: Nicholas Oughtibridge, Acting Director of Data Standards and Products, Technology Office, Department of Health Informatics Directorate

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.

COVER 1

Change to Central Return Form: Changed Description

Central Return Form Guidance

COVER - Request Parameters for Hepatitis B Vaccination data

Contextual Overview

Contextual Overview

- The [Department of Health](#) requires annual information on childhood immunisations to support performance indicators and benchmark indicators.
- The performance indicators and benchmark indicators will be published routinely on the [Department of Health Website - Statistics](#).
- ~~Information provided by COVER together with supplementary data collected on KC50 is published annually in [The NHS Information Centre for health and social care](#) statistical bulletin: NHS Immunisation Statistics, England.~~

~~Completing the return COVER - Request Parameters for COVER data~~

- ~~Information provided by COVER together with supplementary data collected on KC50 is published annually in the [Health and Social Care Information Centre](#) statistical bulletin: NHS Immunisation Statistics, England.~~

Completing the return COVER - Request Parameters for COVER data

- The return is required from [Primary Care Trusts](#) for children in their responsible population, i.e.
 - all children registered with a [GENERAL PRACTITIONER](#) whose practice forms part of the [Primary Care Trust](#), regardless of where the child is resident, plus
 - any children not registered with a [GENERAL PRACTITIONER](#), who are resident within the [Primary Care Trust's](#) statutory geographical boundary.

Children resident within the [Primary Care Trust](#) geographical area, who are registered with a [GENERAL PRACTITIONER](#) belonging to another [Primary Care Trust](#), should be returned by that [GENERAL PRACTITIONER's Primary Care Trust](#).

- The return is required to be submitted quarterly to the Health Protection Agency Centre for Infections, who then forward annual data to the [Department of Health](#).
- The information necessary for COVER may be submitted as a computer output page containing the relevant data, which should be returned within two months of the end of the quarter to which it relates.
- The COVER data provides the immunisation status of three cohorts of children, aged 12 months, 24 months, and 5 years.

Request 1: 12 MONTH COHORT

1. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 1st birthday during the evaluation quarter.

- This is the total number of children in the 12 month cohort, i.e. the number of children within the [Primary Care Trust's](#) responsible population at the [REPORTING PERIOD END DATE](#) who reached the age of one during the [REPORTING PERIOD](#).

2. Total number included in line 1 completing a primary course at any time up to their 1st birthday for each of the listed diseases.

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 12 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of primary up to the child's first birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR and Pneumococcal (Pnc).

[Immunisation Programme For Person](#) is a [PATIENT](#)'s involvement as a subject of a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME](#) is a [HEALTH PROGRAMME TYPE](#) of National Code 08 '*Planned Immunisation Programme for neonates and schoolchildren*'. [Immunisation Dose Given](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 17 '*Immunisation Dose Given*'. [Immunisation Completion Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 35 '*Immunisation Completion Date*'.

Request 2: 24 MONTH COHORT

3. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 2nd birthday during the evaluation quarter.

- This is the total number of children in the 24 month cohort, i.e. the number of children within the [Primary Care Trust](#)'s responsible population at the [REPORTING PERIOD END DATE](#) who reached the age of two during the [REPORTING PERIOD](#).

4. Total number included in line 3 completing a primary course at any time up to their 2nd birthday for each of the listed diseases.

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 24 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of *primary* up to the child's second birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR, Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

[Immunisation Programme For Person](#) is a [PATIENT](#)'s involvement as a subject of a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME](#) is a [HEALTH PROGRAMME TYPE](#) of National Code 08 '*Planned Immunisation Programme for neonates and schoolchildren*'. [Immunisation Dose Given](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 17 '*Immunisation Dose Given*'. [Immunisation Completion Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 35 '*Immunisation Completion Date*'.

- For booster courses this is a count of the number of [Immunisation Programmes For Person](#) for children in the 24 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of *booster* up to the [PERSON](#)'s second birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

Request 3: 5 YEAR COHORT

5. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 5th birthday during the evaluation quarter.

- This is the total number of children in the 5 year cohort, i.e. the number of children within the [Primary Care Trust](#)'s responsible population at the [REPORTING PERIOD END DATE](#) who reached the age of five during the [REPORTING PERIOD](#).

6. Total number included in line 5 completing a primary course at any time up to their 5th birthday and also total number included in line 5 receiving boosters for each of the listed diseases.

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 5 year cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of *primary* up to the [PERSON](#)'s fifth birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), and MMR, Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).
- For booster courses this is a count of the number of [Immunisation Programmes For Person](#) for children in the 5 year cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of *booster* up to the [PERSON](#)'s fifth birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

KC53 1

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC53: Adult Screening Programmes: Cervical Screening](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP) and [Strategic Health Authorities](#) require information from [Primary Care Trusts](#) on Cervical Screening.
- The information helps to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to ensure that the screening programme is managed effectively. It is used to monitor coverage by the cervical screening programme of the eligible [Primary Care Trust](#) responsible population.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC53 return is published annually by the Department in the Statistical Bulletin '*Cervical Screening Programme*'.

Completing Return KC53: Cervical Screening Programme

- The Cervical [Screening Programme](#) is a programme to deliver services within a 'structured framework' to a defined target population, planned by a [Primary Care Trust](#). The services provided to the population under this programme may be carried out by one or more [Health Care Providers](#) - [NHS Trust](#), general medical practitioner (GMP), private or voluntary organisation or any combination of these.
- Information on Cervical Screening should be readily available from the call and recall service's computerised call and recall system. A standard computer programme is provided by NHS Connecting for Health.
- The return requires the [ORGANISATION_CODE](#) and [ORGANISATION_NAME](#) of the [Primary Care Trust](#). It requires information about women ([PERSONS](#)) on the lists of GPs in the [Primary Care Trust](#) and women from the unregistered population who live in the geographical area for which the [Primary Care Trust](#) is responsible at 31 March. It is completed annually and submitted within two months of this date.

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part F: Cervical Screening Programme - Test Recall/Status of women following most severe screening result in the year

- This part of the return collects information about the action taken following a woman's most severe test result in a year.
- The women included are those who have had a [Screening Test](#) and are aged 20 to 64. The age is derived from the [PERSON BIRTH DATE](#).

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

- The data are based on the results of the woman's most severe test in the year and relate to [Screening Tests](#) with a [Screening Test Date](#) between 1 April - 31 March. Classifications are those of [CYTOLOGY RESULT TYPE](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

[Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'. A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 03 'Request for Pathology Investigation.'

Woman's most severe test result in the year

- This is classified by the following [CYTOLOGY RESULT TYPES](#):

Inadequate (cat. 1)
Negative (cat. 2)
Mild dyskaryosis (cat. 3)
Severe dyskaryosis (cat. 4)
Severe dyskaryosis/?invasive carcinoma (cat. 5)
?Glandular neoplasia (cat. 6)
Moderate dyskaryosis (cat. 7)
Borderline changes (cat. 8)

- The return requires a count of the [CYTOLOGY SCREENING ACTION TYPE](#) against each [CYTOLOGY RESULT TYPE](#). The actions are classified into:

Normal (A) - *Standard Primary Care Trust recall interval (Normal) (A)*
Suspend (S) - *Refer for medical assessment or under medical treatment (Suspend) (S)*
Repeat (R) - *Repeat at interval specified (R)*

- The actions are based on result codes 1 to 8 from HMR 101/5, the operational document used by most laboratories for coding the results of cervical smears.

KC53 2

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC53: Adult Screening Programmes: Cervical Screening](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

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For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part A: Cervical Screening Programme - Status of PCT Responsible Population

Part A1

- Part A1 of KC53 requires information on the routine recall interval in force in the [Primary Care Trust](#) for the [Screening Programme](#). This is the [CERVICAL SCREENING RECALL INTERVAL](#).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Part A2

- Part A2 of KC53 requires information on the [SCREENING STATUS](#) of the [Screening Population](#) - the number of women in [Primary Care Trusts](#) responsible population at 31 March.

[Screening Population](#) is a [HEALTH PROGRAMME POPULATION](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Age of woman at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)

20-24 (line 0002)

25-29 (line 0003)

30-34 (line 0004)

35-39 (line 0005)

40-44 (line 0006)

45-49 (line 0007)

50-54 (line 0008)

55-59 (line 0009)

60-64 (line 0010)

65-69 (line 0011)

70-74 (line 0012)

75-79 (line 0013)

80 & over (line 0014)

Number of women resident in Primary Care Trust responsible population (column 2)

- This is the total number of women of all ages derived from the registers maintained by the [Primary Care Trust](#) to ensure compatibility with the other data recorded on the return.

The responsible population includes:

- all patients on the lists of the GPs in the [Primary Care Trust](#);

and

- o the unregistered population who live within the geographical area for which the [Primary Care Trust](#) is responsible.

Number of women recorded as having recall ceased (columns 3, 4 and 5)

- These columns do not include women with the [SCREENING STATUS](#) classification of *Recall suspended*.
- Column 3 counts women in the [Screening Programme](#) with the [SCREENING STATUS](#) classification of *Recall ceased - clinical reasons*. Women no longer eligible for screening due to removal of the cervix are included.
- Column 4 counts the number of women with the [SCREENING STATUS](#) classification of *Recall ceased - age reasons*, and column 5 counts those with the classification of *Recall ceased - other reasons*.

Eligible population (column 6)

- This is calculated by subtracting the number of women in column 3 (i.e. women with the [SCREENING STATUS](#) classification of *Recall ceased - clinical reasons*) from the number in column 2 (i.e. the [Primary Care Trust](#) responsible population).

Number of women whose most recent test was no more than 5 years ago (column 7)

- This is calculated from the addition of columns (2) to (5) in part A3.

Coverage (%) - less than 5 years since last adequate test (column 8)

- This is calculated from columns (6) and (7) in Part A2.

Target Age Group (25-64) (line 0015)

- This counts the number of women in the [Screening Programme](#) aged between 25 and 64 on 31 March (sum of lines 0003 to 0010). Coverage of the [Screening Programme](#) is based on women aged 25 to 64, and not on the NHS Cervical Screening Programme's target population of women aged 20 to 64 who are eligible to receive screening test invitations.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0014 for each category of women.

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC53: Adult Screening Programmes: Cervical Screening](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

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For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part A3: Cervical Screening Programme - Screening Status of Eligible Women at 31 March YYYY

- This part of the return collects information specifically about the number of women screened by time since their last test. It includes all women who have had a [Screening Test](#) at any time during their life, even if the test was not part of a call and recall system, but was taken opportunistically. It does not include inadequate tests.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

Age of women at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)
20-24 (line 0002)
25-29 (line 0003)
30-34 (line 0004)
35-39 (line 0005)
40-44 (line 0006)
45-49 (line 0007)
50-54 (line 0008)
55-59 (line 0009)
60-64 (line 0010)
65-69 (line 0011)
70-74 (line 0012)
75-79 (line 0013)
80 & over (line 0014)

Number of women whose most recent adequate test was in last 1.5 years (column 2)

Number of women whose most recent adequate test was more than 1.5 years but no more than 3 years ago (column 3)

Number of women whose most recent adequate test was more than 3 years but no more than 3.5 years ago (column 4)

Number of women whose most recent adequate test was more than 3.5 years but no more than 5 years ago (column 5)

Number of women whose most recent adequate test was more than 5 years but no more than 10 years ago (column 6)

Number of women whose most recent adequate test was more than 10 years but no more than 15 years ago (column 7)

Number of women whose most recent adequate test was more than 15 years ago (column 8)

- The [Screening Test Date](#) should be used to derive the count of women tested in the time periods required by the return.

The [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.

Women called but no adequate smear (column 9)

- This is a count of the number of women who have been invited at any time in their lives but have no adequate smear.

Women called but never attended (column 10)

- This is a count of the number of women who have been invited at any time in their lives but have never attended.

Number of women with no cytology record (column 11)

- This is a count of women in the [Primary Care Trust](#) responsible population with no cervical screening history.

The responsible population includes:

- all patients on the lists of the GPs in the [Primary Care Trust](#);

and

- the unregistered population who live within the geographical area for which the [Primary Care Trust](#) is responsible.

Target Age Group (25-64) (line 0015)

- This counts the number of women in the [Screening Programme](#) aged between 25 and 64 on 31 March (sum of lines 0003 to 0010). Coverage of the [Screening Programme](#) is based on women aged 25 to 64, and not on the NHS Cervical Screening Programme's target population of women aged 20 to 64 who are eligible to receive [Screening Test Invitations](#).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0014 for each category of women.

KC53 4

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

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For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part B: Cervical Screening Programme - Number of Women Invited

- Part B of KC53 requires age-banded data on the number of women invited for screening. The number invited relates to [Screening Test Invitations](#) with an [APPOINTMENT DATE OFFERED](#) between 1 April and 31 March. This date does not necessarily relate to a due date in the year - e.g. the [Screening Test](#) could be set to take place outside this period. Where a woman is invited on more than one occasion in the year, the last invitation is recorded on KC53.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

Age of woman at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)

20-24 (line 0002)

25-29 (line 0003)

30-34 (line 0004)

35-39 (line 0005)

40-44 (line 0006)

45-49 (line 0007)

50-54 (line 0008)

55-59 (line 0009)

60-64 (line 0010)

65-69 (line 0011)

70-74 (line 0012)

75 & over (line 0013)

Call (column 2)

- A count of the number of women invited for their first screen i.e. those who have never been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

Routine recall (column 3)

- A count of the number of women invited for screening in the year as a result of a routine recall for screening. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women invited for early screening because of a previous abnormal screening result or following treatment for cervical abnormalities. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than three years for surveillance*.

Abnormality (column 5)

- A count of the number of women invited for early screening because their last smear showed some abnormality and a repeat was advised. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than three years because of abnormality*.

Inadequate smear (column 6)

- A count of the number of women invited for screening because their last smear was inadequate. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than three years because of inadequate smear*, or the classification *Technical recall (inadequate test)*.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [INVITATION TYPE](#).

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~

For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part C1: Cervical Screening Programme - Number of Women Tested - by Age

- Part C1 of KC53 requires data on the women screened in the year, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test'.

Call (column 2)

- A count of the number of women screened in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

Routine recall (column 3)

- A count of the number of women screened in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of women screened in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of women screened in the year who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'screened while recall suspended'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

While recall ceased (column 8)

- A count of the number of women screened opportunistically in the year who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'screened while recall ceased'.

Not Invited by Programme (column 9)

- A count of the number of women screened opportunistically during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'not invited by programme'.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

Total all women (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [INVITATION TYPE](#) or women who have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) recorded.

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part C2: Cervical Screening Programme - Number of Women Tested - by Result

- Part C2 of KC53 requires data on the women aged 20 - 64 screened in the year, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.

Call (column 2)

- A count of the number of women screened in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

Routine recall (column 3)

- A count of the number of women screened in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of women screened in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of women screened in the year who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'screened while recall suspended'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

While recall ceased (column 8)

- A count of the number of women screened opportunistically in the year who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'screened while recall ceased'.

Not Invited by Programme (column 9)

- A count of the number of women screened opportunistically during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'not invited by programme'.

Result of test

- This is classified by the following [CYTOLOGY RESULT TYPES](#):
 - Inadequate** (cat. 1) (line 0001)
 - Negative** (cat. 2) (line 0002)
 - Borderline changes** (cat. 8) (line 0003)
 - Mild dyskaryosis** (cat. 3) (line 0004)
 - Moderate dyskaryosis** (cat. 7) (line 0005)
 - Severe dyskaryosis** (cat. 4) (line 0006)
 - Severe dyskaryosis/?invasive carcinoma** (cat. 5) (line 0007)
 - ?Glandular neoplasia** (cat. 6) line 0008)

Total women tested aged 20-64 (line 9999)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0001 to 0008).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part C3: Cervical Screening Programme - Number of Tests - by Result

- Part C3 of KC53 requires data on all tests in the review period, not limited to the target age group 20 - 64, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.

Call (column 2)

- A count of the number of tests in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

Routine recall (column 3)

- A count of the number of tests in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of tests in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of tests in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of tests in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of tests in the year of women who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'Screened while recall suspended'

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

While recall ceased (column 8)

- A count of the number of tests in the year of women who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'screened while recall ceased'.

Not Invited by Programme (column 9)

- A count of the number of opportunistic tests during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification 'not invited by programme'.

Result of test

- This is classified by the following [CYTOLOGY RESULT TYPES](#):
 - Inadequate** (cat. 1) (line 0001)
 - Negative** (cat. 2) (line 0002)
 - Borderline changes** (cat. 8) (line 0003)
 - Mild dyskaryosis** (cat. 3) (line 0004)
 - Moderate dyskaryosis** (cat. 7) (line 0005)
 - Severe dyskaryosis** (cat. 4) (line 0006)
 - Severe dyskaryosis/?invasive carcinoma** (cat. 5) (line 0007)
 - ?Glandular neoplasia** (cat. 6) line 0008)

Total all results (line 9999)

- This counts the number of tests in the [Screening Programme](#) for all age groups on 31 March (sum of lines 0001 to 0008).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part D: Cervical Screening Programme - Result of Test

- Part D of KC53 requires age-banded data on the most severe results of cervical screening tests recorded during the year. It does not include inadequate tests. Where a woman has only one smear tested in the year which turns out to be inadequate, or more than one, all of which are inadequate, no entry is required.
- The data are based on the results of the woman's most severe test in the year and relate to [Screening Tests](#) with a [Screening Test Date](#) between 1 April - 31 March. Classifications are those of [CYTOLOGY RESULT TYPES](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 03 'Request for Pathology Investigation.'

Negative (column 2)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of *Negative (cat. 2)*.

Borderline (column 3)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Borderline changes (cat. 8)*.

Mild dyskaryosis (column 4)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Mild dyskaryosis (column 4)*.

Moderate dyskaryosis (column 5)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Moderate dyskaryosis (cat. 7)*.

Severe dyskaryosis (column 6)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Severe dyskaryosis (cat. 4)*.

Severe dyskaryosis/?invasive carcinoma (column 7)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Severe dyskaryosis/?invasive carcinoma (cat. 5)*.

?Glandular neoplasia (column 8)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *?Glandular neoplasia (cat. 6)*.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [CYTOLOGY RESULT TYPE](#) classification.

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part E: Cervical Screening Programme - Notification of Result - Waiting Times

- This part of the return requires information on the length of time elapsing between a woman taking a smear test and when notification of the result is sent to her by the call and recall service. The national standard to be achieved is that women should be advised in writing of the result of their test four weeks from the date the test was taken. The information is used to monitor the performance of [Screening Programmes](#) and laboratories.

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

- The return also collects information on those instances where the letter is sent directly by the laboratory or by some other agency instead of by the call and recall service.
- The return counts all tests and not just those tests with the most severe result. It includes only smears taken as part of a NHS [Screening Programme](#).

Number of weeks between date smear is taken and date result is sent from the call and recall service

- This is the number of weeks between the [Screening Test Date](#) and the [Screening Result Sent Date](#) of the [Screening Test](#), where the [RESULT SENT DIRECT](#) indicator is *Yes*.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'. [Screening Result Sent Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 29 'Screening Result Sent Date'.

- They are sub-divided into the following time periods:

- Less than or equal to four weeks (line 0001)
- > 4 weeks up to 6 weeks (line 0002)
- > 6 weeks up to 8 weeks (line 0003)
- > 8 weeks up to 10 weeks (line 0004)
- > 10 weeks up to 12 weeks (line 0005)
- > Over 12 weeks (line 0006)

Number of tests (column 2)

- This counts the number of [Screening Tests](#) where results were sent from the call and recall service for each time period.

Total (line 0007)

- This is the total of [Screening Tests](#) for all time periods counted in lines 0001 to 0006.

Letter not sent by the call and recall service (line 0008)

- This counts the number of [Screening Tests](#) where the [RESULT SENT DIRECT](#) indicator is *No*, indicating that the result was not sent by the call and recall service.

KC61 1

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP), [Strategic Health Authorities](#) and trusts require information from [Pathology Laboratories](#) on cervical cytology and outcome of referrals.

A [Pathology Laboratory](#) is a [LABORATORY](#) where the [LABORATORY TYPE](#) is National Code 01 'Pathology Laboratory'.

- The information helps to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to ensure that the screening programme is managed effectively. The information is used to ensure that the laboratory is achieving acceptable standards in examining smears in line with guidance provided by the NHS Cervical Screening Programme.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC61 return is published annually by the Department in the Statistical Bulletin 'Cervical Screening Programme'.

Completing Return KC61: Pathology Laboratories - Cervical Cytology and Outcome of Referrals

- KC61 returns are required by all [Pathology Laboratories](#) carrying out cervical cytology within NHS [Health Care Providers](#). This applies to independently managed NHS laboratories, including cytopathology laboratories and also private laboratories if they are commissioned to report on smears for the NHS.

Each return requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the [NHS Trust](#) and must be signed by a [CONSULTANT](#) in one of the Pathology [MAIN SPECIALTY CODES](#). It also requires the pathology [LABORATORY NAME](#) and pathology [LABORATORY CODE](#). Note that pathology [LABORATORY CODES](#) are maintained and issued by the [Organisation Data Service](#) on behalf of the NHS Cervical Screening Programme.

For the [Organisation Data Service](#) contact details, see [Contact Details](#).

- A [Pathology Laboratory](#)'s KC61 return should include all the original [Requests for Pathology Investigation](#) received by that laboratory. A [Request for Pathology Investigation](#) forwarded to another laboratory should only be included in the first laboratory's return (except Part A3).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 'Request for Pathology Investigation'.

- Smears re-screened within the same Laboratory as part of internal or external quality control or for any other reason should not be included in the KC61 return. The number of requests sent to or received from another Laboratory for primary screening or other reason should be recorded in Part A3.
- Where more than one slide is associated with one [Request for Pathology Investigation](#), only the most significant [CYTOLOGY RESULT TYPES](#) may be counted for the KC61.

- The return KC61 is completed annually and submitted within two months of the end of the period.
- Parts A and B of the return relate to all smears reported by the laboratory where the smear was received and registered between 1 April of one year and 31 March of the following year. If this date is not recorded, the [CERVICAL SMEAR EXAMINED DATE](#) can be used as a proxy. Part C1 of the return relates to smears where the date of the smear which led to a referral fell in the first three months of the financial year (April, May and June). Part C2 is a duplicate of Part C1, but will collect data relating to gynaecological referrals from smears registered during the whole of the financial year *prior to* the current year.

KC61 2

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part A1: Number of Smears Examined by Source of Smear

- Part A1 requires data on the number of results recorded analysed by [SMEAR SOURCE TYPE](#) and [CYTOLOGY RESULT TYPES](#) and are in accordance with the categories shown in boxes 9 and 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.
- Column 10 counts the total of cytology samples examined. These are subdivided by the test results, derived from the [CYTOLOGY RESULT TYPE](#) classifications (columns 2 - 9).
- The totals are further subdivided by [SMEAR SOURCE TYPE](#) (lines 0001-0006).
- Line 0007 of the return counts the combined total smears in lines 0001 and 0002 i.e. total smears examined from [SMEAR SOURCE TYPE](#) classifications of '[GENERAL MEDICAL PRACTITIONER](#)' and '*NHS Community Clinic - this includes [Sexual and Reproductive Health Clinics](#), well women clinics and young persons' clinics, other than those run by [GENERAL MEDICAL PRACTITIONERS](#)*'.
- Line 008 of the return counts the Grand Total of lines 0001 to 0006 for columns 2 to 10.

KC61 3

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part A2: Laboratory Processing from Receipt of Smear to Authorisation of Report

- Part A2 collects information about the backlog of smears in laboratories. The laboratory which receives the original request should issue the report and include the information within this return.

Total number of smears registered

- This is the total number of [Pathology Laboratory Investigations](#) received and registered in:

Quarter 1 - As at 30 June yyyy (Line 0001)

Quarter 2 - As at 30 September yyyy (Line 0002)

Quarter 3 - As at 31 December yyyy (Line 0003)

Quarter 4 - As at 31 March yyyy (Line 0004)

A [Pathology Laboratory Investigation](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 24 'Pathology Laboratory Investigation'.

Number of results reported (to woman or PCT) within

- The number of results reported are subdivided into the following time periods:

0-2 weeks 0-14 days (column 3)

3-4 weeks 15-28 days (column 4)

5-6 weeks 29-42 days (column 5)

7-8 weeks 43-56 days (column 6)

9-10 weeks 57-70 days (column 7)

More than 10 weeks over 70 days (column 8)

- The interval to be reported is from the date of receipt of the smear at the laboratory, the [SAMPLE RECEIPT DATE](#), and the date of authorisation of the final report, the [PATHOLOGY RESULT REPORTED DATE](#) (for the [SAMPLE](#) collected).

Total (line 0005)

- This is the total for all time periods counted in lines 0001 to 0004.

Part A3: Requests Screened for/by Another Laboratory

- Part A3 records information about which laboratories import and export smears.

Requests Sent To Another Laboratory For Screening (Line 0001)

- This requires the number of [Requests for Pathology Investigation](#) where the [DIAGNOSTIC TEST REQUEST](#) for the screening is to be sent to and carried out by another [Pathology Laboratory](#), sub-divided by details of Laboratory sent to and whether for primary screening or 'other'. 'Other' may include rapid review, checking, abnormal or clinical reporting etc.

A [Pathology Laboratory](#) is a [LABORATORY](#) where the [LABORATORY TYPE](#) is National Code 01 'Pathology Laboratory'. A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 'Request for Pathology Investigation'.

Requests Received From Another Laboratory For Screening (Line 0002)

- This requires the number of [Requests for Pathology Investigation](#) where the [DIAGNOSTIC TEST REQUEST](#) for the screening of the received smear has been sent from another [Pathology Laboratory](#), sub-divided by details of Laboratory received from and whether for primary screening or 'other'. 'Other' may include rapid review, checking, abnormal or clinical reporting etc.

Part A3: Where More Than One Smear is Taken

- Part A3 also requires the number of instances where a single report is derived from more than one sample.

Number of Instances Where a Single Report is Derived from More Than One Sample (Line 0003)

- This requires the number of [Requests for Pathology Investigation](#) where there is more than one [SAMPLE](#) collected. Full details should be available on request.

KC61 4

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part B: Results of Smears from GP and NHS Community Clinics Only by Age Group of Women

- Part B requires the results of smears examined, but only those where the [SMEAR SOURCE TYPE](#) is classified as either '[GENERAL MEDICAL PRACTITIONER](#)' or '*NHS Community Clinic - this includes [Sexual and Reproductive Health Clinics](#), well women clinics and young persons' clinics, other than those run by [GENERAL MEDICAL PRACTITIONERS](#)*'.
- Columns 2 - 9 count the number of samples examined for each [CYTOLOGY RESULT TYPES](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.
- These results are further broken down into age bands derived from the [PERSON BIRTH DATE](#) of the [PERSON](#) - the woman from whom the cervical smear was taken. This is the age of the woman at the date of the smear and not the woman's age on 31 March. The smears are the subject of the [Request for Pathology Investigation](#).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 '*Request for Pathology Investigation*'.

Total 20 - 64 (line 0014)

- This counts the number of women in NHS Cervical Screening Programme aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

Grand Total (line 0015)

- This is the total for all age groups examined in lines 0001 to 0013. This total should be the same as line 0007 in Part A1.

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part C1: Outcome by 31 March yyyy for Women Recommended for Gynaecological Referral where the Smear was Registered during April- June yyyy.

- Part C1 requires the analysis of the number of women subsequently referred for gynaecological investigation following a smear. This is where the [CYTOLOGY SCREENING ACTION TYPE](#) of a [Screening Test](#) has a classification of *Refer for medical assessment or under medical treatment (Suspend) (S)*. The date of the smear must be between 1 April and 30 June of the current data year. The [CYTOLOGY RESULT TYPES](#) for each woman is used to allocate her to one of appropriate subdivisions of **Most significant result** in columns 3 to 9.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

- Note that [CYTOLOGY RESULT TYPE](#) classifications of *Severe dyskaryosis (cat. 4)*, *Severe dyskaryosis/invasive carcinoma (Cat. 5)* and *Glandular neoplasia (Cat. 6)* are recorded separately in columns 7,8 and 9 respectively.
- [CYTOLOGY RESULT TYPE](#) with a classification of *Negative (cat. 2)* are not counted.
- The number of Most significant results in the [CYTOLOGY RESULT TYPE](#) columns (columns 3 - 9) are further analysed by the [BIOPSY REFERRAL OUTCOME](#) (lines 0001-0014). For cervical histology, biopsies are taken at colposcopy.
- Note that Cervical cancer is sub-divided into 'stage 1B or worse' (line 0001) and 'stage 1A' (line 0002) and that there are four options to describe results which are not applicable or not known: 'Seen in Colposcopy - NAD no biopsy taken' (line 0009), 'Outcome known - none of the above' (line 0010), 'Seen in Colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012).
- Part C1 also includes the formula to calculate the Positive Predictive Value (PPV) of smears reported as moderate dyskaryosis or worse to enable the laboratory to assess whether or not they are reaching an achievable standard.
- Part C1 includes the formula to calculate Lost to follow-up of smears reported as 'Seen in colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012), as a percentage of the Total.
- Provision has been made to record details of non-cervical cancers at the bottom of Part C1.

Central Return Form Guidance

[KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part C2: Retrospective Collection

Outcome by 31 March yyyy for Women Recommended for Gynaecological Referral where the Smear was Registered during April yyyy - March yyyy.

- Part C2 is a duplicate of Part C1 but will collect data relating to gynaecological referrals from smears registered during the whole of the financial year prior to the current year. This is where the [CYTOLOGY SCREENING ACTION TYPE](#) of a [Screening Test](#) has a classification of *Refer for medical assessment or under medical treatment (Suspend) (S)*. The date of the smear must be between 1 April and 31 March of the previous data year. The [CYTOLOGY RESULT TYPES](#) for each woman is used to allocate her to one of appropriate subdivisions of **Most significant result** in columns 3 to 9.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

- Note that [CYTOLOGY RESULT TYPE](#) classifications of '*Severe dyskaryosis (cat. 4)*', '*Severe dyskaryosis/invasive carcinoma a (Cat. 5)*' and '*Glandular neoplasia (Cat. 6)*' are recorded separately in columns 7,8 and 9 respectively.
- [CYTOLOGY RESULT TYPES](#) with a classification of '*Negative (cat. 2)*' are not counted.
- The number of Most significant results in the [CYTOLOGY RESULT TYPE](#) columns (columns 3 - 9) are further analysed by the [BIOPSY REFERRAL OUTCOME](#) (lines 0001-0014). For cervical histology, biopsies are taken at colposcopy.
- Note that Cervical cancer is sub-divided into 'stage 1B or worse' (line 0001) and 'stage 1A' (line 0002) and that there are four options to describe results which are not applicable or not known: 'Seen in Colposcopy - NAD no biopsy taken' (line 0009), 'Outcome known - none of the above' (line 0010), 'Seen in Colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012).
- Part C2 also includes the formula to calculate the Positive Predictive Value (PPV) of smears reported as moderate dyskaryosis or worse to enable the laboratory to assess whether or not they are reaching an achievable standard.
- Part C2 includes the formula to calculate Lost to follow-up of smears reported as 'Seen in colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012), as a percentage of the Total.
- Provision has been made to record details of non-cervical cancers at the bottom of Part C2.

KC65 1

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP) and Regional Offices require information from NHS [Health Care Providers](#) on colposcopy clinic activity.
- The KC65 forms part of the wider NHS Cancer Information Strategy which aims to improve the effectiveness and efficiency of care delivery for those with actual or suspected cancer, throughout the [PATIENT](#) journey.
- The information is used to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to monitor the performance of colposcopy clinics on local, regional and national levels.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC65 return is published annually by the Department in the Statistical Bulletin *Cervical Screening Programme*.

Completing Return KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

- KC65 is a quarterly return with the first quarter starting on 1 April and the last quarter ending on 31 March. Returns must be submitted by the thirtieth working day after the end of the quarter.
- The KC65 return requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the NHS [Health Care Provider](#) - [NHS Trust](#) or [Primary Care Trust](#) - as well as the name of a contact and the contact telephone number on the front page. It must be signed and dated by the person completing the return.
- The British Society for Colposcopy and Cervical Pathology has agreed a Minimum Data Set (MDS) for colposcopy services, currently being introduced into Colposcopy Clinics. The MDS meets professional requirements for audit and quality improvement as well as departmental needs, and provides the information needed to complete the KC65.

Colposcopy

- Colposcopy is a [Patient Procedure](#) carried out on a woman who has been referred to a Colposcopy Clinic following a [Screening Test](#) carried out either as part of a [Screening Programme](#) or opportunistically. Alternatively the woman may be referred as a result of clinical indications.

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

[Patient Procedure](#) and [Screening Test](#) are both a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure' and 28 'Screening Test' respectively.

KC65 2

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

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Part A - Women referred to colposcopy by result of referral smear and time from referral to first appointment

- Part A of the KC65 return is a count of the number of women referred for colposcopy. This information is used to monitor referral patterns to ensure that guidelines on referral are being followed.
- A colposcopy is a [Patient Procedure](#) carried out during a [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#). The [PATIENT](#) will have been referred to the Colposcopy Clinic:
 - following a [Screening Test](#) carried out either as part of a [Screening Programme](#) or opportunistically.
 - or
 - as a result of clinical indication

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

[Patient Procedure](#) and [Screening Test](#) are both a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure' and 28 'Screening Test' respectively.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 'Clinic Attendance Consultant' and 10 'Clinic Attendance Nurse' respectively.

In cases where there is both a clinical indication and a [Screening Test](#) referral smear, the referral should be treated as clinical indication.

- The data is based on the woman's first [Out-Patient Appointment](#) in the quarter regardless of whether she attended the clinic or not.

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

Time from referral to first appointment (lines 0001 to 0005)

- Lines 0001 to 0005 are counts of [REFERRAL REQUESTS](#) by the time from referral to first appointment. This should be measured from the [PATHOLOGY RESULT REPORTED DATE](#) for referrals following a screening test, and from the [SERVICE REQUEST DATE](#) for all other [REFERRAL REQUESTS](#), to the [APPOINTMENT DATE](#) of the first [Out-Patient Appointment](#).

For [PATIENTS](#) with a first [APPOINTMENT](#) which was cancelled by the clinic ([ATTENDED OR DID NOT ATTEND](#) was National Code 4 'Appointment cancelled or postponed by the [Health Care Provider](#)'), the time is measured from referral to the subsequent first [APPOINTMENT](#).

Referral Indication - Result of referral smear (columns 2 to 8)

- These columns count all the women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Screening smear'. These are persons in a [Screening Programme](#) who have been given a [Screening Test](#) as part of a planned [Screening Programme](#). It also includes women screened opportunistically, these women have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) recorded.

In addition, if a person in a [Screening Programme](#) has been suspended from the [Screening Programme](#) following colposcopy and is currently having surveillance smears as indicated by the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*Screened while recall suspended*', it may be that an abnormal smear will cause the woman to be re-referred to colposcopy. In this case the [COLPOSCOPY REFERRAL INDICATION](#) classification should be '*Screening smear*', regardless of whether or not she has been discharged from colposcopy at this time.

- The information in columns 2-8 is based on the cervical screening test results, which led to the [REFERRAL REQUEST](#). Classifications are those of [CYTOLOGY RESULT TYPES](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

Where the cervical screening test results which led to the [REFERRAL REQUEST](#) indicates more than one result type, the most severe result should be recorded as the [CYTOLOGY RESULT TYPE](#).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 03 '*Request for Pathology Investigation*'.

Inadequate (column 2)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Inadequate sample (cat.1)*'.

NHS Cervical Screening Programme guidelines state the recording of three cervical screening tests with a [CYTOLOGY RESULT TYPE](#) classification of '*Inadequate sample (cat.1)*' indicates referral to colposcopy however, referral to colposcopy may occur following an inadequate smear for other reasons.

Borderline changes (column 3)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Borderline changes (cat.8)*'.

NHS Cervical Screening Programme guidelines state the recording of three cervical screening tests with a [CYTOLOGY RESULT TYPE](#) classification of '*Borderline changes (cat.8)*' indicates referral to colposcopy however, referral to colposcopy may occur following a borderline smear for other reasons.

Mild dyskaryosis (column 4)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Mild dyskaryosis (cat.3)*'.

Moderate dyskaryosis (column 5)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears*'.

Severe dyskaryosis (column 6)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Severe dyskaryosis (cat.4)*'.

Severe dyskaryosis/invasive carcinoma (column 7)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Severe dyskaryosis/?invasive carcinoma (cat.5)*'.

Glandular neoplasia (column 8)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*?Glandular neoplasia (cat.6), including adenocarcinoma*'.

Referral Indication - Clinical indication (columns 9, 10)

- These columns count women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*Clinical indication*'.

Where a woman is referred with symptoms and is given a [Screening Test](#) the [COLPOSCOPY REFERRAL INDICATION](#) should still be a classification of '*Clinical indication*' and not '*Screening smear*'. Where no symptoms are present the [COLPOSCOPY REFERRAL INDICATION](#) should not be a classification of '*Clinical indication*'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 '*Screening*'.

Test'.

Clinical Indication Urgent (column 9)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*urgent*'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (column 10)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*non-urgent*'. This includes all other symptomatic referrals for colposcopy.

Other (column 11)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Other*' or with no [CYTOLOGY RESULT TYPE](#) and no [COLPOSCOPY REFERRAL INDICATION](#).

Entries for a [CYTOLOGY RESULT TYPE](#) classification of '*Other*' should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). '*Other*' does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate.

Otherwise this column should only be used in the rare situations where usual categorisation is not appropriate. Examples include women with incomplete or missing records and women who have moved from abroad.

Where an entry is present in column 11 supporting notes should be recorded in the available box on the first page of the KC65 form.

Total number referred (column 12)

- This is the total of women referred for colposcopy, broken down by time from referral to first appointment

Total (line 0006)

- This is the total for all women counted in columns 2 to 12.

Central Return Form Guidance**KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes**

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Part B - Appointments for Colposcopy

- Part B of the KC65 return is a breakdown of appointments by cancellation/non-attendance, and type of appointment. This information will allow monitoring of non-attendances, patient cancellations, and clinic cancellations.

It includes all [Out-Patient Appointments](#) with an [APPOINTMENT DATE](#) within the [REPORTING PERIOD](#).

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

Attendance Status

- The Attendance status is derived from the value of [ATTENDED OR DID NOT ATTEND](#) for the [Out-Patient Appointment](#).

Attended (line 0001)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was either National Code 5 '*attended on time or, if late, before the relevant care professional was ready to see the patient*', or National Code 6 '*arrived late, after the relevant care professional was ready to see the patient, but was seen*'.

Cancelled by patient - in advance (line 0002)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 2 '*appointment cancelled by, or on behalf of, the patient*' - before the appointment date.

Cancelled by patient - on the day (line 0003)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 2 '*appointment cancelled by, or on behalf of, the patient*' - on the appointment day.

Cancelled by Clinic (line 0004)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 4 '*appointment cancelled or postponed by the Health Care Provider*'.

DNA - no advance warning (line 0005)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 3 '*did not attend - no advance warning given*'.

DNA - arrived late (line 0006)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 7 '*patient arrived late and could not be seen*'.

DNA - left without being seen (line 0007)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was national Code 3 '*did not attend - no advance warning given*' (arrived, but did not wait to be seen).

Total (line 0008)

- This is the total of all women counted in lines 0001 to 0007.

Appointment Type

- Columns 2 to 4 require counts of colposcopy [Out-Patient Appointments](#) by [APPOINTMENT TYPE](#).

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

New (column 2)

- The number of colposcopy [Out-Patient Appointments](#) which are first [APPOINTMENTS](#).

Return for Treatment (column 3)

- The number of colposcopy [Out-Patient Appointments](#) where the [APPOINTMENT TYPE](#) is National Code 01 '*Treatment: An appointment specifically for treatment*'.

Follow Up (column 4)

- The number of colposcopy [Out-Patient Appointments](#) which are follow-up [APPOINTMENTS](#) where the [APPOINTMENT TYPE](#) is National Code 02 '*Surveillance: All other appointments*'.

Total (column 5)

- This is the total for all women in columns 3 to 5.

Central Return Form Guidance

[KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes](#)

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Part C1 - First attendances by type of procedure and result of referral

- Parts C1 and C2 of the KC65 return are counts of procedures undertaken at colposcopy clinics, showing the nature of treatment by result of referral. The information is used to monitor treatment patterns to ensure that treatment guidelines, such as on the number of biopsies taken, are met.
- Parts C1 and C2 are identical, except that Part C1 relates to initial treatment at first attendance, and Part C2 relates to all attendances. For part C1 data is collected on the woman's first [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#) in the [REPORTING PERIOD](#).

Where a woman has a smear taken during the attendance the [COLPOSCOPY PRIME PROCEDURE TYPE](#) should be recorded as classification '*No treatment; no treatment received and no biopsy taken*'.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 '*Clinic Attendance Consultant*' and 10 '*Clinic Attendance Nurse*' respectively.

For [Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#), a first attendance is the first in a series of the only attendance at the clinic by a patient.

- The procedures undertaken in the colposcopy clinics are [Patient Procedure](#). Only one [Patient Procedure](#) should be counted for each woman's first attendance. If more than one procedure is carried out, the most severe should be recorded for KC65.

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 '*Patient Procedure*'.

Result of referral smear

- Lines 0001 to 0008 require data on the number of women referred for colposcopy by [CYTOLOGY RESULT TYPES](#).

Inadequate (line 0001)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Inadequate sample (cat. 1)*'.

Borderline changes (line 0002)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Borderline changes (cat. 8)*'.

Mild dyskaryosis (line 0003)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Mild dyskaryosis (cat. 3)*'.

Moderate dyskaryosis (line 0004)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears*'.

Severe dyskaryosis (line 0005)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis (cat. 4)'.

Severe dyskaryosis/invasive carcinoma (line 0006)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis/invasive carcinoma (cat. 5)'.

Glandular neoplasia (line 0007)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Glandular neoplasia (cat. 6), including adenocarcinoma'.

Referral Indication - Clinical indication (lines 0008, 0009)

- These columns count first attendances for women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication'.

Note all procedures carried out on women who have been referred to the colposcopy clinic with a [REFERRAL REQUEST](#) with a [COLPOSCOPY REFERRAL INDICATION](#) of classification *Clinical indication* should be recorded in this line regardless of the result of any smear taken after the referral.

Clinical Indication Urgent (line 0008)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) of classification of 'urgent'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (line 0009)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'non-urgent'. This includes all other symptomatic referrals for colposcopy

Other (line 0010)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Other'.

Entries recorded in Other (line 0010) should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). Other (line 0010) does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate. Where an entry is present in Other (line 0010) then supporting notes should be recorded in the available box on the first page of the KC65 form.

Total (line 0011)

- This is the total for all women counted in columns 2 to 8.

No treatment (column 2)

- This counts the number of women who received no treatment and for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'No treatment; no treatment received and no biopsy taken'.

Procedure Type

Diagnostic biopsy (punch) (column 3)

- This counts the number of women who received no treatment and for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy, or any other biopsy taken for diagnostic purposes only' was recorded.

Treatment biopsy or treatment/diagnostic biopsy - Excision (column 4)

- This counts the number of women who for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP'.

Ablation + No Biopsy taken or biopsy result not yet known (column 5)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (ii) no biopsy taken, or biopsy result not known by clinic'.

Ablation + Biopsy (column 6)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#) , cautery and diathermy. (i) biopsy result available' was recorded.

Other (column 7)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Other; treatment method recorded as other and biopsy type recorded as other than no biopsy . This will include polyp avulsion and treatment with silver nitrate' was recorded. It excludes any treatment that is not related to cervical abnormalities.

Number of first attendances (column 8)

- This is the total of all first attendances (see paragraph 2), subdivided by the [CYTOLOGY RESULT TYPE](#) classifications.

Central Return Form Guidance

[KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes](#)

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Part C2 - All attendances by type of procedure and result of referral

- Parts C1 and C2 of the KC65 return are counts of procedures undertaken at colposcopy clinics, showing the nature of treatment by result of referral. The information is used to monitor treatment patterns to ensure that treatment guidelines, such as on the number of biopsies taken, are met.
- Parts C1 and C2 are identical, except that Part C1 relates to initial treatment at first attendance, and Part C2 relates to all attendances. For part C2 data is collected on each [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#) in the [REPORTING PERIOD](#).

Where a woman has a smear taken during the attendance the [COLPOSCOPY PRIME PROCEDURE TYPE](#) should be recorded as classification '*No treatment; no treatment received and no biopsy taken*'.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 '*Clinic Attendance Consultant*' and 10 '*Clinic Attendance Nurse*' respectively.

For [Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#), a first attendance is the first in a series of the only attendance at the clinic by a patient.

- The procedures undertaken in the colposcopy clinics are [Patient Procedures](#). Only one [Patient Procedure](#) should be counted for each [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#). If more than one procedure is carried out, the most severe should be recorded for KC65.

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 '*Patient Procedure*'.

Result of referral smear

- Lines 0001 to 0008 require data on the number of women referred for colposcopy by [CYTOLOGY RESULT TYPES](#).

Inadequate (line 0001)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Inadequate sample (cat. 1)*'.

Borderline changes (line 0002)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Borderline changes (cat. 8)*'.

Mild dyskaryosis (line 0003)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Mild dyskaryosis (cat. 3)*'.

Moderate dyskaryosis (line 0004)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears*'.

Severe dyskaryosis (line 0005)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis (cat. 4)'.

Severe dyskaryosis/invasive carcinoma (line 0006)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis/invasive carcinoma (cat. 5)'.

Glandular neoplasia (line 0007)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Glandular neoplasia (cat. 6), including adenocarcinoma'.

Referral Indication - Clinical indication (lines 0008, 0009)

- These columns count attendances for women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication'.

Note all procedures carried out on women who have been referred to the colposcopy clinic with a [REFERRAL REQUEST](#) with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication' should be recorded in this line regardless of the result of any smear taken after the referral.

Clinical Indication Urgent (line 0008)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'urgent'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (line 0009)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'non-urgent'. This includes all other symptomatic referrals for colposcopy

Other (line 0010)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Other'.

Entries recorded in Other (line 0010) should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). Other (line 0010) does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate. Where an entry is present in Other (line 0010) then supporting notes should be recorded in the available box on the first page of the KC65 form.

Total (line 0011)

- This is the total for all women counted in columns 2 to 8.

No treatment (column 2)

- This counts the number of women who received no treatment and for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'No treatment; no treatment received and no biopsy taken'.

Procedure Type

Diagnostic biopsy (punch) (column 3)

- This counts the number of women who received no treatment and for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy, or any other biopsy taken for diagnostic purposes only' was recorded.

Treatment biopsy or treatment/diagnostic biopsy - Excision (column 4)

- This counts the number of women who for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP'.

Ablation + No Biopsy taken or biopsy result not yet known (column 5)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (ii) no biopsy taken, or biopsy result not known by clinic'.

Ablation + Biopsy (column 6)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#) , cautery and diathermy. (i) biopsy result available' was recorded.

Other (column 7)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) of 'Other; treatment method recorded as other and biopsy type recorded as other than no biopsy. This will include polyp avulsion and treatment with silver nitrate' was recorded. It excludes any treatment that is not related to cervical abnormalities.

Number of first attendances (column 8)

- This is the total of all first attendances (see paragraph 2), subdivided by the [CYTOLOGY RESULT TYPE](#) classifications.

KC65 6

Change to Central Return Form: Changed Description

Central Return Form Guidance

[KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes](#)

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part D - Cervical Biopsies, by time from biopsy to informing patient of result in writing

- Part D of the KC65 return shows for each cervical biopsy the time elapsing before the woman is informed in writing of the result. The NHS Cervical Screening Programme (NHSCSP) has issued guidance on waiting times, and the information is used to monitor whether clinics are meeting these standards. The return is based upon those biopsies taken during the first month of the quarter.
- The time measured in this part of the return is the interval between the [PROCEDURE DATE](#) of the colposcopy [Patient Procedure](#) at which the biopsy was taken and the [Patient Informed Biopsy Result Date](#).

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure'. [PROCEDURE DATE](#) and [Patient Informed Biopsy Result Date](#) are both the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 48 'Procedure Date' and 24 'Patient Informed Biopsy Result Date' respectively.

Total biopsies in first month of quarter

- Column 2 counts the number of biopsies taken during the first month of the quarter. These are subdivided by the waiting times in lines 0001-0005.

Less than or equal to 2 weeks (line 0001)

- This counts the number of women whose waiting time was less than or equal to 14 days.

>2 weeks up to 4 weeks (line 0002)

- This counts the number of women whose waiting time was more than 14 days but less than or equal to 28 days.

>4 weeks up to 8 weeks (line 0003)

- This counts the number of women whose waiting time was more than 28 days but less than or equal to 56 days.

>8 weeks up to 12 weeks (line 0004)

- This counts the number of women whose waiting time was more than 56 days but less than or equal to 84 days.

>12 weeks (line 0005)

- This counts the number of women whose waiting time was more than 84 days.

Total (line 0006)

- This is the total for all women counted in column 2.

Central Return Form Guidance**KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes**

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see, [The NHS Information Centre for health and social care website](#).~~ For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).

Part E - Cervical Biopsies, by type and outcome

- Part E of KC65 shows the histological result [BIOPSY REFERRAL OUTCOME](#) for each cervical biopsy, which indicates whether cancer or a pre-cancerous condition has been identified from the sample taken. The information will help to monitor whether NHS Cervical Screening Programme (NHSCSP) guidance on the quality of biopsies and accuracy of diagnosis is being met.
- This part of the KC65 return is based upon those biopsies taken during the first month of the quarter. Please note that the total number of biopsies recorded in Part E should equal the total number recorded in Part D as both parts relate to the same biopsies.
- Column 5 counts the total number of [BIOPSY REFERRAL OUTCOMES](#). These are analysed by biopsy type.

Biopsy Type - Diagnostic (punch) (column 2)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy or any other biopsy taken for diagnostic purposes only*' was recorded.

Biopsy Type - Excision (column 3)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP.*' was recorded.

Biopsy Type - Other (column 3)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of other than '*Diagnostic biopsy (punch)*', or '*Loop/laser excision or knife*' was recorded.

Outcome (Histology result)

- These results are further sub-divided by [BIOPSY REFERRAL OUTCOME](#).

Cancer (including micro-invasive) (line 0001)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of '*Cancer (including micro-invasive)*'.

Adenocarcinoma in situ / CGIN (line 0002)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of '*Adenocarcinoma in situ*'.

CIN3 (line 0003)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of '*CIN3*'.

CIN2 (line 0004)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of '*CIN2*'.

CIN1 (line 0005)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'CIN1'.

HPV/cervicitus only (line 0006)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'HPV/cervicitus only'.

No CIN/No HPV (line 0007)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'No CIN/No HPV (normal)'.

Inadequate / unsatisfactory biopsy (line 0008)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'Inadequate/unsatisfactory biopsy'.

Result not known by clinic (line 0009)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'Result not known by clinic'.

Total (line 0010)

- This is the total for all women counted in columns 2 to 5.

Data Quality Checks

- The following data quality checks should be made:

Part D

Part E

Column 2 Line 006

= Column 4 Line 010

KT31 1

Change to Central Return Form: Changed Description

Central Return Form Guidance

KT31 - Cross Sector Services

Contextual Overview

Contextual Overview

- The [Department of Health](#) requires the collection of information about services provided by [Sexual and Reproductive Health Clinics](#), in order to monitor the implementation of the Government's strategy to reduce the number of teenage pregnancies.
- Improving contraception and sexual health services and encouraging young people to seek advice are important aspects of the Teenage Pregnancy Strategy. Best Practice Guidance on the provision of effective contraception and advice services for young people was issued in November 2000 and Local Teenage Pregnancy Strategies all include proposals to ensure that appropriate services are in place.
- Monitoring of the Teenage Pregnancy Strategy is being undertaken partly through a National Indicator Set, which was issued in November 2001. This includes indicators on the provision of services in accordance with Best Practice Guidance and the uptake of services by under 18 year olds. The Central Return Form KT31 will provide data needed for these indicators.
- The Best Practice Guidance on service provision is concerned with services for young people under 25, and this is reflected in KT31:
 - (i) A key goal of the Teenage Pregnancy Strategy is to reduce the rate of conceptions for under 18s. The **AGE** group is split into 16-17 year olds and 18-19 year olds in parts B and C of the form.
 - (ii) An important part of the Teenage Pregnancy Strategy is to increase the awareness and involvement of young men in sexual health matters. Data on males is to be collected for exactly the same **AGE** groups as for females.

Completing the Central Return KT31 Family Planning Services

- The coverage of the KT31 return includes services provided by [NHS Trusts](#) / [Primary Care Trusts](#) in [Sexual and Reproductive Health Clinics](#) and at [Sexual and Reproductive Health Domiciliary Visits](#) and also those provided by non-NHS clinics funded wholly or in part by the NHS. Not included are services provided by [CONSULTANTS](#) in [Out-Patient Clinics](#) or those provided by [GENERAL MEDICAL PRACTITIONERS](#).

[Sexual and Reproductive Health Clinic](#) and [Out-Patient Clinic](#) are both types of a [CLINIC OR FACILITY](#). A [Sexual and Reproductive Health Domiciliary Visit](#) is a [CARE CONTACT](#) where the [CARE CONTACT TYPE](#) is National Code 22 [Sexual and Reproductive Health Domiciliary Visit](#).
- A contact is a [Clinic Attendance Sexual and Reproductive Health Service](#) or a [Sexual and Reproductive Health Domiciliary Visit](#), during which a [PATIENT](#) is seen by professional staff for counselling, or in order to be prescribed contraceptives.

[Clinic Attendance Sexual and Reproductive Health Service](#) and [Sexual and Reproductive Health Domiciliary Visit](#) are both a [CARE CONTACT](#) where the [CARE CONTACT TYPE](#) is National Code '[Clinic Attendance Sexual and Reproductive Health Service](#)' and '[Sexual and Reproductive Health Domiciliary Visit](#)' respectively.
- A first contact in financial year is the first time a [PATIENT](#) is seen in the year by the [Sexual and Reproductive Health Service](#). A subsequent contact with the same service provider does not count as a first contact, so each [PATIENT](#) is recorded only once in any year by any [NHS Trust](#) / [Primary Care Trust](#).
- Where a couple are seen together only one first contact is recorded; where either vasectomy or the male condom is the main method chosen, the first contact is recorded as one with a man; in all other cases, where any other method is chosen, the first contact is recorded as one with a woman.

- The [CONTRACEPTION METHOD MAIN](#) for new [PATIENTS](#) is that chosen after counselling; for existing [PATIENTS](#) it is the principal method in use unless a change is advised. For new [PATIENTS](#), the main method should be the substantive method chosen and not any interim method, even if the choice is not made until a subsequent attendance or visit. In particular, where vasectomy or female sterilisation is the method chosen after counselling, any interim methods used while waiting for an operation should not be recorded.
- ~~The information in the KT31 Central Return form is submitted to [The NHS Information Centre for health and social care](#) via the Omnibus Survey System. Further information about this facility can be obtained on [The NHS Information Centre for health and social care website](#).~~
- The information in the KT31 Central Return form is submitted to the [Health and Social Care Information Centre](#) via the Omnibus Survey System. Further information about this facility can be obtained on the [Health and Social Care Information Centre website](#).

AMBULANCE SERVICES DATA SET (KA34) OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

- The [Department of Health](#) requires summary details from NHS [Health Care Providers](#) on ambulance activity. The [Ambulance Services Data Set \(KA34\)](#) provides performance management measures of response times; these are also required by [NHS Trusts](#) for [Ambulance Service](#) internal monitoring and for defining service agreements.
- The information originally monitored 'Your guide to the NHS' targets and the standards introduced following a review of ambulance performance standards in 1996-97. The standards required that all [Ambulance Services](#) would be expected to reach 75% of immediately life-threatening calls within 8 minutes irrespective of location and that all incidents that require a fully equipped [Ambulance](#) vehicle (car or [Ambulance](#)) must have a vehicle, able to transport the [PATIENT](#) in a clinically safe manner ([Emergency Ambulance](#)), arrive within 19 minutes of the [TRANSPORT REQUEST](#) being made in 95% of cases.
- The information is required to inform strategic policy development, to provide data to the [Care Quality Commission](#) for performance and activity assessment, to ensure that Spending Review bids reflect changes to overall demand and to inform the development of [Ambulance Service](#) reference costs.
- ~~Information based on the data set is published annually in [The NHS Information Centre for health and social care](#)'s Statistical Bulletin 'Ambulance services: England'.~~
- Information based on the data set is published annually in the [Health and Social Care Information Centre's](#) Statistical Bulletin 'Ambulance services: England'.

Collection and Submission of the [Ambulance Services Data Set \(KA34\)](#)

- The [Ambulance Services Data Set \(KA34\)](#) is completed by [NHS Trusts](#) providing [Ambulance Services](#).
- ~~The [Ambulance Services Data Set \(KA34\)](#) relates to [ACTIVITY](#) taking place over a 12 month period, between 1 April of one year and 31 March of the following year. The return is made annually and submitted within one month of the end of the year to which it relates, online to [The NHS Information Centre for health and social care](#) via the Omnibus Survey system.~~
- The [Ambulance Services Data Set \(KA34\)](#) relates to [ACTIVITY](#) taking place over a 12 month period, between 1 April of one year and 31 March of the following year. The return is made annually and submitted within one month of the end of the year to which it relates, online to the [Health and Social Care Information Centre](#) via the Omnibus Survey system.
- The [Ambulance Services Data Set \(KA34\)](#) requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the NHS Ambulance Trust - the NHS [Health Care Provider](#) of the [Ambulance Service](#).

Synopsis of the [Ambulance Services Data Set \(KA34\)](#)

Part 1 Emergency and Urgent Calls:

The following are sub-divided by [RESPONSE CATEGORY](#) A, B and C.

- 01 Total number of emergency and urgent calls received;
- 02 The number of [TRANSPORT REQUEST INCIDENTS](#) that resulted in an [Emergency Response](#) arriving at the scene of the incident. For [RESPONSE CATEGORY](#) A calls, the total of lines 04 and 05 should equal this total;
- 03 The number of [TRANSPORT REQUEST INCIDENTS](#) that resulted in an [Emergency Response](#) arriving at the scene of the incident within 8 minutes (not required for [RESPONSE CATEGORIES](#) B or C calls);
- 04 The number of [TRANSPORT REQUEST INCIDENTS](#) where, following the arrival of an [Emergency Response](#), the

control room subsequently decided that no [Emergency Ambulance](#) was required (not required for [RESPONSE CATEGORY C](#) calls);

- 05 The number of [TRANSPORT REQUEST INCIDENTS](#) that resulted in an [Emergency Ambulance](#) able to transport a [PATIENT](#) arriving at the scene of the incident (not required for [RESPONSE CATEGORY C](#) calls);
- 06 The number of [TRANSPORT REQUEST INCIDENTS](#) that resulted in an [Emergency Ambulance](#) able to transport a [PATIENT](#) arriving at the scene of the incident within 19 minutes (not required for [RESPONSE CATEGORY C](#) calls).;
- 07 The number of calls resolved through telephone advice only (not required for [RESPONSE CATEGORIES A](#) or [B](#) calls).

Part 1 Additional Guidance

- [EMERGENCY CALLS RESOLVED BY TELEPHONE TOTAL](#) is not required for [RESPONSE CATEGORY](#) National Code A '*Category A: immediately life threatening - presenting conditions which require a fully equipped [Emergency Ambulance](#) to attend the incident*'.
- [EMERGENCY RESPONSE WITHIN 8 MINUTES TOTAL](#) and [EMERGENCY CALLS RESOLVED BY TELEPHONE TOTAL](#) are not required for [RESPONSE CATEGORY](#) National Code B '*Category B: serious but not immediately life threatening*'.
- [EMERGENCY RESPONSE WITHIN 8 MINUTES TOTAL](#), [EMERGENCY RESPONSE NO AMBULANCE REQUIRED TOTAL](#), [EMERGENCY RESPONSE AMBULANCE ARRIVED TOTAL](#) and [EMERGENCY RESPONSE WITHIN 19 MINUTES TOTAL](#) are not required for [RESPONSE CATEGORY](#) National Code C '*Category C: other emergency calls which are not immediately life threatening or serious*'.

Part 2 Patient Destinations: Emergency and Urgent:

- 08 Total number of emergency and urgent [PATIENT TRANSPORT JOURNEYS](#) to [ACCIDENT AND EMERGENCY DEPARTMENT TYPES](#) 1 and 2, sub-divided by [RESPONSE CATEGORIES A, B and C](#).
- 09 Total number of emergency and urgent [PATIENT TRANSPORT JOURNEYS](#) to [ACCIDENT AND EMERGENCY DEPARTMENT TYPES](#) other than types 1 and 2, sub-divided by [RESPONSE CATEGORIES A, B and C](#).
- 10 Total number of [PATIENTS](#) treated at the scene only, sub-divided by [RESPONSE CATEGORIES A, B and C](#).

Part 3 Patient Journeys: Non-Urgent:

- 11 Total number of non-urgent journeys sub-divided into [Special Transport Requests](#) and [Planned Transport Requests](#).

Only the first [Emergency Ambulance](#) to arrive at the scene of the [TRANSPORT REQUEST INCIDENT](#) should be included in lines 05 and 06 where more than one [Emergency Ambulance](#) has been despatched.

Timing of [Emergency Response Times](#)

In order to calculate the response time, the 'clock starts' at the [TRANSPORT REQUEST CALL CONNECT TIME](#) and the 'clock stops' on the [TRANSPORT REQUEST FIRST RESPONSE ARRIVAL TIME](#) or the [AMBULANCE ARRIVAL TIME](#) at the scene of the [TRANSPORT REQUEST INCIDENT](#).

An [Emergency Response](#) within 8 minutes means 8 minutes 0 seconds (i.e. 480 seconds) or less. Similarly, 19 minutes means 19 minutes 0 seconds or less.

Cross-border Transport Requests

A [TRANSPORT REQUEST/TRANSPORT REQUEST INCIDENT](#) that crosses more than one [Ambulance Service](#)'s boundary should be reported by only one [Ambulance Service](#).

Each NHS [Ambulance Service](#) is responsible for reporting on the performance of all [Emergency Transport Requests](#) for which it receives the initial [TRANSPORT REQUEST](#). This includes [TRANSPORT REQUESTS](#) received by an [Ambulance Service](#) that relate to [TRANSPORT REQUEST INCIDENTS](#) occurring outside its recognised boundary and [TRANSPORT REQUESTS](#) relating to [TRANSPORT REQUEST INCIDENTS](#) within or outside its boundary that are subsequently transferred to another [Ambulance Service](#) for response.

An [Ambulance Service](#) should not report, or report on the performance relating to, any [TRANSPORT REQUEST INCIDENT](#) where another [Ambulance Service](#) received the initial [TRANSPORT REQUEST](#), even if the [TRANSPORT REQUEST](#) was transferred to and dealt with by that [Ambulance Service](#). [NHS Trusts](#) responsible for dealing with any cross-border [TRANSPORT REQUESTS](#) should advise the [NHS Trusts](#) who received the initial [TRANSPORT REQUEST](#) of all appropriate clock times for performance reporting purposes.

Where an NHS [Ambulance Service](#) asks another NHS [Ambulance Service](#) to undertake a [TRANSPORT REQUEST](#) on its behalf, the responsibility for dealing with the [TRANSPORT REQUEST](#) in the most appropriate way passes to the receiving [Ambulance](#)

[Service](#) once it has accepted it.

Air Ambulances

Air [Ambulances](#) are managed locally by [Ambulance Services](#) and financed through charitable funding. Any [PATIENT TRANSPORT JOURNEY](#) provided by air [Ambulance](#) should, therefore, not be included in the [Ambulance Services Data Set \(KA34\)](#).

BACKGROUND

Change to Supporting Information: Changed Description

~~The NHS Data Model and Dictionary provides a reference point for assured information standards within the NHS in England and is maintained by the NHS Data Model and Dictionary Service.~~

~~It contains [Data Collections](#) and associated definitions which have been assured by the [Information Standards Board for Health and Social Care](#). The information will be of interest to professionals and [ORGANISATIONS](#) that work within Health and Social Care, along with suppliers of electronic systems and services.~~

~~It does not contain all national data collections. These can be found within the [Information Catalogue](#) maintained by [The NHS Information Centre for health and social care](#).~~

~~What would you like to do next?~~



NHS Data Model

and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).



Help Pages

If you need help using the NHS Data Model and Dictionary, access the [Help](#) pages.

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What would you like to do next?

-



NHS Data Model

and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).



Help Pages

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CASEMIX SERVICE

Change to Supporting Information: Changed Description

~~The Casemix Service~~ is delivered by ~~The NHS Information Centre for health and social care~~. The Casemix Service is delivered by the Health and Social Care Information Centre.

[The Casemix Service](#) designs and refines classifications that are used by the English NHS to describe healthcare [ACTIVITY](#). These classifications underpin [Payment by Results](#) from costing through to payment, and support local commissioning and performance management.

[The Casemix Service](#) enables the NHS to:

- **support [ACTIVITY](#) costing:** to inform the national tariff setting processes
- **report [PATIENT ACTIVITY](#) information:** to ensure that providers are paid for the [SERVICES](#) they deliver
- **provide information:** to support epidemiological studies and service planning.

For further information on [The Casemix Service](#), see [The NHS Information Centre for health and social care website](#). For further information on [The Casemix Service](#), see the [Health and Social Care Information Centre website](#).

CDS MANDATED DATA FLOWS

Change to Supporting Information: Changed Description

The minimum Commissioning Data Set information flow requirement to enable [Hospital Episode Statistics](#), [18 Weeks ACTIVITY](#) reporting, and [Payment by Results](#) to be supported by the [Secondary Uses Service](#) is shown in the table below.

The [Secondary Uses Service](#) supports every [CDS TYPE](#) but only a subset is mandated to flow.

Commissioning Data Sets may flow to the [Secondary Uses Service](#) using either Net Change or Bulk Replacement [Commissioning Data Set Submission Protocols](#). Many Standard NHS Contracts between [Health Care Providers](#) and the commissioners of their [SERVICES](#), now specify weekly submission of initially-coded data sets to the [Secondary Uses Service](#). The use of Net Change [Commissioning Data Set Submission Protocols](#) is recommended for submissions of this frequency.

CDS TYPE	DESCRIPTION	MIN FREQ	DIRECTIVE	DATA FLOW
CDS 010	Accident And Emergency	Monthly	Accident and Emergency Attendances were mandated to flow nationally from 1st April 2005, see Data Set Change Notice 32/2004	All Accident and Emergency Attendances occurring during the time period being reported and defined by the Commissioning Data Set Submission Protocol being used.
CDS 020	Out-Patient	Monthly	<p>Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the Secondary Uses Service from 1st October 2001, see Data Set Change Notice 05/2001.</p> <p>Out-Patient Attendance Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p> <p>NURSE and MIDWIFE attendances and Attendances for nursing care were enabled to be carried in the Out-Patient Attendance Commissioning Data Set from 1 April 2005, Data Set Change Notice 32/2004. Other Care Professional Attendances where an appropriate Treatment Function exists may also be submitted.</p>	Due to the high volumes involved, these are often submitted on a weekly basis.
CDS 021	Future Out-Patients	As Required for piloting	From 01/01/2008, submissions to support local activities and commissioning will be supported for piloting purposes only.	
CDS 030	Elective Admission List End of Period (Standard)	Monthly if used	<p>All Providers should endeavour to support this data flow.</p> <p>Elective Admission List End of Period Census (Standard) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<p>All entries where at the end of the time period being reported and defined by the Commissioning Data Set Submission Protocol, the PATIENT remains on the ELECTIVE ADMISSION LIST.</p> <p>Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the ELECTIVE ADMISSION LIST may be included.</p>
CDS 040	Elective Admission List End of Period	Monthly if used	Optional	May be submitted where the Commissioner has been changed during

	(New)			the time period reported.
CDS 050	Elective Admission List End of Period (Old)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 060	Elective Admission List Event During Period (Add)	Monthly if used	Optional Elective Admission List Event During Period (Add) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an entry has been added to the ELECTIVE ADMISSION LIST during the time period reported.
CDS 070	Elective Admission List Event During Period (Remove)	Monthly if used	Optional Elective Admission List Event During Period (Remove) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an entry has been removed from the ELECTIVE ADMISSION LIST during the time period reported.
CDS 080	Elective Admission List Event During Period (Offer)	Monthly if used	Optional Elective Admission List Event During Period (Offer) CDS records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an offer has been made during the time period reported.
CDS 090	Elective Admission List Event During Period (Available / Unavailable)	Monthly if used	Optional	May be submitted where a patient becomes Available or Unavailable during the time period reported.
CDS 100	Elective Admission List Event During Period (Old Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 110	Elective Admission List Event During Period (New Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 120	Finished Birth Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity .	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 130	Finished General Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity . Finished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 140	Finished Delivery Episode	Monthly	All finished Admitted Patient Care data must be submitted at least monthly (EL - Dec 1995).	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.

			This includes Non-Contract Activity .	Protocol being used.
CDS 150	Other Birth	Monthly	This includes Home Birth.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 160	Other Delivery	Monthly	This includes Home Delivery.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
EDS 170	The Detained and/or Long Term Psychiatric Census	Annually	Required by The NHS Information Centre for health and social care . May <i>optionally</i> be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
EDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by The NHS Information Centre for health and social care . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
EDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by The NHS Information Centre for health and social care . May optionally be sent more regularly, usually monthly. Unfinished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
EDS 200	Unfinished Delivery Episode	Annually	The Annual Census / Unfinished Census. Required by The NHS Information Centre for health and social care . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 170	The Detained and/or Long Term Psychiatric Census	Annually	Required by the Health and Social Care Information Centre . May <i>optionally</i> be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre . May <i>optionally</i> be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been

			<p>May optionally be sent more regularly, usually monthly.</p> <p>Unfinished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<p>submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.</p>
CDS 200	Unfinished Delivery Episode	Annually	<p>The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre</p> <p>May optionally be sent more regularly, usually monthly.</p>	<p>Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.</p>

CDS V6 TYPE 170 OVERVIEW

Change to Supporting Information: Changed Description

[CDS V6 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census Commissioning Data Set](#) carries the data for the Psychiatric Census.

[The NHS Information Centre for health and social care](#) require a record for every [PATIENT](#) admitted as at 31 March each year for which the [PATIENT](#) is detained or the Episode is part of a [Hospital Provider Spell](#) which has lasted longer then one year and for which the majority of time has been spent under the care of a [CONSULTANT](#) in one of the psychiatric specialties. The [Health and Social Care Information Centre](#) require a record for every [PATIENT](#) admitted as at 31 March each year for which the [PATIENT](#) is detained or the Episode is part of a [Hospital Provider Spell](#) which has lasted longer then one year and for which the majority of time has been spent under the care of a [CONSULTANT](#) in one of the psychiatric specialties.

In the case of [NHS Trust Mergers](#) and demergers occurring, where the [Hospital Provider Spell](#) would have lasted longer then one year except for the merger / demerger, [PATIENTS](#) should be included. The [ORGANISATION_CODE_CODE_OF_PROVIDER](#) will be that of the [ORGANISATION](#) in existence as at the 31 March Census Date.

[ORGANISATIONS](#) may, by local agreement make submissions of the Psychiatric Census other than at 31st March each year. Care must be taken to ensure that the [CDS_ACTIVITY_DATE](#) chosen is compatible with the [Commissioning Data Set Submission Protocol](#) used.

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census Commissioning Data Set](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6 TYPE 170 - APC-DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS COMMISSIONING DATA SET
Group Status	Group Repeats	FUNCTION: To support the details of a Finished General Episode.
M	1..1	DATA GROUP: CDS V6 Type 001 - Commissioning Data Set Interchange Header One per Interchange submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
M	1..*	DATA GROUP: CDS V6 Type 003 - Commissioning Data Set Message Header One per Commissioning Data Set Message submitted to the Secondary Uses Service .
M	1..1	DATA GROUP: CDS TRANSACTION HEADER GROUP

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used per Commissioning Data Set Message submitted to the [Secondary Uses Service](#):
[CDS V6 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
 Or
[CDS V6 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)

O	0..1	DATA GROUP: PATIENT PATHWAY
M	1..1	DATA GROUP: PERSON GROUP (PATIENT)
		M 1..1 DATA GROUP: PATIENT IDENTITY
		R 0..1 DATA GROUP: PATIENT CHARACTERISTICS
		R 0..1 DATA GROUP: PATIENT CHARACTERISTICS (PSYCHIATRIC CENSUS)
M	1..1	DATA GROUP: HOSPITAL PROVIDER SPELL
		M 1..1 DATA GROUP: ADMISSION CHARACTERISTICS
M	1..1	DATA GROUP: CONSULTANT EPISODE
		M 1..1 DATA GROUP: ACTIVITY CHARACTERISTICS
		R 0..1 DATA GROUP: SERVICE AGREEMENT DETAILS
		R 0..1 DATA GROUP: PERSON GROUP (CONSULTANT)
		R 0..1 DATA GROUP: CLINICAL DIAGNOSIS GROUP (ICD)
		O 0..1 DATA GROUP: CLINICAL DIAGNOSIS GROUP (READ)
		R 0..1 DATA GROUP: LOCATION GROUP (AT START OF EPISODE)
		R 0..1 DATA GROUP: LOCATION GROUP (WARD STAY AT PSYCHIATRIC CENSUS DATE)
R	0..1	DATA GROUP: GP REGISTRATION
R	0..1	DATA GROUP: REFERRER
R	0..1	DATA GROUP: ELECTIVE ADMISSION LIST ENTRY
O	0..1	DATA GROUP: HEALTHCARE RESOURCE GROUP
M	1..*	DATA GROUP: CDS V6 Type 004 - Commissioning Data Set Message Trailer One per Commissioning Data Set Message submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
M	1..1	DATA GROUP: CDS V6 Type 002 - Commissioning Data Set Interchange Trailer One per Interchange submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The Maternity and Children's Data set including Child and Adolescent Mental Health Services has been developed as a key driver to achieving better outcomes of care for mothers, babies and children. The data set will provide comparative, mother and child-centric data that will include information on incidence and care that can be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities. The Child and Adolescent Mental Health Services element of the data set will for the first time:

- allow maternal and child health data to be linked so that vital information can be used to improve services
- provide comparative data (demographics, equalities, interventions and outcomes from birth through childhood) so that health services can be directed to those with most need
- improve accountability, making it easier for the public to access comparative information to support them in making decisions about type and place of care
- provide activity data on which to base mandatory tariffs for Child and Adolescent Mental Health Services (CAMHS)
- underpin the improvement of local information systems to meet data set standards
- for example in the case of Attention Deficit Hyperactivity Disorder (ADHD), the data set will provide the first opportunity to link data on a [PATIENT](#)'s demographics and where they access services, and a clinical assessment of problems with attention and concentration, with information on the prescribing of a methyl phenidate (e.g. Ritalin).

Data Collection

The [Child and Adolescent Mental Health Services Secondary Uses Data Set](#) provides the definitions for data:

- to be lodged in the data warehouse regularly and routinely e.g. monthly. Extracts for [Hospital Episode Statistics \(HES\)](#) and other reports will be taken at prearranged intervals for publication as currently with the process for Commissioning Data Sets;
- to be assembled, compiled and to flow into a secondary uses data warehouse;
- to provide timely, pseudonymised patient-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

Data is expected to be collected from various clinical systems, collated and assembled through the compiler. This standard is intended to facilitate electronic data recording and reporting but it is not intended to create clinical records for Child and Adolescent Mental Health or to enable other systems to interoperate with other clinical systems.

Submission information

For submission information, see the [Maternity and Childrens Data Sets Submission Requirements](#).

Further guidance

Further guidance has been produced by [The NHS Information Centre for health and social care](#) and is available at [Child and Adolescent Mental Health Services \(CAMHS\) Secondary Uses Data Set](#) -Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available at [Child and Adolescent Mental Health Services \(CAMHS\) Secondary Uses Data Set](#) .

CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICE SECONDARY USES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The Maternity and Children's Data Set has been developed as a key driver to achieving better outcomes of care for mothers, babies and children. The data set will provide comparative, mother and child-centric data that will include information on incidence and care that can be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities. The child health element of the data set covers all stages of the care pathway across primary, secondary and tertiary sectors from birth until the day before the 19th birthday an/or transition into adult services. The initial data collection will concentrate on the data required to support the Healthy Child Programme and will for the first time:

- allow maternal and child health data to be linked so that vital information can be used to improve services
- provide comparative data (demographics, equalities, interventions and outcomes from pregnancy through childhood) so that health visiting services can be directed to areas with most need
- provide planners, commissioners and managers with reliable information on service delivery, which can be used to inform future planning and service improvements
- improve accountability, making it easier for the public to access comparative information to support them in making decisions about type and place of care
- record outcomes to contribute to clinical risk management and governance to reduce litigation costs
- underpin the improvement of local information systems to meet data set standards.

Data Collection

The [Children and Young People's Health Service Secondary Uses Data Set](#) provides the definitions for data:

- to be lodged in the data warehouse regularly and routinely
- to be assembled, compiled and to flow into a secondary uses data warehouse
- to provide timely, pseudonymised patient-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

Data is expected to be collected from various clinical systems, collated and assembled through the compiler. This standard is intended to facilitate electronic data recording and reporting but it is not intended to create clinical records for Children's and

Young People's Health Services or to enable other systems to interoperate with other clinical systems.

Submission Information

For submission information, see the [Maternity and Childrens Data Sets Submission Requirements](#).

Further Guidance

Further guidance has been produced by [The NHS Information Centre for health and social care](#) and is available on their website at: [Children's and Young People's Health Services \(CYPHS\) Secondary Uses Data Set](#). Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available on their website at: [Children's and Young People's Health Services \(CYPHS\) Secondary Uses Data Set](#).

COMMISSIONING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The primary purpose of national data sets is to enable conformant health information to be generated across the country, independent of the [ORGANISATION](#) or system that maintains it. ~~In achieving this, [The NHS Information Centre for health and social care](#) will enable healthcare professionals to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals and [ORGANISATIONS](#).~~ In achieving this, the [Health and Social Care Information Centre](#) will enable healthcare professionals to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals and [ORGANISATIONS](#).

Information Requirements

- monitor and manage [NHS SERVICE AGREEMENTS](#);
- develop commissioning plans;
- support the [Payment by Results](#) processes;
- support NHS Comparators;
- monitor Health Improvement Programmes;
- underpin clinical governance;
- understand the health needs of the population.
- support reporting against 18 week wait targets

Information on care provided for all [PATIENTS](#) by NHS Hospitals and [Primary Care Trusts](#) and Independent Sector Providers (for NHS [PATIENTS](#) only) is specified in the Commissioning Data Sets and must be submitted to the [Secondary Uses Service](#) according to issued guidelines.

Commissioners need access to data to monitor [Non-Contract Activity](#) as part of the management of their [NHS SERVICE AGREEMENTS](#). [Primary Care Trusts](#) also need to monitor in-year referrals to investigate the sources and reasons for [Non-Contract Activity](#).

Independent Sector Treatment Centres (TC) are responsible for providing Admitted Patient Care and Out-Patient Attendance Commissioning Data Sets and may submit this data 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](#) requires accurate data of all [PATIENTS](#) admitted to or treated as out-patients, or treated as an [Accident and Emergency Attendance](#) by NHS [Hospital Providers](#) and [Primary Care Trusts](#), including [PATIENTS](#) receiving private treatment. The data also includes NHS [PATIENTS](#) treated electively in the independent sector and overseas. These [Hospital Episode Statistics](#) (HES) are derived from the Admitted Patient Care, Out-Patient Attendance and Accident and Emergency Attendance Commissioning Data Sets as stored in the [Secondary Uses Service](#). This data provides information about hospital and [PATIENT](#) management, epidemiological data on [PATIENT DIAGNOSES](#) and [OPERATIVE PROCEDURES](#).

[Referral To Treatment Clock Stop Administrative Events](#) may also flow using the CDS V6 Type 020 - Outpatient CDS. This allows the [Secondary Uses Service](#) to build accurate [PATIENT PATHWAYS](#) for the reporting of 18 weeks activity.

Commissioning Data Set Data Flow Definitions

[CDS TYPES](#)

The Commissioning Data Set is the basic structure used for the submission of commissioning data to the [Secondary Uses Service](#) and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Out-Patient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data etc.

Commissioning Data Set Messages have been defined in specific components known as a [CDS TYPE](#). Each Commissioning Data Set Type as configured into the Commissioning Data Set Message carries only one specific Commissioning Data Set Type, an examples being the Finished Consultant Episode Commissioning Data Set Type etc.

DATA COLLECTIONS HELP

Change to Supporting Information: Changed Description

~~A Data Set is a group of [Data Elements](#) that are required to support business analysis, for example, data associated with an [Accident and Emergency Attendance](#) is transmitted in the [CDS V6 Type 010 - Accident and Emergency Commissioning Data Set](#).~~

~~The primary purpose of national data sets is to enable the same health information to be generated across the country independent of the [ORGANISATION](#) or system that captures it.~~

~~*Note: The NHS Data Model and Dictionary does not contain all national data collections. These can be found within the [Information Catalogue](#) maintained by [The NHS Information Centre for health and social care](#).*~~

~~Data Sets are grouped together on the front page of the NHS Data Model and Dictionary under Data Collections. A description of each type of data set can be found by hovering over the item name.~~

~~The Commissioning Data Sets section also contains supplementary information, see the [Commissioning Data Sets Help](#) page for further information.~~

~~Each Data Collection name is in Title Case:~~

~~Where the name of a:~~

- ~~• Data Set in text is [Aqua Blue](#), it indicates that it is a hyperlink and if clicked on will display the Data Set and~~
- ~~• Central Return Form is [Pink](#), it indicates that it is a hyperlink and if clicked on will display the Central Return Form.~~

~~There are three frames to each Data Set:~~

- ~~• **"Left Hand Frame"**: shows the appropriate Data Set menu.~~
 - ~~• **"Middle Frame"**:
 - ~~○ For Data Sets:
 - ~~■ This displays the Data Set and may also contain information relating to the data set.~~
 - ~~■ The Data Set is split into Data Groups which contain Data Elements grouped into logical sections.~~
 - ~~■ If you click on any item in the Data Set, the definition will be displayed in the "Right Hand Frame".~~~~
 - ~~○ For Central Return Forms, this provides a picture of the form. There is a tab for each page of the form.~~~~
 - ~~• **"Right Hand Frame"**:
 - ~~○ Initially shows an "Introduction" or "Overview" page, which provides information relating to the type of Data Set.~~
 - ~~○ It displays Data Element definitions viewed from the "Middle Frame".~~~~
- ~~• Where information is displayed in frames, the width of the frames can be adjusted by clicking on the "vertical" scroll bar and dragging it left or right as appropriate.~~

~~What would you like to do next?~~

•



NHS Data Model

and Dictionary Content

View [Data Collections](#) in the NHS Data Model and Dictionary:



Demonstrations

For a demonstration on Data Collections, see the [Data Collections Demonstration](#).

Please note that you will need flash player to view these demonstrations. If you do not have flash player, contact your organisation's technical support for further information.

A Data Set is a group of [Data Elements](#) that are required to support business analysis, for example, data associated with an [Accident and Emergency Attendance](#) is transmitted in the [CDS V6 Type 010 - Accident and Emergency Commissioning Data Set](#).

The primary purpose of national data sets is to enable the same health information to be generated across the country independent of the [ORGANISATION](#) or system that captures it.

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 - It displays Data Element definitions viewed from the "Middle Frame".
- Where information is displayed in frames, the width of the frames can be adjusted by clicking on the "vertical" scroll bar and dragging it left or right as appropriate.

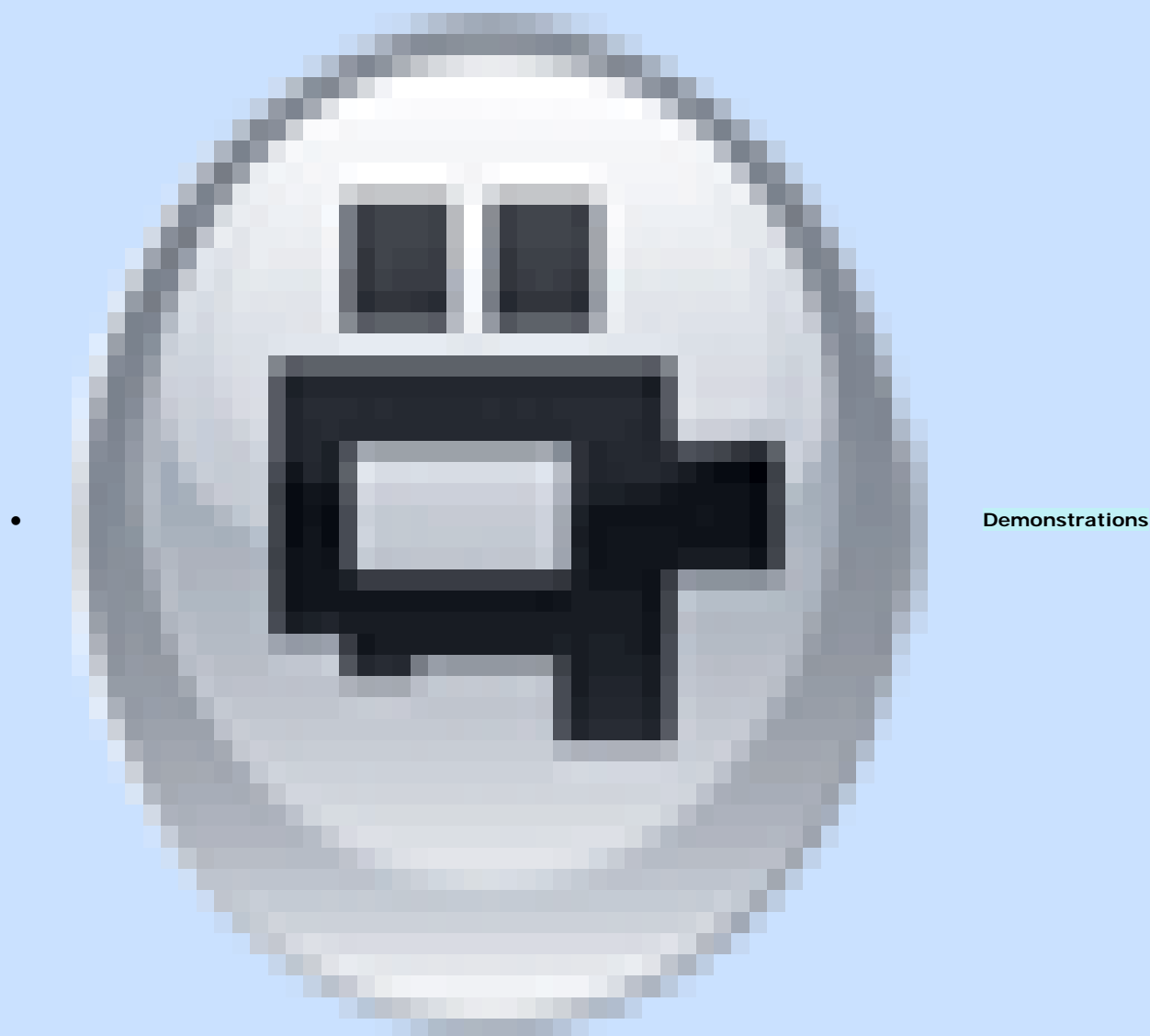
What would you like to do next?



NHS Data Model

and Dictionary Content

View [Data Collections](#) in the NHS Data Model and Dictionary.



For a demonstration on Data Collections, see the [Data Collections Demonstration](#).

Please note that you will need flash player to view these demonstrations. If you do not have flash player, contact your organisation's technical support for further information.

DIAGNOSTIC IMAGING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Diagnostic Imaging Data Set](#) was introduced by [ISB 1577 Diagnostic Imaging Data Set](#), in response to the lack of detailed data on national data on [Diagnostic Imaging](#) tests for NHS [PATIENTS](#). The original requirement came from the cancer strategy to improve [GP](#) direct access to certain [Diagnostic Imaging](#) tests, as a method was required to monitor implementation of this policy.

The [Diagnostic Imaging Data Set](#), however, has many benefits for example, to:

- Provide NHS data on [GPs](#)' direct access to tests, as well as tests requested via other referral sources. Benchmarking data will be fed back to [GPs](#) and, where appropriate, used to encourage increased use of tests, leading to earlier

diagnosis and hence improved outcomes

- Provide more detailed NHS data than is currently available on test type (modality), body site of test and [PATIENT](#) demographics
- Enable analysis of turnaround times for tests
- Enable better analysis of cancer pathways by linking Cancer Registry data to [Diagnostic Imaging](#) test data for cancer [PATIENTS](#)
- Allow the [Health Protection Agency \(HPA\)](#) to calculate more accurate estimates of the distribution of individual radiation dose estimates from medical exposures.

From April 2012 it became a mandatory requirement that all providers of NHS-funded [Diagnostic Imaging](#) tests for NHS [PATIENTS](#) in England submit the central [Diagnostic Imaging Data Set](#) on a monthly basis.

The [Diagnostic Imaging Data Set](#) facilitates the collection of clinical data and the sharing of such data to underpin the delivery of effective [Diagnostic Imaging](#). It is structured around the clinical processes of local Radiology Information Systems (RISs) used by [NHS Trusts](#). It records administrative data relating to [Diagnostic Imaging](#) test [ACTIVITY](#).

Information is collected relating exclusively to [Diagnostic Imaging](#) test [ACTIVITY](#). The [Diagnostic Imaging Data Set](#) describes [Diagnostic Imaging](#) tests that have taken place as part of a broader [PATIENT PATHWAY](#). This includes [PATIENTS](#) referred from within the [ORGANISATION](#), either as an out-patient, in-patient or from [Accident and Emergency Departments](#), or referred directly from their [GP](#) or another [Health Care Provider](#).

The [Diagnostic Imaging Data Set](#) is collected from NHS funded providers of [Diagnostic Imaging](#) test [SERVICES](#) and submitted via a portal on [The NHS Information Centre for health and social care website](#). The [Diagnostic Imaging Data Set](#) is collected from NHS funded providers of [Diagnostic Imaging](#) test [SERVICES](#) and submitted via a portal on the [Health and Social Care Information Centre website](#). The submissions are processed and aggregate extracts are produced for provider and commissioner [ORGANISATIONS](#) and national groups such as the [Department of Health](#), [Health Protection Agency \(HPA\)](#) and National Cancer Intelligence Network. This also allows linkage to Cancer Registries.

Please note that the collection of the [Diagnostic Imaging Data Set](#) does not replace any other collection of diagnostic data such as the [Diagnostics Waiting Times and Activity Data Set](#) (DM01), which should continue to be collected, however it has been designed so that, in future, it could replace the [KH12](#) data collection.

HEALTH AND SOCIAL CARE INFORMATION CENTRE_ renamed from NHS INFORMATION CENTRE FOR HEALTH AND SOCIAL CARE

Change to Supporting Information: Changed Name, Description

~~The NHS Information Centre for health and social care is an NHS [Special Health Authority](#) that collects, analyses and distributes national statistics on health and social care.~~ The [Health and Social Care Information Centre \(HSCIC\)](#) is an NHS [Special Health Authority](#).

~~It also underpins regulation, health research, education and training. Health, social care, government and education bodies trust information from [The NHS Information Centre for health and social care](#), which is reliable, up-to-date, independent and trustworthy.~~ The [Health and Social Care Information Centre](#) is the national source of NHS, health and social care information.

~~The NHS Information Centre for health and social care collection systems make it quick and easy for frontline staff to provide data with minimum impact on the delivery of care.~~ Previously known as [The NHS Information Centre for health and social care](#), the [Health and Social Care Information Centre](#) have reverted to their statutory name to reflect their broader social care responsibilities.

~~NHS frontline management, clinicians, information and care professionals, policy makers, [PATIENTS](#) and the media rely on [The NHS Information Centre for health and social care](#) for their information needs.~~ The [Health and Social Care Information Centre](#) collects, analyses and presents information for health and social care communities in England. From tackling health inequalities to commissioning with confidence, the [Health and Social Care Information Centre's](#) information ensures decision makers deliver the very best [SERVICES](#) and [PATIENT](#) care.

~~Note: [Health and Social Care Information Centre](#) is the statutory name for this [ORGANISATION](#). The preferred name is [The NHS Information Centre for health and social care](#).~~ The [Health and Social Care Information Centre's](#) information supports commissioners, public health analysts, clinicians and informatics professionals in health and social care, as well as the public.

Further information on [The NHS Information Centre for health and social care](#) can be found on [The NHS Information Centre for](#)

~~health and social care website.~~ Further information on the [Health and Social Care Information Centre](#) can be found on the [Health and Social Care Information Centre website](#).

HEALTH AND SOCIAL CARE INFORMATION CENTRE_ renamed from NHS INFORMATION CENTRE FOR HEALTH AND SOCIAL CARE

Change to Supporting Information: Changed Name, Description

- Changed Name from Data_Dictionary.NHS_Business_Definitions.N.NHS_Information_Centre_for_health_and_social_care to Data_Dictionary.NHS_Business_Definitions.H.Health_and_Social_Care_Information_Centre
- Changed Description

HEALTHCARE RESOURCE GROUP

Change to Supporting Information: Changed Description

Developed by [The Casemix Service](#), [Healthcare Resource Groups \(HRGs\)](#) are standard groupings of clinically similar treatments which use common levels of healthcare resource.

[Healthcare Resource Groups](#) offer [ORGANISATIONS](#) the ability to understand their [ACTIVITY](#) in terms of the types of [PATIENTS](#) they care for and the treatments they undertake. They enable the comparison of [ACTIVITY](#) within and between different [ORGANISATIONS](#) and provide an opportunity to benchmark treatments and services to support trend analysis over time.

[Healthcare Resource Groups](#) are currently used as a means of determining fair and equitable reimbursement for care services delivered by [Health Care Providers](#). Their use as consistent 'units of currency' supports standardised healthcare commissioning across the NHS. They improve the flow of finances within - and sometimes beyond - the NHS. [HRG4](#) has been in use for [Reference Costs](#) since April 2007 (for financial year 2006/7 onwards) and for [Payment by Results \(PbR\)](#) since April 2009 (for financial year 2009 onwards).

[HRG4](#) was a major revision that introduced [Healthcare Resource Groups](#) to new clinical areas, to support the [Department of Health](#)'s policy of [Payment by Results](#). It includes a portfolio of new and updated [HRG](#) groupings that accurately record [PATIENTS](#) treatment to reflect current practice and anticipated trends in healthcare.

~~For further information on [Healthcare Resource Groups](#), see [The NHS Information Centre for health and social care website](#).~~ For further information on [Healthcare Resource Groups](#), see the [Health and Social Care Information Centre website](#).

HOSPITAL EPISODE STATISTICS CROSS REFERENCE TABLES

Change to Supporting Information: Changed Description

The tables in this section show the relationship between Hospital Episode Statistics data items and Commissioning Data Set data items, indicating from which [CDS TYPE](#) they are extracted.

[HES - CDS Data items cross referenced by HES Name - Table 1](#) lists the Hospital Episode Statistics items alphabetically by HES name (ADMIMETH, ADMINCAT, etc.)

[HES - CDS Data items cross referenced by HES Item - Table 2](#) lists the Hospital Episode Statistics data items alphabetically by item name which is usually the same as the Commissioning Data Set data item name.

~~[The NHS Information Centre for health and social care](#) is working in partnership with NHS Connecting for Health, which manages the National Programme for IT.~~ [The Health and Social Care Information Centre](#) is working in partnership with NHS Connecting for Health, which manages the National Programme for IT.

This joint programme team is responsible for the development and implementation of the [Secondary Uses Service](#) which is used to collect data for input to the Hospital Episode Statistics process.

See the [Hospital Episode Statistics](#) Service for more information.

IMMUNISATION PROGRAMMES ACTIVITY DATA SET (KC50) OVERVIEW

Change to Supporting Information: Changed Description

The [Immunisation Programmes Activity Data Set \(KC50\)](#) requires summary information from [Primary Care Trusts](#) about the delivery of [Immunisation Programmes](#) for the following [VACCINE PREVENTABLE DISEASES](#):

- Diphtheria, Tetanus and Polio (Td/IPV)
- Measles, Mumps and Rubella (MMR), and
- Tuberculosis (BCG).

The responsible population for the [Primary Care Trusts](#) with respect to the delivery of these [Immunisation Programmes](#) includes:

- [PERSONS](#) registered with a [GENERAL MEDICAL PRACTITIONER](#) whose [GP Practice](#) is under the responsibility of the [Primary Care Trust](#), regardless of where the child is resident, and
- any [PERSONS](#) not registered with a [GENERAL MEDICAL PRACTITIONER](#), who are resident within the [Primary Care Trust GEOGRAPHIC AREA](#).

This does not include [PERSONS](#) who are resident within the [Primary Care Trust GEOGRAPHIC AREA](#) but registered with a [GENERAL MEDICAL PRACTITIONER](#) whose [GP Practice](#) is under the responsibility of a different [Primary Care Trust](#).

Reporting

The [Immunisation Programmes Activity Data Set \(KC50\)](#) is reported for each financial year (i.e. between 1st April and 31st March), and must be received no later than the last working day of April. ~~Reporting is via the Omnibus survey collection tool provided by [The NHS Information Centre for health and social care](#).~~ Reporting is via the Omnibus survey collection tool provided by the [Health and Social Care Information Centre](#). For further information about Omnibus, see the [Omnibus Survey System](#).

Immunisation Age Group

The [IMMUNISATION AGE GROUP](#) reported should reflect the age in year of the [PERSON IN PROGRAMME](#) within the [REPORTING PERIOD](#). For example, the [IMMUNISATION AGE GROUP](#) of National Code '14 Age 13 years' is used to report [Immunisation Programme](#) activity performed on a [PERSON](#) who becomes 13 years of age during the [REPORTING PERIOD](#).

~~Further guidance with respect to the application of [IMMUNISATION AGE GROUPS](#) is provided by [The NHS Information Centre for health and social care](#) and can be found on [The NHS Information Centre for health and social care website](#).~~ Further guidance with respect to the application of [IMMUNISATION AGE GROUPS](#) is provided by the [Health and Social Care Information Centre](#) and can be found on the [Health and Social Care Information Centre website](#).

Part A (i): IMMUNISATION PROGRAMME ACTIVITY FOR DIPHTHERIA, TETANUS AND POLIO (Td/IPV)

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Diphtheria, Tetanus and Polio.

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) and [IMMUNISATION DOSES GIVEN TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) for each [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#).

Where the [Primary Care Trust](#) does not offer vaccination for immunisation against Diphtheria, Tetanus and Polio for a specific [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#), the [ELIGIBLE POPULATION TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) for that [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#) is reported as zero.

Part A (ii): IMMUNISATION PROGRAMME ACTIVITY FOR MEASLES, MUMPS AND RUBELLA (MMR).

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Measles, Mumps and Rubella (MMR).

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(MEASLES MUMPS AND RUBELLA\)](#) and [IMMUNISATION COURSES COMPLETED TOTAL \(MEASLES MUMPS AND RUBELLA\)](#) for each [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#).

Where the [Primary Care Trust](#) does not offer vaccination for immunisation against Measles, Mumps and Rubella (MMR) for a specific [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#), the [ELIGIBLE POPULATION TOTAL \(MEASLES MUMPS](#)

[AND RUBELLA](#) for that [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#) is reported as zero.

Part B (i): IMMUNISATION PROGRAMME ACTIVITY - MANTOUX TESTS FOR TUBERCULOSIS (BCG).

This group reports the delivery of [Mantoux Tests](#).

It is mandatory to report the [MANTOUX TESTS PERFORMED TOTAL \(TUBERCULOSIS\)](#) for each [IMMUNISATION AGE GROUP \(TUBERCULOSIS\)](#).

Part B (ii): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG).

This group reports [Immunisation Programme](#) activity for the delivery of vaccinations for immunisation against Tuberculosis (BCG).

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(TUBERCULOSIS\)](#) and [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS\)](#) for each [IMMUNISATION AGE GROUP \(TUBERCULOSIS\)](#).

Part C (i): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1 YEAR.

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Tuberculosis (BCG), for [PERSONS](#) aged under 1 year.

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(TUBERCULOSIS\)](#) for each of the following [IMMUNISATION PROGRAMME TYPES \(TUBERCULOSIS\)](#):

National Codes:

- 2 Planned programme for infants aged under 1 year, vaccinated routinely
- 3 Planned programme for infants aged under 1 year, in selective high-risk group

It is mandatory to report the [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS\)](#) for each of the following [IMMUNISATION PROGRAMME TYPES \(TUBERCULOSIS\)](#):

National Codes:

- 2 Planned programme for infants aged under 1 year, vaccinated routinely
- 3 Planned programme for infants aged under 1 year, in selective high-risk group
- 4 Other programme

Part C (ii) SUMMARISED IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1 YEAR.

This mandatory group reports the [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS - PERSONS UNDER 1 YEAR\)](#) to all [PERSONS](#) aged under 1 year.

INDEX

Change to Supporting Information: Changed Description

NHS DATA MODEL AND DICTIONARY

Version 3

[What's New: August 2012](#)

Welcome to the NHS
Data Model and
Dictionary for England

If you would like to
know more about us or
need help using the
NHS Data Model and
Dictionary, see



the [Help](#) pages

The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England. It has been developed for everyone who is actively involved in the collection of data and the management of information in the NHS.

The NHS Data Model and Dictionary is maintained and published by the [NHS Data Model and Dictionary Service](#) and all changes are assured by the [Information Standards Board for Health and Social Care](#). Changes are published as [Information Standards Notices \(ISN\)](#) by the [Information Standards Board for Health and Social Care](#) and [Data Dictionary Change Notices \(DDCN\)](#) by the [NHS Data Model and Dictionary Service](#).

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- Related Links**
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MAIN SPECIALTY AND TREATMENT FUNCTION CODES

Change to Supporting Information: Changed Description

[TREATMENT FUNCTION](#), rather than the Royal College or Faculty specialty, is required on most activity returns and in the Commissioning Data Sets (CDS). It is based on specialty, but also includes approved sub-specialties and treatment specialties used by lead [CARE PROFESSIONALS](#) including hospital [CONSULTANTS](#).

The appropriate [TREATMENT FUNCTION CODE](#) can be used by any lead [CARE PROFESSIONAL](#) eg Intermediate Care as the [TREATMENT FUNCTION CODE](#) for a [Nursing Episode](#).

A full list of [TREATMENT FUNCTION CODES](#) (Table 2) follows the [MAIN SPECIALTY CODES](#) (Table 1).

[MAIN SPECIALTY CODES](#) are aligned with the specialties recognised in the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and European Primary and Specialist Dental Qualifications Regulations 1998. Pseudo codes should be used in Commissioning Data Set (CDS) messages for lead [CARE PROFESSIONALS](#) other than hospital [CONSULTANTS](#) eg [Nursing Episode](#).

For further information, contact [The NHS Information Centre for health and social care](#) by email at: enquiries@ic. For further information, contact the Health and Social Care Information Centre by email at: enquiries@ic.nhs.uk.

Table 1 Main Specialty codes

	Code	Main Specialty Title
Surgical Specialties		
	100	GENERAL SURGERY
	101	UROLOGY
	110	TRAUMA & ORTHOPAEDICS
	120	ENT
	130	OPHTHALMOLOGY
	140	ORAL SURGERY
	141	RESTORATIVE DENTISTRY
	142	PAEDIATRIC DENTISTRY
	143	ORTHODONTICS
	145	ORAL & MAXILLO FACIAL SURGERY
	146	ENDODONTICS
	147	PERIODONTICS
	148	PROSTHODONTICS
	149	SURGICAL DENTISTRY
	150	NEUROSURGERY
	160	PLASTIC SURGERY
	170	CARDIOTHORACIC SURGERY
	171	PAEDIATRIC SURGERY
	180	ACCIDENT & EMERGENCY
	191	Retired
Medical Specialties		
	190	ANAESTHETICS
	192	CRITICAL CARE MEDICINE
	300	GENERAL MEDICINE
	301	GASTROENTEROLOGY
	302	ENDOCRINOLOGY
	303	CLINICAL HAEMATOLOGY
	304	CLINICAL PHYSIOLOGY

	305	CLINICAL PHARMACOLOGY
	310	AUDIOLOGICAL MEDICINE
	311	CLINICAL GENETICS
*	312	CLINICAL CYTOGENETICS and MOLECULAR GENETICS (Retired 1 April 2010)
	313	CLINICAL IMMUNOLOGY and ALLERGY
	314	REHABILITATION
	315	PALLIATIVE MEDICINE
	320	CARDIOLOGY
	321	PAEDIATRIC CARDIOLOGY
**	325	SPORTS AND EXERCISE MEDICINE
**	326	ACUTE INTERNAL MEDICINE
	330	DERMATOLOGY
	340	RESPIRATORY MEDICINE (also known as thoracic medicine)
	350	INFECTIOUS DISEASES
	352	TROPICAL MEDICINE
	360	GENITOURINARY MEDICINE
	361	NEPHROLOGY
	370	MEDICAL ONCOLOGY
	371	NUCLEAR MEDICINE
	400	NEUROLOGY
	401	CLINICAL NEURO-PHYSIOLOGY
	410	RHEUMATOLOGY
	420	PAEDIATRICS
	421	PAEDIATRIC NEUROLOGY
	430	GERIATRIC MEDICINE
	450	DENTAL MEDICINE SPECIALTIES
**	451	SPECIAL CARE DENTISTRY
	460	MEDICAL OPHTHALMOLOGY
†	500	OBSTETRICS and GYNAECOLOGY
	501	OBSTETRICS
	502	GYNAECOLOGY
**	504	COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH
	510	Retired
	520	Retired
	560	MIDWIFE EPISODE
	600	GENERAL MEDICAL PRACTICE
	601	GENERAL DENTAL PRACTICE
	610	Retired
	620	Retired
Psychiatry		
	700	LEARNING DISABILITY
	710	ADULT MENTAL ILLNESS
	711	CHILD and ADOLESCENT PSYCHIATRY
	712	FORENSIC PSYCHIATRY
	713	PSYCHOTHERAPY
	715	OLD AGE PSYCHIATRY
Radiology		
	800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)
	810	RADIOLOGY
Pathology		
	820	GENERAL PATHOLOGY

	821	BLOOD TRANSFUSION
	822	CHEMICAL PATHOLOGY
	823	HAEMATOLOGY
	824	HISTOPATHOLOGY
	830	IMMUNOPATHOLOGY
	831	MEDICAL MICROBIOLOGY AND VIROLOGY
	832	Retired
**	833	MEDICAL MICROBIOLOGY (also known as MICROBIOLOGY AND BACTERIOLOGY)
**	834	MEDICAL VIROLOGY
Other		
	900	COMMUNITY MEDICINE
	901	OCCUPATIONAL MEDICINE
	902	COMMUNITY HEALTH SERVICES DENTAL
	903	PUBLIC HEALTH MEDICINE
	904	PUBLIC HEALTH DENTAL
	950	NURSING EPISODE
	960	ALLIED HEALTH PROFESSIONAL EPISODE
	990	Retired

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
*	Code 312 is retained for CONSULTANTS qualified in this Main Specialty prior to 1 April 2010.
**	The functionality to report these MAIN SPECIALTY CODES is available in the latest release of the Commissioning Data Sets and the associated CDS-XML Schema Release (6-1-1). These MAIN SPECIALTY CODES cannot be transmitted in XML Schemas for the previous versions of the Commissioning Data Sets (6-0 and 6-1).
	Pseudo MAIN SPECIALTY CODES should be used in Commissioning Data Set messages for lead CARE PROFESSIONALS other than CONSULTANT medical and dental staff eg 560, 950 and 960.
	The MAIN SPECIALTY CODE for GENERAL PRACTITIONERS is General Medical Practice or General Dental Practice
	Joint Consultant Clinic ACTIVITY should be recorded against the MAIN SPECIALTY CODE of the CONSULTANT managing the clinic

Table 2 Treatment Function codes

Code	Treatment Function Title	Comments
Surgical Specialties		
100	GENERAL SURGERY	Includes sub-categories not elsewhere listed eg endocrine surgery.
101	UROLOGY	
102	TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts.
103	BREAST SURGERY	Includes treatment for cancer, suspected neoplasms, cysts and post-cancer reconstructive surgery. Excludes cosmetic surgery.
104	COLORECTAL SURGERY	Surgical treatment of disorders of the lower intestine (colon, anus and rectum)
105	HEPATOBIILIARY & PANCREATIC SURGERY	Includes liver surgery, but liver transplantation should be recorded in 102 Transplantation Surgery
106	UPPER GASTROINTESTINAL SURGERY	
107	VASCULAR SURGERY	
110	TRAUMA & ORTHOPAEDICS	
120	ENT	Ear, nose and throat
130	OPHTHALMOLOGY	
140	ORAL SURGERY	
141	RESTORATIVE DENTISTRY	Endodontics, Periodontics and Prosthodontics are all part of Restorative Dentistry
142	PAEDIATRIC DENTISTRY	
143	ORTHODONTICS	

144	MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery.
150	NEUROSURGERY	
160	PLASTIC SURGERY	
161	BURNS CARE	To be used by recognised specialist units and associated outreach services only
170	CARDIOTHORACIC SURGERY	Should only be used where there are no separate services for Cardiac Surgery and Thoracic Surgery
171	PAEDIATRIC SURGERY	This is paediatric general surgery
172	CARDIAC SURGERY	
173	THORACIC SURGERY	
174	CARDIOTHORACIC TRANSPLANTATION	To be used by recognised specialist units and associated outreach services only. Includes pre- and post-operative services.
180	ACCIDENT & EMERGENCY	
191	PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
Other Children's Specialties		
211	PAEDIATRIC UROLOGY	Dedicated services to children with appropriate facilities and support staff
212	PAEDIATRIC TRANSPLANTATION SURGERY	Dedicated services to children with appropriate facilities and support staff
213	PAEDIATRIC GASTROINTESTINAL SURGERY	Dedicated services to children with appropriate facilities and support staff. Includes Upper Gastrointestinal Surgery and Colorectal Surgery.
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS	Dedicated services to children with appropriate facilities and support staff.
215	PAEDIATRIC EAR NOSE AND THROAT	Dedicated services to children with appropriate facilities and support staff
216	PAEDIATRIC OPHTHALMOLOGY	Dedicated services to children with appropriate facilities and support staff
217	PAEDIATRIC MAXILLO-FACIAL SURGERY	Dedicated services to children with appropriate facilities and support staff
218	PAEDIATRIC NEUROSURGERY	Dedicated services to children with appropriate facilities and support staff
219	PAEDIATRIC PLASTIC SURGERY	Dedicated services to children with appropriate facilities and support staff
220	PAEDIATRIC BURNS CARE	Dedicated services to children with appropriate facilities and support staff
221	PAEDIATRIC CARDIAC SURGERY	Dedicated services to children with appropriate facilities and support staff
222	PAEDIATRIC THORACIC SURGERY	Dedicated services to children with appropriate facilities and support staff
241	PAEDIATRIC PAIN MANAGEMENT	Dedicated services to children with appropriate facilities and support staff
242	PAEDIATRIC INTENSIVE CARE	Only to be used by designated Paediatric Intensive Care Units
251	PAEDIATRIC GASTROENTEROLOGY	Dedicated services to children with appropriate facilities and support staff
252	PAEDIATRIC ENDOCRINOLOGY	Dedicated services to children with appropriate facilities and support staff
253	PAEDIATRIC CLINICAL HAEMATOLOGY	Dedicated services to children with appropriate facilities and support staff
254	PAEDIATRIC AUDIOLOGICAL MEDICINE	Dedicated services to children with appropriate facilities and support staff
255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY	Dedicated services to children with appropriate facilities and support staff
256	PAEDIATRIC INFECTIOUS DISEASES	Dedicated services to children with appropriate facilities and support staff
257	PAEDIATRIC DERMATOLOGY	Dedicated services to children with appropriate facilities and support staff
258	PAEDIATRIC RESPIRATORY MEDICINE	Dedicated services to children with appropriate facilities and support staff
259	PAEDIATRIC NEPHROLOGY	Dedicated services to children with appropriate facilities and support staff

		staff
260	PAEDIATRIC MEDICAL ONCOLOGY	Dedicated services to children with appropriate facilities and support staff
261	PAEDIATRIC METABOLIC DISEASE	Dedicated services to children with appropriate facilities and support staff
262	PAEDIATRIC RHEUMATOLOGY	Dedicated services to children with appropriate facilities and support staff
263**	PAEDIATRIC DIABETIC MEDICINE	Dedicated services to children with appropriate facilities and support staff
264**	PAEDIATRIC CYSTIC FIBROSIS	Dedicated services to children with appropriate facilities and support staff
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY	Dedicated services to children with appropriate facilities and support staff
290	COMMUNITY PAEDIATRICS	Includes routine health surveillance, health promotion, behavioural paediatrics and looked-after children. Excludes Paediatric Neuro-Disability.
291	PAEDIATRIC NEURO-DISABILITY	Dedicated services for children with Cerebral Palsy and non-progressive handicapping neurological conditions, with or without learning disability.
Medical Specialties		
190	ANAESTHETICS	This can be used in out-patients only. Pain Management should be recorded in 191.
192	CRITICAL CARE MEDICINE	also known as Intensive Care Medicine
300	GENERAL MEDICINE	Includes sub-categories not elsewhere listed eg metabolic medicine.
301	GASTROENTEROLOGY	
302	ENDOCRINOLOGY	
303	CLINICAL HAEMATOLOGY	Excludes ANTICOAGULANT SERVICE see 324
304	CLINICAL PHYSIOLOGY	Physiological measurement including ECG (e.g. exercise testing, stress testing), gastrointestinal physiology, cardiac physiology, vascular technology, urodynamics, and ophthalmic and vision science. Does not include Clinical Neurophysiology, Audiology or Respiratory Physiology.
305	CLINICAL PHARMACOLOGY	
306	HEPATOLOGY	Also known as liver medicine
307	DIABETIC MEDICINE	
308	BLOOD AND MARROW TRANSPLANTATION	Previously in Clinical Haematology. Includes haemopoietic stem cell transplantation.
309	HAEMOPHILIA	Previously in Clinical Haematology
310	AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests.
311	CLINICAL GENETICS	To be used by recognised specialist units and associated outreach services only.
312	not a Treatment Function	
313	CLINICAL IMMUNOLOGY and ALLERGY	Should only be used where there are no separate services for Clinical Immunology and Allergy
314	REHABILITATION	
315	PALLIATIVE MEDICINE	
316	CLINICAL IMMUNOLOGY	
317	ALLERGY	The diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions.
318	INTERMEDIATE CARE	Intermediate care encompasses a range of multi-disciplinary services designed to safeguard independence by maximising rehabilitation and recovery after illness or injury
319	RESPIRE CARE	
320	CARDIOLOGY	
321	PAEDIATRIC CARDIOLOGY	
322	CLINICAL MICROBIOLOGY	
323	SPINAL INJURIES	To be used by recognised specialist units and associated outreach services only.

324	ANTICOAGULANT SERVICE	The monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in out-patients only.
325**	SPORT AND EXERCISE MEDICINE	The diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment.
327**	CARDIAC REHABILITATION	Rehabilitation service for PATIENTS with or recovering from heart related conditions such as heart attacks or from procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health.
328**	STROKE MEDICINE	For stroke services excluding Transient Ischaemic Attack - see TREATMENT FUNCTION CODE 329
329**	TRANSIENT ISCHAEMIC ATTACK	A multidisciplinary service for rapid diagnosis and treatment of PATIENTS presenting with suspected Transient Ischaemic Attack and mini-strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke.
330	DERMATOLOGY	
340	RESPIRATORY MEDICINE	Also known as Thoracic Medicine
341	RESPIRATORY PHYSIOLOGY	Physiological measurement of the function of the respiratory system. Includes Sleep Studies (the diagnosis and treatment of sleep disordered breathing, including upper airway resistance syndrome and sleep apnoea).
342**	PROGRAMMED PULMONARY REHABILITATION	A multidisciplinary programme of care for PATIENTS with chronic respiratory impairment that is individually tailored and designed to optimise the individual's physical and social performance and autonomy.
343**	ADULT CYSTIC FIBROSIS	Specialised, multidisciplinary service concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only.
350	INFECTIOUS DISEASES	
352	TROPICAL MEDICINE	
360	GENITOURINARY MEDICINE	
361	NEPHROLOGY	
370	MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy , of PATIENTS with cancer.
371	NUCLEAR MEDICINE	
400	NEUROLOGY	
401	CLINICAL NEUROPHYSIOLOGY	The study of the central and peripheral nervous systems through the recording of bioelectrical activity. Includes EEG.
410	RHEUMATOLOGY	
420	PAEDIATRICS	
421	PAEDIATRIC NEUROLOGY	
422	NEONATOLOGY	Special Care, High Dependency and Intensive Care.
424	WELL BABIES	Care given by the mother/substitute with medical and neonatal nursing advice if needed
430	GERIATRIC MEDICINE	
450	DENTAL MEDICINE SPECIALTIES	Includes oral medicine.
460	MEDICAL OPHTHALMOLOGY	
500	not a Treatment Function	
501	OBSTETRICS	The management of pregnancy and childbirth including miscarriages but excluding planned terminations.
502	GYNAECOLOGY	Disorders of the female reproductive system. Includes planned terminations.
503	GYNAECOLOGICAL ONCOLOGY	
510	Retired	Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required
520	Retired	Record as Obstetrics, postnatal clinic can be used as a local sub-specialty if required
560	MIDWIFE EPISODE	

600	not a Treatment Function	
610	Retired	Record as Obstetrics
620	Retired	Use the appropriate function under which the patient is treated
Therapies		
650	PHYSIOTHERAPY	The treatment of human function and movement to help people to achieve their full physical potential. The use of physical approaches to promote, maintain and restore wellbeing.
651	OCCUPATIONAL THERAPY	The use of specific activities to limit the effects of disability and promote independence in all aspects of daily life.
652	SPEECH AND LANGUAGE THERAPY	The assessment, treatment and help to prevent speech, language and swallowing difficulties.
653	PODIATRY	Also known as Chiroprody. The diagnosis and treatment of disorders, diseases and deformities of the feet.
654	DIETETICS	The application of the science of nutrition to devise eating plans for patients to treat medical conditions. The promotion of good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities.
655	ORTHOPTICS	The diagnosis and treatment of visual problems involving eye movement and alignment.
656	CLINICAL PSYCHOLOGY	The diagnosis and treatment of emotional and behavioural disorders.
657**	PROSTHETICS	The supply of prosthetics for PATIENTS .
658**	ORTHOTICS	The supply of orthoses for PATIENTS .
659**	DRAMATHERAPY	The use of drama and theatre techniques including role play, voice work and storytelling for therapeutic purposes.
660**	ART THERAPY	The use of art techniques including clay, paint and paper for therapeutic purposes and as a means of communication.
661**	MUSIC THERAPY	The use of music and all of its facets to help clients to improve or maintain their health.
662**	OPTOMETRY	The diagnosis and non-surgical treatment of disorders of the eye and vision care.
Psychiatry		
700	LEARNING DISABILITY	
710	ADULT MENTAL ILLNESS	
711	CHILD and ADOLESCENT PSYCHIATRY	
712	FORENSIC PSYCHIATRY	
713	PSYCHOTHERAPY	
715	OLD AGE PSYCHIATRY	
720	EATING DISORDERS	A specialist psychiatric service for the diagnosis and treatment of eating disorders including anorexia, bulimia and compulsive overeating.
721	ADDICTION SERVICES	The psychiatric prevention and treatment of substance misuse including drugs and alcohol
722	LIAISON PSYCHIATRY	The provision of psychiatric treatment to patients attending general hospitals including out-patient clinics, accident and emergency departments and admission to wards. Deals with the interface between physical and psychological health.
723	PSYCHIATRIC INTENSIVE CARE	The provision of psychiatric services to vulnerable individuals who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings.
724	PERINATAL PSYCHIATRY	A specialist psychiatric service for the diagnosis and treatment of post-natal psychiatric problems.
Radiology		
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)	The diagnosis and treatment, typically with radiotherapy, of patients with cancer.
810	not a Treatment Function	
811	INTERVENTIONAL RADIOLOGY	Not to be used for diagnostic imaging.
812	DIAGNOSTIC IMAGING	The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, ultrasound, MRI, PET or CT scans.
Pathology		
820	not a Treatment Function	

821	not a Treatment Function	
822	CHEMICAL PATHOLOGY	To be used for clinical management only.
823	not a Treatment Function	See Clinical Haematology
824	not a Treatment Function	
830	not a Treatment Function	See Clinical Immunology
831	not a Treatment Function	See Clinical Microbiology
832	Retired	
834**	MEDICAL VIROLOGY	The diagnosis and management and prevention of virus and related infections, in hospital and in the community including HIV/AIDS, other blood-borne infections like hepatitis B and C and newly emerging viruses such as SARS and avian flu.
840	AUDIOLOGY	Physiological measurement and diagnosis of hearing disorders, and the rehabilitation of patients with hearing loss.
Other		
900	not a Treatment Function	
901	not a Treatment Function	
950	not a Treatment Function	Use the appropriate function under which the patient is treated
960	not a Treatment Function	Use the appropriate function under which the patient is treated
990	Retired	

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
**	The functionality to report these TREATMENT FUNCTION CODES is available in the latest release of the Commissioning Data Sets and the associated CDS-XML Schema Release (6-1-1). These TREATMENT FUNCTION CODES cannot be transmitted in XML Schemas for the previous versions of the Commissioning Data Sets (6-0 and 6-1)
	TREATMENT FUNCTION CODES should be used for all aggregate Central Returns unless otherwise stated eg National Workforce Data Set uses MAIN SPECIALTY CODES
	GENERAL MEDICAL PRACTITIONER , NURSE and Allied Health Professional/ Biomedical Scientist / Clinical Scientist ACTIVITY should be recorded against the TREATMENT FUNCTION under which the PATIENT is treated
	Joint Consultant Clinic ACTIVITY should be recorded against the TREATMENT FUNCTION which best describes the specialised service

MATERNITY SERVICES SECONDARY USES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The Maternity and Children's Secondary Uses Data Sets have been developed as a key driver to achieving better outcomes of care for mothers, babies and children. The data set will provide comparative, mother and child-centric data that will include information on incidence and care that can be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities. The [Maternity Services Secondary Uses Data Set](#) will for the first time:

- allow maternal and child health data to be linked so that vital information can be used to improve services
- addressing health inequalities
- provide comparative data (demographics, equalities, interventions and outcomes from pregnancy through childhood) so that health visiting services can be directed to areas with most need
- improve accountability, making it easier for the public to access comparative information to support them in making decisions about type and place of care
- record outcomes to contribute to clinical risk management and governance to reduce litigation costs
- support the development of maternity networks and changes to the maternity tariff to drive the extension of women's choices of maternity care, and
- underpin the improvement of local information systems to meet data set standards.

Data Collection

The [Maternity Services Secondary Uses Data Set](#) provides the definitions for data:

- to be lodged in the data warehouse regularly and routinely e.g. monthly. Extracts for [Hospital Episode Statistics \(HES\)](#) and other reports will be taken at prearranged intervals for publication as currently with the process for Commissioning Data Sets;
- to be assembled, compiled and to flow into a secondary uses data warehouse;
- to provide timely, pseudonymised [PATIENT](#)-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

Data is expected to be collected from various clinical systems, collated and assembled through the compiler. This standard is intended to facilitate electronic data recording and reporting but it is not intended to create clinical records for maternity or to enable other systems to interoperate with other clinical systems.

The [PATIENT](#) held record continues to be central to the existing system for managing an individual's care. Introducing a [Maternity Services Secondary Uses Data Set](#) enables standardised collection of data from various services to be assembled for reporting purposes.

Submission information

For submission information, see the [Maternity and Childrens Data Sets Submission Requirements](#).

Further guidance

~~Further guidance has been produced by [The NHS Information Centre for health and social care](#) and is available at [Maternity Services Secondary Uses Data Set](#).~~ Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available at [Maternity Services Secondary Uses Data Set](#).

MENTAL HEALTH MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Mental Health Minimum Data Set](#) was introduced by [Data Set Change Notice 20/19/P13](#) in April 2000 in response to the lack of national clinical data collection in the mental health arena, in line with the information requirements of the emerging National Service Framework for Mental Health.

Since April 2003 ([Data Set Change Notice 49/2002](#)) it has been a mandatory requirement that all Providers of specialist adult, including elderly, mental health services submit central [Mental Health Minimum Data Set](#) returns on a quarterly basis, with an additional annual submission.

The [Mental Health Minimum Data Set](#) facilitates the collection of person-focussed clinical data and the sharing of such data to underpin the delivery of mental health care. It is structured around the clinical process and includes an outcome assessment ([Health of the Nation Outcome Scale \(Working Age Adults\)](#), or [HoNOS \(Working Age Adults\)](#)). It records the key role played by partner agencies, particularly social services.

The [Mental Health Minimum Data Set](#) describes [Adult Mental Health Care Spells](#). These comprise all interventions made for a [PATIENT](#) by a specialist [Adult Mental Health Care Team](#) from initial [REFERRAL REQUEST](#) to final discharge. For some individuals the [Adult Mental Health Care Spell](#) will comprise a short [Consultant Out-Patient Episode](#); for others it may extend over many years and include hospital, community, out-patient and day care episodes.

Information is collected relating to various stages in the journey of the [PATIENT](#), including activity such as [Hospital Provider Spells](#), [Consultant Out-Patient Episodes](#), community care, and NHS day care episodes; mental health reviews and assessments including Care Programme Approach (CPA) and [Health of the Nation Outcome Scale \(Working Age Adults\)](#), contacts with mental health professionals such as care co-ordinators, psychiatric [NURSES](#) and [CONSULTANTS](#); and also any diagnosis and treatment.

The prime purpose of the [Mental Health Minimum Data Set](#) is to provide local clinicians and managers with better quality information for clinical audit, and service planning and management.

Central collection provides improved national information, facilitating feedback to Trusts, and the setting of benchmarks. It will also allow the delivery of the National Service Framework for Mental Health priorities to be monitored.

The [Mental Health Minimum Data Set](#) data is collected from NHS funded providers of specialist mental health services and submitted via the Bureau Services Portal provided by the Systems and Services Delivery (SSD) team at NHS Connecting For Health. ~~The Bureau Service processes submissions and produces local extracts for provider and commissioner ORGANISATIONS, and a national pseudonymised extract for The NHS Information Centre for health and social care, for storage, analysis and reporting.~~ The Bureau Service processes submissions and produces local extracts for provider and commissioner ORGANISATIONS, and a national pseudonymised extract for the [Health and Social Care Information Centre](#), for storage, analysis and reporting.

Please note that the collection of the [Mental Health Minimum Data Set](#) does not replace any other collection of mental health data such as the Admitted Patient Care Commissioning Data Set Type Detained and/or Long Term Psychiatric Census, which should continue to be collected.

~~For further information on the [Mental Health Minimum Data Set](#), please view the following [The NHS Information Centre for health and social care](#) website.~~ For further information on the [Mental Health Minimum Data Set](#), please view the following [Health and Social Care Information Centre](#) website:

<http://www.ic.nhs.uk/services/mental-health/mhmds>

Mental Health Minimum Data Set Version History

Version	Date Issued	Summary of Changes	DSCN / ISN	Implementation Date
1.0	November 1999	Introduction of Mental Health Minimum Data Set	DSCN 20/99/P13	April 2000
1.1	June 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 27/2002	April 2003
1.2	September 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 29/2002	April 2003
1.3	October 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 48/2002	April 2003
2.0	October 2002	Mental Health Minimum Data Set - Mandatory Central returns. This version of the data set incorporates changes defined in Data Set Change Notice 27/2002, 29/2002 and 48/2002.	DSCN 49/2002	April 2003
2.1	November 2007	Introduction of Mental Health Minimum Data Set Version 2.1	DSCN 37/2007	November 2007
3.0	February 2008	Introduction of Mental Health Minimum Data Set Version 3.0 - incorporating changes required for Mental Health Act 2007 and Public Service Agreement Delivery Agreement 16 (Social Exclusion)	DSCN 06/2008	April 2008
3.5	November 2010	Advance notification of changes to the Mental Health Minimum Data Set to meet Payment by Results requirements.	Amd 41/2010	01 April 2011
4.0	April 2011	Introduction of Mental Health Minimum Data Set (Version 4-0) - incorporating changes required for Payment by Results and reduction of burden	Amd 87/2010	01 April 2012

NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The definition of the Neonatal Critical Care is linked to the definition of Neonatal Critical Care [Healthcare Resource Groups](#). These closely follow the definitions contained in the 2003 [Department of Health](#) report 'Report of the Neonatal Intensive Care Services Review Group'.

~~This takes account of related definitions which have been developed for the Maternity and Child Health data sets which are currently being drafted by [The NHS Information Centre for health and social care](#).~~ This takes account of related definitions which have been developed for the Maternity and Child Health data sets by the [Health and Social Care Information Centre](#).

The scope of the [Neonatal Critical Care Minimum Data Set](#) is:

- a) All PATIENTS on a WARD with a [CRITICAL CARE UNIT FUNCTION](#) Neonatal Intensive Care Unit regardless of care being delivered.
- b) All PATIENTS (excluding Mothers) on a WARD with a [CRITICAL CARE UNIT FUNCTION](#) Facility for Babies on a Neonatal Transitional Care Ward or Facility for Babies on a Maternity Ward to whom one or more of the following

[CRITICAL CARE ACTIVITIES](#) applies for a period greater than 4 hours:

- 01 Respiratory support via a tracheal tube
- 02 Nasal Continuous Positive Airway Pressure (nCPAP)
- 04 Exchange Transfusion
- 05 Peritoneal Dialysis
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin
- 07 Parenteral Nutrition
- 08 Convulsions
- 09 Oxygen Therapy
- 10 Neonatal abstinence syndrome
- 11 Care of an intra-arterial catheter or chest drain
- 12 Dilution Exchange Transfusion
- 13 Tracheostomy cared for by nursing staff
- 14 Tracheostomy cared for by external carer
- 15 Recurrent apnoea
- 16 Haemofiltration
- 22 Continuous monitoring
- 23 Intravenous glucose and electrolyte solutions
- 24 Tube-fed
- 25 Barrier nursed
- 26 Phototherapy
- 27 Special monitoring
- 28 Observations at regular intervals
- 29 Intravenous medication

If one or more of these [CRITICAL CARE ACTIVITIES](#) apply to a [PATIENT](#), then the [PATIENT](#) would be counted as receiving Neonatal Critical Care at the level of Intensive Care, High Dependency Care or Special Care depending on the [CRITICAL CARE ACTIVITIES](#) which apply.

Except in very exceptional circumstances, [CRITICAL CARE ACTIVITIES](#) 01 to 16 will only occur in a Neonatal Intensive Care Unit environment where all [PATIENTS](#) are covered by [Neonatal Critical Care Minimum Data Set](#) regardless of treatment. Care on [WARDS](#) with a [CRITICAL CARE UNIT FUNCTION](#) of 'Facility for Babies on a Neonatal Transitional Care Ward' or 'Facility for Babies on a Maternity Ward' will only be in respect of [CRITICAL CARE ACTIVITIES](#) 22 to 29 unless very exceptional circumstances apply. This does not prevent these [WARDS](#) recording [CRITICAL CARE ACTIVITIES](#) 01 to 16 on the [Neonatal Critical Care Minimum Data Set](#) if they occur. However, it does mean that such settings will in practice be dealing with a much shorter list of [CRITICAL CARE ACTIVITIES](#) which would determine whether the [Neonatal Critical Care Minimum Data Set](#) applied or not.

NHS CONTINUING HEALTHCARE QUARTERLY CENTRAL RETURN DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Department of Health](#) introduced the policy document 'The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care' in 2007 to establish a consistent and standardised guide to implementing the delivery of continuing care.

Continuing care is care provided over an extended period of time, to a [PERSON](#) aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

Further clarification can be found at the [Department of Health](#) website: [The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#).

In order to monitor the implementation and effectiveness of the Framework, the [Department of Health](#) has introduced a mandatory collection which requires quarterly figures to report the eligibility for and provision of [NHS CONTINUING HEALTHCARE](#) during the [REPORTING PERIOD](#).

~~The [NHS Continuing Healthcare Quarterly Central Return Data Set](#) should be submitted centrally via the Omnibus Survey system maintained by [The NHS Information Centre for health and social care](#).~~ The [NHS Continuing Healthcare Quarterly Central Return Data Set](#) should be submitted centrally via the Omnibus Survey system maintained by the [Health and Social Care Information Centre](#). More information can be found on the [Omnibus Survey website](#).

The collection includes:

- [PERSONS](#) aged 18 or over, receiving 100% [NHS CONTINUING HEALTHCARE](#) and recognised as eligible to receive [NHS CONTINUING HEALTHCARE](#) due to a primary health need under the guidelines of [The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#).
- [PERSONS](#) still recognised as eligible under the former [Strategic Health Authorities](#) eligibility criteria. This also includes [PERSONS](#) retrospectively identified as having a primary health need under the guidelines of the National Framework, that is for periods of care from October 1st 2007 onwards.
- A [PERSON](#) covered by Section 117 of the Mental Health Act 1983, as amended by the Mental Health Act 2007, who is receiving or is recognised as eligible to receive [NHS CONTINUING HEALTHCARE](#) for a primary health need that is not related to their mental health condition. **Note:** [PERSONS](#) covered by Sections 2, 3, 17 or 117 of the Mental Health Act 1983, as amended by the Mental Health Act 2007 are **excluded**.

The collection excludes:

- [PERSONS](#) identified retrospectively as having a primary health need for any period of care prior to October 1st 2007.
- [PERSONS](#) receiving either 100% or part NHS funding for [NHS CONTINUING HEALTHCARE](#) through other NHS funding streams.
- [PERSONS](#) receiving temporary 100% NHS funding for [NHS CONTINUING HEALTHCARE](#) , pending completion of a decision of eligibility to receive [NHS CONTINUING HEALTHCARE](#).

NHS FUNDED NURSING CARE ANNUAL CENTRAL RETURN DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Department of Health](#) introduced the policy document 'The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care' in 2007 to establish a consistent and standardised guide to implementing the delivery of continuing care.

Continuing care is care provided over an extended period of time, to a [PERSON](#) aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

Further clarification can be found at the [Department of Health](#) websites: "[The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#)" and "[NHS-funded nursing care practice guide](#)".

In order to monitor the implementation and effectiveness of the Framework, the [Department of Health](#) has introduced a mandatory collection which requires an annual figure to report the provision of [NHS FUNDED NURSING CARE](#), at the end of the [REPORTING PERIOD](#).

~~The [NHS Funded Nursing Care Annual Central Return Data Set](#) should be submitted centrally via the Omnibus system maintained by [The NHS Information Centre for health and social care](#).~~ The [NHS Funded Nursing Care Annual Central Return Data Set](#) should be submitted centrally via the Omnibus system maintained by the [Health and Social Care Information Centre](#). More information can be found on the [Omnibus Survey website](#).

NHS HEALTH CHECKS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [NHS Health Checks Data Set](#) is used to

- Support a uniform, quality and safe [NHS Health Check Assessment](#) for all those eligible between the age of 40 and 74 in England.
- Ensure that everyone who is eligible for the check will receive the same 'face to face' national offer wherever their check is conducted.
- Help estimate the impact of the [NHS Health Check Programme](#) on local services and enable commissioners to be more responsive and effective in their commissioning of services to support the [NHS Health Check Programme](#).
- Provide a common and understood interface for Primary Care clinical system suppliers to support the process of risk assessment and [PATIENT](#) care.
- Support the reporting of [NHS Health Check Assessment](#) data for performance management and research purposes.

DATA EXTRACT SPECIFICATION

~~The [Department of Health](#) require NHS Primary Care System Suppliers to extract data, apply documented derivation rules and then securely transmit to [The NHS Information Centre for health and social care](#), where the information will be validated and~~

stored for [Department of Health](#) analysis. The [Department of Health](#) require NHS Primary Care System Suppliers to extract data, apply documented derivation rules and then securely transmit to the [Health and Social Care Information Centre](#), where the information will be validated and stored for [Department of Health](#) analysis.

The data extract consists of anonymised demographic data and a limited set of clinical observations. The data does not constitute the full [PATIENT](#) record.

Time period: The extract covers one calendar quarter.

Frequency: Reports are run quarterly, 6 weeks after the end of the quarter.

Format: Data returned should be formatted into a single comma separated variable (csv) file. The data elements should be transmitted in the order specified in the [NHS Health Checks Data Set](#) and issued guidance document.

Transmission: Electronic files are transmitted to [The NHS Information Centre for health and social care](#) via an encrypted web based portal hosted at [The NHS Information Centre for health and social care](#). **Transmission:** Electronic files are transmitted to the [Health and Social Care Information Centre](#) via an encrypted web based portal hosted at the [Health and Social Care Information Centre](#). This web portal enables delegated system suppliers to submit data files in a secure manner across the Internet after derivation rules have been applied.

Guidance and information on derivation rules, READ format mappings and transmission protocols are available from [The NHS Information Centre for health and social care](#). Guidance and information on derivation rules, READ format mappings and transmission protocols are available from the [Health and Social Care Information Centre](#).

ORGANISATIONS INTRODUCTION

Change to Supporting Information: Changed Description

[ORGANISATIONS](#) such as [The NHS Information Centre for health and social care](#), [General Medical Council](#) etc which are included in the NHS Data Model and Dictionary. [ORGANISATIONS](#) such as the [Health and Social Care Information Centre](#), [General Medical Council](#) etc which are included in the NHS Data Model and Dictionary.

Referenced Organisations:

- [American Joint Committee on Cancer](#)
- [British Psychological Society](#)
- [Care Quality Commission](#)
- [Community Health Partnership \(Scotland\)](#)
- [Department for Education](#)
- [Department for Work and Pensions](#)
- [Department for Work and Pensions Overseas Healthcare Team](#)
- [Department of Health](#)
- [Faculty of General Dental Practice \(UK\)](#)
- [GSt](#)
- [Health Protection Agency](#)
- [Information Standards Board for Health and Social Care](#)
- [International Health Terminology Standards Development Organisation](#)
- [Local Health Board \(Wales\)](#)
- [Local Commissioning Group \(Northern Ireland\)](#)
- [National Commissioning Group](#)
- [National Institute for Health and Clinical Excellence](#)
- [National Specialised Commissioning Group](#)
- [NHS Dental Services](#)
- [NHS Prescription Services](#)
- [NHS Wales Informatics Service](#)
- [Office for National Statistics](#)
- [Ofsted](#)
- [Organisation Data Service](#)
- [Royal College of General Practitioners](#)
- [Royal Pharmaceutical Society](#)
- [The Casemix Service](#)
- [The NHS Information Centre for health and social care](#)
- [UK National Screening Committee](#)
- [UK Terminology Centre](#)
- [World Health Organisation](#)
- [Union for International Cancer Control](#)

Regulatory Bodies:

- [General Chiropractic Council](#)
- [General Dental Council](#)
- [General Medical Council](#)
- [General Optical Council](#)
- [General Osteopathic Council](#)
- [General Pharmaceutical Council](#)
- [Health and Care Professions Council](#)
- [Nursing and Midwifery Council](#)
- [Ophthalmic Qualifications Committee](#)

- [World Health Organisation](#)

- [American Joint Committee on Cancer](#)
- [British Psychological Society](#)
- [Care Quality Commission](#)
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- [Department for Work and Pensions](#)
- [Department for Work and Pensions Overseas Healthcare Team](#)
- [Department of Health](#)
- [Faculty of General Dental Practice \(UK\)](#)
- [GS1](#)
- [Health and Social Care Information Centre](#)
- [Health Protection Agency](#)
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- [International Health Terminology Standards Development Organisation](#)
- [Local Health Board \(Wales\)](#)
- [Local Commissioning Group \(Northern Ireland\)](#)
- [National Commissioning Group](#)
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- [Ophthalmic Qualifications Committee](#)

ORGANISATIONS MENU

Change to Supporting Information: Changed Description

- **Referenced Organisations:**
 - [American Joint Committee on Cancer](#)
 - [British Psychological Society](#)
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 - [Department for Work and Pensions](#)
 - [Department for Work and Pensions Overseas Healthcare Team](#)
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 - [World Health Organisation](#)
- **Regulatory Bodies:**
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 - [General Dental Council](#)
 - [General Medical Council](#)
 - [General Optical Council](#)
 - [General Osteopathic Council](#)
 - [General Pharmaceutical Council](#)
 - [Health and Care Professions Council](#)
 - [Nursing and Midwifery Council](#)
 - [Ophthalmic Qualifications Committee](#)

PUBLICATION INFORMATION CONTACT DETAILS

Change to Supporting Information: Changed Description

- **NHS Data Model and Dictionary:**

NHS Data Model and Dictionary Service
NHS Connecting for Health
Princes Exchange
Princes Square
Leeds
LS1 4HY

Website: [NHS Data Model and Dictionary Service website](#)

Email: datastandards@nhs.net

- **[Information Standards Board for Health and Social Care:](#)**

[Information Standards Board for Health and Social Care](#)

Princes Exchange
Princes Square
Leeds
LS1 4HY

Website: [Information Standards Board for Health and Social Care website](#)

Email: information.standards@nhs.net

- **[Department of Health](#)**

Website: [Department of Health website](#)

Queries: [Contact Us Details](#)

Email: dhmail@dh.gsi.gov.uk

- **[The NHS Information Centre for health and social care](#)**

- **[Health and Social Care Information Centre](#)**

Website: [The NHS Information Centre for Health and Social Care website](#) **Website:** [Health and Social Care Information Centre website](#)

Queries: [Contact Us](#)

Email: enquiries@ic.nhs.uk

- **[Hospital Episode Statistics \(HES\):](#)**

Website: [HES online](#)

Queries: [HES queries](#)

- **Clinical Coding general enquiries:**

[International Classification of Diseases \(ICD\)](#)

[OPCS Classification of Interventions and Procedures \(OPCS-4\)](#)

[Read Coded Clinical Terms](#)

[Systematized Nomenclature of Medicine Clinical Terms \(SNOMED CT®\)](#)

Website: [NHS Classifications Service website](#)

E-mail: datastandards@nhs.net

- **[Organisation Data Service](#) Queries:**

[Organisation Data Service](#)

Hexagon House
Pynes Hill
Rydon Lane
Exeter
Devon EX2 5SE

Website:

[Organisation Data Service](#) information is published:

- on the NHSnet at: <http://nww.connectingforhealth.nhs.uk/ods/>
- to named recipients both inside the NHS and to others licensed to use this data in support of the NHS, through the online [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- as a subset of the data on the [NHS Choices website](#).

Email: exeter.helpdesk@nhs.net

Telephone: 01392 251 289

- **Postcodes:**

[Office for National Statistics](#)

Website: [Office for National Statistics website](#)

Email: info@statistics.gov.uk

Telephone: 0845 601 3034

Fax: 01633 652747

National Health Service Postcode Directory (NHSPD) Website: [National Statistics Postcode Products](#).

SECONDARY USES SERVICE

Change to Supporting Information: Changed Description

The [Secondary Uses Service](#) is designed to provide anonymous [PATIENT](#)-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

~~The NHS Information Centre for health and social care is establishing a single, secure data environment for the whole of the NHS.~~ [The Health and Social Care Information Centre](#) is establishing a single, secure data environment for the whole of the NHS. The [Secondary Uses Service](#) provides a consistent environment for the management and linkage of data, allowing better comparison of data across the care sector, together with associated analysis and reporting tools.

~~The NHS Information Centre for health and social care is working in partnership with NHS Connecting for Health, which manages the National Programme for IT.~~ [The Health and Social Care Information Centre](#) is working in partnership with NHS Connecting for Health, which manages the National Programme for IT. This joint programme team is responsible for the development and implementation of the [Secondary Uses Service](#).

Further information about the [Secondary Uses Service](#) can be found on the NHS Connecting for Health managed website at [Secondary Uses Service](#).

SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Department of Health](#) requires the mandatory collection of information on the [SERVICES](#) provided by [Sexual and](#)

[Reproductive Health Services](#) (formerly [Family Planning Clinics](#)) in order to monitor the implementation of the Government's strategy to reduce the number of teenage pregnancies.

The [Sexual and Reproductive Health Activity Data Set](#) will provide essential data to support and monitor the delivery of a number of key Government National Strategies aimed at reducing teenage pregnancies in England and improving sexual health. These strategies include:

- National Strategy for Sexual Health and HIV
[Department for Education](#) PSA target to reduce under 18 conceptions by 50 per cent by 2010
- Improved access to Contraception Services as undertaken in the [Care Quality Commission](#) in 2006/07 and 2007/08
- The National Teenage Pregnancy Strategy
- The National Standards, Local Action: Health and Social Care Standards and Planning Framework (2004)

Improving [Sexual and Reproductive Health Services](#) and encouraging young people to seek advice are important aspects of the Teenage Pregnancy Strategy. England's under 18 conception rate is 41.7 per 1000 and has fallen by 10.7 per cent since the launch of the Teenage Pregnancy strategy. The under 16 rate is 8.3 per 1000 and has fallen by 6.4 per cent over the same period. Statistics published in February 2009 by the [Office for National Statistics](#) show that in 2007 the under 18 conception rate rose by 2.6 per cent. Despite the rise in national figures in 2007, the long-term trend is still downward.

The success of the Teenage Pregnancy strategy relies on all local areas applying it effectively. However, there is still significant variation at a local level, with some areas achieving reductions of over 30 per cent, whereas in other areas, rates have increased.

Monitoring of the Teenage Pregnancy strategy is being undertaken partly through a National Indicator Set, which was issued in November 2001. This includes indicators on the provision of [Sexual and Reproductive Health Service](#) in accordance with Best Practice Guidance and the uptake of these by under 18 year olds. The [Sexual and Reproductive Health Activity Data Set](#) will provide data needed for these indicators.

The Best Practice Guidance on [Sexual and Reproductive Health Service](#) provision is concerned with the [Sexual and Reproductive Health Services](#) for young people under the age of 25, and this is reflected in this return. The guidance, to be published in 2009, will highlight the access to the full range of [CONTRACEPTION](#) as key to good [Sexual and Reproductive Health Service](#) provision as a means of reducing unplanned conceptions and repeat abortions.

The introduction of the requirements in this Data Set will replace the existing [KT31](#) return and are necessary to modernise this collection, make the data more relevant and rationalise certain data items. Improving the quality of commissioning is a key feature of the Government's health reform agenda and it has been highlighted that effective commissioning will have extensive information requirements. The purpose of this revised collection is to enable monitoring of activity at [Primary Care Trust](#) level to enable commissioners to understand which of their population groups are accessing [Sexual and Reproductive Health Services](#) and the [SERVICES](#) they are receiving. The [Sexual and Reproductive Health Activity Data Set](#) covers only face to face contacts with the [Sexual and Reproductive Health Service](#) whether in a clinic setting, in the [PATIENT](#)'s home or an alternative location.

DATA EXTRACT SPECIFICATION

Description: The [Sexual and Reproductive Health Activity Data Set](#) return includes individual face to face [PATIENT ACTIVITY](#) provided by [Sexual and Reproductive Health Services](#) in clinics and non-clinic venues (e.g. outreach facilities or domiciliary visits). Also included are [Sexual and Reproductive Health Services](#) provided by non - NHS clinics funded wholly or in part by the NHS (e.g. Brook). It does not include those provided by [CONSULTANTS](#) in Outpatient Clinics or those provided by [GENERAL MEDICAL PRACTITIONERS](#).

Data collected will be used by the NHS, [Care Quality Commission](#), [Department of Health](#) and other appropriate [ORGANISATIONS](#) to support the monitoring of the National Strategies on [Sexual and Reproductive Health Services](#), service provision, benchmarking and develop commissioning. The existing [KT31](#) Central Return Form will remain in operation alongside the [Sexual and Reproductive Health Activity Data Set](#) until such time as the [Department of Health](#) notify [ORGANISATIONS](#) that it will be discontinued.

Time period: The extract will cover one financial quarter.

Frequency: Extracts will run quarterly, 6 weeks after the end of the quarter.

Format: Data returned should be formatted to a comma separated variable (CSV) or in a MS Excel file. The data variables should be transmitted in the order specified in the [Sexual and Reproductive Health Activity Data Set](#).

~~Transmission: Data collated by the [Primary Care Trust](#) will be submitted via an on-line process to [The NHS Information Centre for health and social care](#).~~**Transmission:** Data collated by the [Primary Care Trust](#) will be submitted via an on-line process to the [Health and Social Care Information Centre](#).

SPECIAL HEALTH AUTHORITY

Change to Supporting Information: Changed Description

A [Special Health Authority \(SpHA\)](#) is an [ORGANISATION](#).

~~A [Special Health Authority](#) provides a health service to the whole of England, not just to a local community, for example, [The NHS Information Centre for health and social care](#), [National Institute for Health and Clinical Excellence](#) etc.~~A [Special Health Authority](#) provides a health service to the whole of England, not just to a local community, for example, [Health and Social Care Information Centre](#), [National Institute for Health and Clinical Excellence](#) etc.

[Special Health Authorities](#) are independent, but can be subject to ministerial direction in the same way as other NHS bodies.

For further information on [Special Health Authorities](#), see the NHS Choices website at:

- [Special Health Authorities](#)
- [Authorities and trusts](#).

STOP SMOKING SERVICE QUARTERLY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

- Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer and coronary heart disease.
- The [Department of Health](#) requires information on services provided by NHS [Health Care Providers](#).
- The [Stop Smoking Services Quarterly Data Set](#) provides essential information used to monitor the process of achieving the NHS targets to increase life expectancy at birth in England and to monitor the performance of [Stop Smoking Services](#).

Collection and Submission

- This return relates to [ACTIVITY](#) taking place over a 3 month period. The return is made quarterly and should be submitted by the thirty second working day after the end of the quarter to which it relates.
- This data should be submitted for each [Primary Care Trust](#).
- The data should be collected on responsible [Primary Care Trust](#) basis. The [Primary Care Trust](#)'s responsible population comprises:
 - all [PERSONS](#) registered with a [GP Practice](#) that forms part of the [Primary Care Trust](#), regardless of where the [PERSON](#) is resident, plus any [PERSONS](#) not registered with a [GP Practice](#) who are resident within the [Primary Care Trust](#)'s statutory geographical boundary.
 - Note that [PERSONS](#) resident within the [Primary Care Trust](#)'s statutory geographical boundary, but registered with a [GP Practice](#) that forms part of another [Primary Care Trust](#), are the responsibility of that other [Primary Care Trust](#).
 - The only **exception** to the above rules is where [PERSONS](#) receive a [Stop Smoking Service](#) at or near their workplace, which may be some distance from their home. For example, a [Stop Smoking Service](#) might be provided for commuters at their workplace in a large city. In such circumstances it is likely that people will be drawn from a range of places in the surrounding area e.g. commuters to London who live all around the south-east of England. Where a [PERSON](#) is judged to meet these criteria, the [Primary Care Trust](#) providing the [Stop Smoking Service](#) should include these people in their returns.

- The information in this Central Return Data Set is transmitted at aggregate level to [The NHS Information Centre for health and social care](#)'s web based data collection systems at <http://www.icweb.nhs.uk/stopsmokingservices>. NHS providers enter their data directly.
- The information in this Central Return Data Set is transmitted at aggregate level to the [Health and Social Care Information Centre](#)'s web based data collection systems at <http://www.icweb.nhs.uk/stopsmokingservices>. NHS providers enter their data directly.
- Further information on the NHS [Stop Smoking Services](#) and the monitoring scheme can be found at [Stop Smoking Services Guidance](#).

Synopsis of Data Set Content

- The [Stop Smoking Services Quarterly Data Set](#) requires the [REPORTING PERIOD START DATE](#) and [REPORTING PERIOD END DATE](#) for the quarter to which it relates.
- The collection is for:
 - Part 1A - The number of [PERSONS](#) with a [PERSON STOP SMOKING EPISODE](#) setting a [SMOKING QUIT DATE](#) and successfully quitting by [ETHNIC CATEGORY](#) and [PERSON GENDER](#). Pregnant women should be included but not separately identified.
 - Part 1B - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) by [AGE BAND AT SMOKING QUIT DATE](#) and [PERSON GENDER](#) together with the outcome at 4 week follow-up. Pregnant women should be included but not separately identified.
 - Part 1C - The number of [PERSONS](#) with a [PREGNANCY STATUS](#) of 'Yes' at the time of the [SMOKING QUIT DATE](#) and the outcome at 4 week follow-up.
 - Part 1D - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters with a [FREE PRESCRIPTIONS INDICATOR](#) of 'Entitled to free prescriptions'.
 - Part 1E - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [SOCIO-ECONOMIC CLASSIFICATION](#)
 - Part 1F - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [PHARMACOTHERAPY STOP SMOKING AID RECEIVED](#)
 - Part 1G - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [INTERVENTION SESSION TYPE](#)
 - Part 1H - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [INTERVENTION SETTING](#)
 - Part 2A - Financial Allocations for the year by type of allocation. (See [STOP SMOKING SERVICE PCT FINANCIAL ALLOCATION](#) and [STOP SMOKING SERVICE OTHER FINANCIAL ALLOCATION](#).)
Figures should be to the nearest pound.
 - Part 2B - Cumulative total spend on [Stop Smoking Services](#) in the year up to the [REPORTING PERIOD END DATE](#).
(See [STOP SMOKING SERVICE CUMULATIVE TOTAL SPEND](#).)
Parts 2A and 2B should include all monies from whatever source which have been specifically allocated to, or spent on, [Stop Smoking Services](#) e.g. additional funding such as Neighbourhood Renewal Funding.
Figures should be to the nearest pound.

OCCUPATION CODE TYPE

Change to Class: Changed Description

The standard national NHS Occupation Code for an [EMPLOYEE](#) filling a [POSITION](#) through an [ASSIGNMENT](#).

The NHS Occupation Codes are maintained by [The NHS Information Centre for health and social care](#), on behalf of the [Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#). The NHS Occupation Codes are maintained by the [Health and Social Care Information Centre](#), on behalf of the [Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#).

CONSULTANT CODE

Change to Attribute: Changed Description

A code uniquely identifying a [CONSULTANT](#).

The [CONSULTANT CODE](#) is derived from either the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) for [GENERAL MEDICAL PRACTITIONERS](#), or the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) for [GENERAL DENTAL PRACTITIONERS](#) (where the dentist doesn't have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#)).

For [GENERAL MEDICAL PRACTITIONERS](#) working as [CONSULTANTS](#), the [GENERAL MEDICAL PRACTITIONER'S GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) should be used, see data item note for [GENERAL MEDICAL PRACTITIONER \(SPECIFIED\)](#).

For [GENERAL DENTAL PRACTITIONERS](#), working as [CONSULTANTS](#), the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) should be used, prefixed with "C".

Where a Dental [CONSULTANT](#) does not have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#), the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) should be used, prefixed with "CD".

For Dental [CONSULTANTS](#), where the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) or [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) is not known, the default code should be used, see [CONSULTANT CODE](#) or [Organisation Data Service Default Codes](#).

Note: There are some overseas-qualified dentists who are not fully registered with the [General Dental Council](#) but enjoy what is called "Temporary Registration". These dentists are not currently in the scope of the Dental Consultant codes file published by the [Organisation Data Service](#) and will not be included.

Consultant Code format

Practitioner Code Type	Character Position								Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6	7	8				
Hospital Consultant	€	0-9	0-9	0-9	0-9	0-9	0-9	0-9	The NHS Information Centre for health and social care	Hospital Consultants in England and Wales	Consultant Code	Derived from GENERAL MEDICAL COUNCIL REFERENCE NUMBER , prefixed with a €
Dental Consultant	€	D	0-9	0-9	0-9	0-9	0-9	0-9	The NHS Information Centre for health and social care	Dental Consultants in England and Wales	Dental Consultant Code	Derived from GENERAL DENTAL COUNCIL REGISTRATION NUMBER , prefixed with CD. Note that GENERAL DENTAL COUNCIL REGISTRATION NUMBERS vary in length. Filling zeros are used between the prefix and GENERAL DENTAL COUNCIL REGISTRATION NUMBER , where required, to maintain total length of 8 characters
Hospital Consultant	C	0-9	0-9	0-9	0-9	0-9	0-9	0-9	Health and Social Care Information Centre	Hospital Consultants in England and Wales	Consultant Code	Derived from GENERAL MEDICAL COUNCIL REFERENCE NUMBER , prefixed with a C
Dental Consultant	C	D	0-9	0-9	0-9	0-9	0-9	0-9	Health and Social Care Information Centre	Dental Consultants in England and Wales	Dental Consultant Code	Derived from GENERAL DENTAL COUNCIL REGISTRATION NUMBER , prefixed with CD. Note that GENERAL DENTAL COUNCIL REGISTRATION NUMBERS vary in length. Filling zeros are used between the prefix and GENERAL DENTAL COUNCIL

REGISTRATION NUMBER,
where required, to maintain
total length of 8 characters

For NHS [PATIENTS](#) treated overseas, the commissioner of the overseas treatment is responsible for assuring that the overseas doctor is provided with a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#). In the case of overseas doctors, the default code C9999998 should only be used where no [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) has been assigned.

All [Midwife Episodes](#) are identified in the Admitted Patient Care Commissioning Data Set (CDS) and [Hospital Episode Statistics](#) by a pseudo [MAIN SPECIALTY CODE](#), 560, see [Main Specialty and Treatment Function Codes](#). A default code is used in the [CONSULTANT CODE](#) field to show that a [MIDWIFE](#) is the responsible professional. Note that the [MIDWIFE](#)'s own code is not used.

All [Nursing Episodes](#) are identified in the Admitted Patient Commissioning Data Set and [Hospital Episode Statistics](#) by a pseudo [MAIN SPECIALTY CODE](#), 950, see [Main Specialty and Treatment Function Codes](#). A default code is used in the [CONSULTANT CODE](#) field to show that a [NURSE](#) is the responsible professional. Note that the [NURSE](#)'s own [Nursing and Midwifery Council](#) code is not used.

DOCTOR INDEX NUMBER

Change to Attribute: Changed Description

The [General Medical Council](#) allocates all doctors a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) on their first contact with the [General Medical Council](#).

~~If a doctor chooses to enter general practice in England or Wales, a further 6-digit number is allocated by [The NHS Information Centre for health and social care](#).~~ If a doctor chooses to enter general practice in England or Wales, a further 6-digit number is allocated by the [Health and Social Care Information Centre](#). This number is referred to as the [DOCTOR INDEX NUMBER](#).

The [DOCTOR INDEX NUMBER](#) is passed to the [NHS Prescription Services](#), which adds a leading character and a check digit to create the [GENERAL MEDICAL PRACTITIONER PPD CODE](#). The [NHS Prescription Services](#) uses this for the issue of prescription pads, etc.

A doctor can be both a [GENERAL PRACTITIONER](#) and a Hospital [CONSULTANT](#), and therefore hold a [DOCTOR INDEX NUMBER](#), [GENERAL MEDICAL PRACTITIONER PPD CODE](#) and a [CONSULTANT CODE](#) simultaneously.

Doctor Index Number Code Table

Practitioner Code Type	Character Position						Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6				
DOCTOR INDEX NUMBER	0-9	0-9	0-9	0-9	0-9	0-9	The NHS Information Centre for health and social care	GMPs in England & Wales	DIN	Allocated to a doctor upon applying to enter General Practice in England or Wales
DOCTOR INDEX NUMBER	0-9	0-9	0-9	0-9	0-9	0-9	Health and Social Care Information Centre	GMPs in England & Wales	DIN	Allocated to a doctor upon applying to enter General Practice in England or Wales

MAIN SPECIALTY CODE

Change to Attribute: Changed Description

A unique code identifying each [MAIN SPECIALTY](#) designated by Royal Colleges. This is the same as the [OCCUPATION CODES](#)

describing specialties.

Specialties are divisions of clinical work which may be defined by body systems (dermatology), age (paediatrics), clinical technology (nuclear medicine), clinical function (rheumatology), group of diseases (oncology) or combinations of these factors. Only Specialty titles recognised by the Royal Colleges and Faculties should be used. This list is maintained by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and European Primary and Specialist Dental Qualifications Regulations 1998.

Each [CONSULTANT](#) should be assigned a [MAIN SPECIALTY](#) by the [ORGANISATION](#) to which the [CONSULTANT](#) is contracted. For physicians and surgeons with a generalist component to their work, the [MAIN SPECIALTY](#) should be general medicine or general surgery. The hallmark of a general physician or general surgeon is the continued care of unselected emergency referrals. The [MAIN SPECIALTY](#) is specific to a [Health Care Provider](#). If, for example, a [CONSULTANT](#) physician working in two [Health Care Providers](#) has a generalist component to the work in one and not the other, general medicine is only assigned as the [MAIN SPECIALTY](#) in the former case. [CONSULTANTS](#) in general medicine or general surgery may also have specialist interests and these should be recorded as well as the [MAIN SPECIALTY](#).

The initial source of the information should be the designation on the [CONSULTANT](#)'s contract. This should be checked periodically against the work a [CONSULTANT](#) is actually doing so that the statistics can relate to a [CONSULTANT](#)'s current type of work.

The [MAIN SPECIALTY](#) only should be used for the purpose of producing Specialty costing statistics and for Workforce statistics where links with [ACTIVITY](#) and finance are required. Other specialist interests of [CONSULTANTS](#) may be recorded for workforce planning purposes.

This will be used to indicate the skill level of medical and dental employees.

For further information, contact [The NHS Information Centre for health and social care](#) by email at: enquiries@ic. For further information, contact the Health and Social Care Information Centre by email at: enquiries@ic.nhs.uk.

National Codes:

	Code	Main Specialty Title
Surgical Specialties		
	100	GENERAL SURGERY
	101	UROLOGY
	110	TRAUMA & ORTHOPAEDICS
	120	ENT
	130	OPHTHALMOLOGY
	140	ORAL SURGERY
	141	RESTORATIVE DENTISTRY
	142	PAEDIATRIC DENTISTRY
	143	ORTHODONTICS
	145	ORAL & MAXILLO FACIAL SURGERY
	146	ENDODONTICS
	147	PERIODONTICS
	148	PROSTHODONTICS
	149	SURGICAL DENTISTRY
	150	NEUROSURGERY
	160	PLASTIC SURGERY
	170	CARDIOTHORACIC SURGERY
	171	PAEDIATRIC SURGERY
	180	ACCIDENT & EMERGENCY
	191	Retired
Medical Specialties		
	190	ANAESTHETICS
	192	CRITICAL CARE MEDICINE
	300	GENERAL MEDICINE

	301	GASTROENTEROLOGY
	302	ENDOCRINOLOGY
	303	CLINICAL HAEMATOLOGY
	304	CLINICAL PHYSIOLOGY
	305	CLINICAL PHARMACOLOGY
	310	AUDIOLOGICAL MEDICINE
	311	CLINICAL GENETICS
*	312	CLINICAL CYTOGENETICS and MOLECULAR GENETICS (Retired 1 April 2010)
	313	CLINICAL IMMUNOLOGY and ALLERGY
	314	REHABILITATION
	315	PALLIATIVE MEDICINE
	320	CARDIOLOGY
	321	PAEDIATRIC CARDIOLOGY
**	325	SPORTS AND EXERCISE MEDICINE
**	326	ACUTE INTERNAL MEDICINE
	330	DERMATOLOGY
	340	RESPIRATORY MEDICINE (also known as thoracic medicine)
	350	INFECTIOUS DISEASES
	352	TROPICAL MEDICINE
	360	GENITOURINARY MEDICINE
	361	NEPHROLOGY
	370	MEDICAL ONCOLOGY
	371	NUCLEAR MEDICINE
	400	NEUROLOGY
	401	CLINICAL NEURO-PHYSIOLOGY
	410	RHEUMATOLOGY
	420	PAEDIATRICS
	421	PAEDIATRIC NEUROLOGY
	430	GERIATRIC MEDICINE
	450	DENTAL MEDICINE SPECIALTIES
**	451	SPECIAL CARE DENTISTRY
	460	MEDICAL OPHTHALMOLOGY
†	500	OBSTETRICS and GYNAECOLOGY
	501	OBSTETRICS
	502	GYNAECOLOGY
**	504	COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH
	510	Retired
	520	Retired
	560	MIDWIFE EPISODE
	600	GENERAL MEDICAL PRACTICE
	601	GENERAL DENTAL PRACTICE
	610	Retired
	620	Retired
Psychiatry		
	700	LEARNING DISABILITY
	710	ADULT MENTAL ILLNESS
	711	CHILD and ADOLESCENT PSYCHIATRY
	712	FORENSIC PSYCHIATRY
	713	PSYCHOTHERAPY
	715	OLD AGE PSYCHIATRY
Radiology		

	800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)
	810	RADIOLOGY
Pathology		
	820	GENERAL PATHOLOGY
	821	BLOOD TRANSFUSION
	822	CHEMICAL PATHOLOGY
	823	HAEMATOLOGY
	824	HISTOPATHOLOGY
	830	IMMUNOPATHOLOGY
	831	MEDICAL MICROBIOLOGY AND VIROLOGY
	832	Retired
**	833	MEDICAL MICROBIOLOGY (also known as MICROBIOLOGY AND BACTERIOLOGY)
**	834	MEDICAL VIROLOGY
Other		
	900	COMMUNITY MEDICINE
	901	OCCUPATIONAL MEDICINE
	902	COMMUNITY HEALTH SERVICES DENTAL
	903	PUBLIC HEALTH MEDICINE
	904	PUBLIC HEALTH DENTAL
	950	NURSING EPISODE
	960	ALLIED HEALTH PROFESSIONAL EPISODE
	990	Retired

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
*	Code 312 is retained for CONSULTANTS qualified in this Main Specialty prior to 1 April 2010.
**	The functionality to report these MAIN SPECIALTY CODES is available in the latest release of the Commissioning Data Sets and the associated CDS-XML Schema Release (6-1-1). These MAIN SPECIALTY CODES cannot be transmitted in XML Schemas for the previous versions of the Commissioning Data Sets (6-0 and 6-1).
	Pseudo MAIN SPECIALTY CODES should be used in Commissioning Data Set messages for lead CARE PROFESSIONALS other than CONSULTANT medical and dental staff e.g. 560, 950 and 960.
	The MAIN SPECIALTY CODE for GENERAL PRACTITIONERS is General Medical Practice or General Dental Practice
	Joint Consultant Clinic ACTIVITY should be recorded against the MAIN SPECIALTY CODE of the CONSULTANT managing the clinic

OCCUPATION CODE

Change to Attribute: Changed Description

The classification of an [OCCUPATION CODE TYPE](#) for an [EMPLOYEE](#) filling a [POSITION](#) through an [ASSIGNMENT](#).

The NHS Occupation Codes are maintained by [The NHS Information Centre for health and social care](#), on behalf of the [Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#). The NHS Occupation Codes are maintained by the [Health and Social Care Information Centre](#), on behalf of the [Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#).

OCCUPATION CODE DESCRIPTION

Change to Attribute: Changed Description

A text description , or name, of an [OCCUPATION CODE](#).

The NHS Occupation Codes are maintained by [The NHS Information Centre for health and social care](#), on behalf of the

[Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#). The NHS Occupation Codes are maintained by the Health and Social Care Information Centre, on behalf of the [Department of Health](#) and can be viewed at [NHS Occupation Code Manual](#).

TREATMENT FUNCTION CODE

Change to Attribute: Changed Description

A unique identifier for a [TREATMENT FUNCTION](#).

The appropriate [TREATMENT FUNCTION CODE](#) should be used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, even where the name of the [TREATMENT FUNCTION CODE](#) suggests it is limited for use by a particular Healthcare Profession.

[TREATMENT FUNCTION](#), rather than the Royal College or Faculty specialty, is required on most activity returns and in the Commissioning Data Sets (CDS). It is based on specialty, but also includes approved sub-specialties and treatment specialties used by lead [CARE PROFESSIONALS](#) including hospital [CONSULTANTS](#).

The appropriate [TREATMENT FUNCTION CODE](#) can be used by any lead [CARE PROFESSIONAL](#) e.g. Intermediate Care as the [ACTIVITY TREATMENT FUNCTION CODE](#) for a [Nursing Episode](#).

For further information, contact [The NHS Information Centre for health and social care](#) by email at: enquiries@ic. For further information, contact the Health and Social Care Information Centre by email at: enquiries@ic.nhs.uk.

National Codes:

Code	Treatment Function Title	Comments
Surgical Specialties		
100	GENERAL SURGERY	Includes sub-categories not elsewhere listed e.g. endocrine surgery.
101	UROLOGY	
102	TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts.
103	BREAST SURGERY	Includes treatment for cancer, suspected neoplasms, cysts and post-cancer reconstructive surgery. Excludes cosmetic surgery.
104	COLORECTAL SURGERY	Surgical treatment of disorders of the lower intestine (colon, anus and rectum)
105	HEPATOBIILIARY & PANCREATIC SURGERY	Includes liver surgery, but liver transplantation should be recorded in 102 Transplantation Surgery
106	UPPER GASTROINTESTINAL SURGERY	
107	VASCULAR SURGERY	
110	TRAUMA & ORTHOPAEDICS	
120	ENT	Ear, nose and throat
130	OPHTHALMOLOGY	
140	ORAL SURGERY	
141	RESTORATIVE DENTISTRY	Endodontics, Periodontics and Prosthodontics are all part of Restorative Dentistry
142	PAEDIATRIC DENTISTRY	
143	ORTHODONTICS	
144	MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery.
150	NEUROSURGERY	
160	PLASTIC SURGERY	
161	BURNS CARE	To be used by recognised specialist units and associated outreach services only
170	CARDIOTHORACIC SURGERY	Should only be used where there are no separate services for Cardiac Surgery and Thoracic Surgery
171	PAEDIATRIC SURGERY	This is paediatric general surgery

172	CARDIAC SURGERY	
173	THORACIC SURGERY	
174	CARDIOTHORACIC TRANSPLANTATION	To be used by recognised specialist units and associated outreach services only. Includes pre- and post-operative services.
180	ACCIDENT & EMERGENCY	
191	PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
Other Children's Specialties		
211	PAEDIATRIC UROLOGY	Dedicated services to children with appropriate facilities and support staff
212	PAEDIATRIC TRANSPLANTATION SURGERY	Dedicated services to children with appropriate facilities and support staff
213	PAEDIATRIC GASTROINTESTINAL SURGERY	Dedicated services to children with appropriate facilities and support staff. Includes Upper Gastrointestinal Surgery and Colorectal Surgery.
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS	Dedicated services to children with appropriate facilities and support staff.
215	PAEDIATRIC EAR NOSE AND THROAT	Dedicated services to children with appropriate facilities and support staff
216	PAEDIATRIC OPHTHALMOLOGY	Dedicated services to children with appropriate facilities and support staff
217	PAEDIATRIC MAXILLO-FACIAL SURGERY	Dedicated services to children with appropriate facilities and support staff
218	PAEDIATRIC NEUROSURGERY	Dedicated services to children with appropriate facilities and support staff
219	PAEDIATRIC PLASTIC SURGERY	Dedicated services to children with appropriate facilities and support staff
220	PAEDIATRIC BURNS CARE	Dedicated services to children with appropriate facilities and support staff
221	PAEDIATRIC CARDIAC SURGERY	Dedicated services to children with appropriate facilities and support staff
222	PAEDIATRIC THORACIC SURGERY	Dedicated services to children with appropriate facilities and support staff
241	PAEDIATRIC PAIN MANAGEMENT	Dedicated services to children with appropriate facilities and support staff
242	PAEDIATRIC INTENSIVE CARE	Only to be used by designated Paediatric Intensive Care Units
251	PAEDIATRIC GASTROENTEROLOGY	Dedicated services to children with appropriate facilities and support staff
252	PAEDIATRIC ENDOCRINOLOGY	Dedicated services to children with appropriate facilities and support staff
253	PAEDIATRIC CLINICAL HAEMATOLOGY	Dedicated services to children with appropriate facilities and support staff
254	PAEDIATRIC AUDIOLOGICAL MEDICINE	Dedicated services to children with appropriate facilities and support staff
255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY	Dedicated services to children with appropriate facilities and support staff
256	PAEDIATRIC INFECTIOUS DISEASES	Dedicated services to children with appropriate facilities and support staff
257	PAEDIATRIC DERMATOLOGY	Dedicated services to children with appropriate facilities and support staff
258	PAEDIATRIC RESPIRATORY MEDICINE	Dedicated services to children with appropriate facilities and support staff
259	PAEDIATRIC NEPHROLOGY	Dedicated services to children with appropriate facilities and support staff
260	PAEDIATRIC MEDICAL ONCOLOGY	Dedicated services to children with appropriate facilities and support staff
261	PAEDIATRIC METABOLIC DISEASE	Dedicated services to children with appropriate facilities and support staff
262	PAEDIATRIC RHEUMATOLOGY	Dedicated services to children with appropriate facilities and support staff
263**	PAEDIATRIC DIABETIC MEDICINE	Dedicated services to children with appropriate facilities and support staff

264**	PAEDIATRIC CYSTIC FIBROSIS	Dedicated services to children with appropriate facilities and support staff
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY	Dedicated services to children with appropriate facilities and support staff
290	COMMUNITY PAEDIATRICS	Includes routine health surveillance, health promotion, behavioural paediatrics and looked-after children. Excludes Paediatric Neuro-Disability.
291	PAEDIATRIC NEURO-DISABILITY	Dedicated services for children with Cerebral Palsy and non-progressive handicapping neurological conditions, with or without learning disability.
Medical Specialties		
190	ANAESTHETICS	This can be used in out-patients only. Pain Management should be recorded in 191.
192	CRITICAL CARE MEDICINE	also known as Intensive Care Medicine
300	GENERAL MEDICINE	Includes sub-categories not elsewhere listed e.g. metabolic medicine.
301	GASTROENTEROLOGY	
302	ENDOCRINOLOGY	
303	CLINICAL HAEMATOLOGY	Excludes ANTICOAGULANT SERVICE see 324
304	CLINICAL PHYSIOLOGY	Physiological measurement including ECG (e.g. exercise testing, stress testing), gastrointestinal physiology, cardiac physiology, vascular technology, urodynamics, and ophthalmic and vision science. Does not include Clinical Neurophysiology, Audiology or Respiratory Physiology.
305	CLINICAL PHARMACOLOGY	
306	HEPATOLOGY	Also known as liver medicine
307	DIABETIC MEDICINE	
308	BLOOD AND MARROW TRANSPLANTATION	Previously in Clinical Haematology. Includes haemopoietic stem cell transplantation.
309	HAEMOPHILIA	Previously in Clinical Haematology
310	AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests.
311	CLINICAL GENETICS	To be used by recognised specialist units and associated outreach services only.
312	not a Treatment Function	
313	CLINICAL IMMUNOLOGY and ALLERGY	Should only be used where there are no separate services for Clinical Immunology and Allergy
314	REHABILITATION	
315	PALLIATIVE MEDICINE	
316	CLINICAL IMMUNOLOGY	
317	ALLERGY	The diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions.
318	INTERMEDIATE CARE	Intermediate care encompasses a range of multi-disciplinary services designed to safeguard independence by maximising rehabilitation and recovery after illness or injury
319	RESPIRE CARE	
320	CARDIOLOGY	
321	PAEDIATRIC CARDIOLOGY	
322	CLINICAL MICROBIOLOGY	
323	SPINAL INJURIES	To be used by recognised specialist units and associated outreach services only.
324	ANTICOAGULANT SERVICE	The monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in out-patients only.
325**	SPORT AND EXERCISE MEDICINE	The diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment.
327**	CARDIAC REHABILITATION	Rehabilitation service for PATIENTS with or recovering from heart related conditions such as heart attacks or from procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health.

328**	STROKE MEDICINE	For stroke services excluding Transient Ischaemic Attack - see TREATMENT FUNCTION CODE 329
329**	TRANSIENT ISCHAEMIC ATTACK	A multidisciplinary service for rapid diagnosis and treatment of PATIENTS presenting with suspected Transient Ischaemic Attack and mini-strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke.
330	DERMATOLOGY	
340	RESPIRATORY MEDICINE	Also known as Thoracic Medicine
341	RESPIRATORY PHYSIOLOGY	Physiological measurement of the function of the respiratory system. Includes Sleep Studies (the diagnosis and treatment of sleep disordered breathing, including upper airway resistance syndrome and sleep apnoea).
342**	PROGRAMMED PULMONARY REHABILITATION	A multidisciplinary programme of care for PATIENTS with chronic respiratory impairment that is individually tailored and designed to optimise the individual's physical and social performance and autonomy.
343**	ADULT CYSTIC FIBROSIS	Specialised, multidisciplinary service concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only.
350	INFECTIOUS DISEASES	
352	TROPICAL MEDICINE	
360	GENITOURINARY MEDICINE	
361	NEPHROLOGY	
370	MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy , of PATIENTS with cancer.
371	NUCLEAR MEDICINE	
400	NEUROLOGY	
401	CLINICAL NEUROPHYSIOLOGY	The study of the central and peripheral nervous systems through the recording of bioelectrical activity. Includes EEG.
410	RHEUMATOLOGY	
420	PAEDIATRICS	
421	PAEDIATRIC NEUROLOGY	
422	NEONATOLOGY	Special Care, High Dependency and Intensive Care.
424	WELL BABIES	Care given by the mother/substitute with medical and neonatal nursing advice if needed
430	GERIATRIC MEDICINE	
450	DENTAL MEDICINE SPECIALTIES	Includes oral medicine.
460	MEDICAL OPHTHALMOLOGY	
500	not a Treatment Function	
501	OBSTETRICS	The management of pregnancy and childbirth including miscarriages but excluding planned terminations.
502	GYNAECOLOGY	Disorders of the female reproductive system. Includes planned terminations.
503	GYNAECOLOGICAL ONCOLOGY	
510	Retired	Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required
520	Retired	Record as Obstetrics, postnatal clinic can be used as a local sub-specialty if required
560	MIDWIFE EPISODE	
600	not a Treatment Function	
610	Retired	Record as Obstetrics
620	Retired	Use the appropriate function under which the patient is treated
Therapies		
650	PHYSIOTHERAPY	The treatment of human function and movement to help people to achieve their full physical potential. The use of physical approaches to promote, maintain and restore wellbeing.
651	OCCUPATIONAL THERAPY	The use of specific activities to limit the effects of disability and promote independence in all aspects of daily life.

652	SPEECH AND LANGUAGE THERAPY	The assessment, treatment and help to prevent speech, language and swallowing difficulties.
653	PODIATRY	Also known as Chiropody. The diagnosis and treatment of disorders, diseases and deformities of the feet.
654	DIETETICS	The application of the science of nutrition to devise eating plans for patients to treat medical conditions. The promotion of good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities.
655	ORTHOPTICS	The diagnosis and treatment of visual problems involving eye movement and alignment.
656	CLINICAL PSYCHOLOGY	The diagnosis and treatment of emotional and behavioural disorders.
657**	PROSTHETICS	The supply of prosthetics for PATIENTS .
658**	ORTHOTICS	The supply of orthoses for PATIENTS .
659**	DRAMATHERAPY	The use of drama and theatre techniques including role play, voice work and storytelling for therapeutic purposes.
660**	ART THERAPY	The use of art techniques including clay, paint and paper for therapeutic purposes and as a means of communication.
661**	MUSIC THERAPY	The use of music and all of its facets to help clients to improve or maintain their health.
662**	OPTOMETRY	The diagnosis and non-surgical treatment of disorders of the eye and vision care.
Psychiatry		
700	LEARNING DISABILITY	
710	ADULT MENTAL ILLNESS	
711	CHILD and ADOLESCENT PSYCHIATRY	
712	FORENSIC PSYCHIATRY	
713	PSYCHOTHERAPY	
715	OLD AGE PSYCHIATRY	
720	EATING DISORDERS	A specialist psychiatric service for the diagnosis and treatment of eating disorders including anorexia, bulimia and compulsive overeating.
721	ADDICTION SERVICES	The psychiatric prevention and treatment of substance misuse including drugs and alcohol
722	LIAISON PSYCHIATRY	The provision of psychiatric treatment to patients attending general hospitals including out-patient clinics, accident and emergency departments and admission to wards. Deals with the interface between physical and psychological health.
723	PSYCHIATRIC INTENSIVE CARE	The provision of psychiatric services to vulnerable individuals who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings.
724	PERINATAL PSYCHIATRY	A specialist psychiatric service for the diagnosis and treatment of post-natal psychiatric problems.
Radiology		
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)	The diagnosis and treatment, typically with radiotherapy, of patients with cancer.
810	not a Treatment Function	
811	INTERVENTIONAL RADIOLOGY	Not to be used for diagnostic imaging.
812	DIAGNOSTIC IMAGING	The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, ultrasound, MRI, PET or CT scans.
Pathology		
820	not a Treatment Function	
821	not a Treatment Function	
822	CHEMICAL PATHOLOGY	To be used for clinical management only.
823	not a Treatment Function	See Clinical Haematology
824	not a Treatment Function	
830	not a Treatment Function	See Clinical Immunology
831	not a Treatment Function	See Clinical Microbiology
832	Retired	
834**	MEDICAL VIROLOGY	The diagnosis and management and prevention of virus and related

		infections, in hospital and in the community including HIV/AIDS, other blood-borne infections like hepatitis B and C and newly emerging viruses such as SARS and avian flu.
840	AUDIOLOGY	Physiological measurement and diagnosis of hearing disorders, and the rehabilitation of patients with hearing loss.
Other		
900	not a Treatment Function	
901	not a Treatment Function	
950	not a Treatment Function	Use the appropriate function under which the patient is treated
960	not a Treatment Function	Use the appropriate function under which the patient is treated
990	Retired	

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
**	The functionality to report these TREATMENT FUNCTION CODES is available in the latest release of the Commissioning Data Sets and the associated CDS-XML Schema Release (6-1-1). These TREATMENT FUNCTION CODES cannot be transmitted in XML Schemas for the previous versions of the Commissioning Data Sets (6-0 and 6-1)
	TREATMENT FUNCTION CODES should be used for all aggregate Central Returns unless otherwise stated eg National Workforce Data Set uses MAIN SPECIALTY CODES
	GENERAL MEDICAL PRACTITIONER , NURSE and Allied Health Professional/ Biomedical Scientist / Clinical Scientist ACTIVITY should be recorded against the TREATMENT FUNCTION under which the PATIENT is treated
	Joint Consultant Clinic ACTIVITY should be recorded against the TREATMENT FUNCTION which best describes the specialised service

DATA SET SEGMENT IDENTIFIER (CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DATA SET)

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	
Default Codes:	

Notes:

[DATA SET SEGMENT IDENTIFIER \(CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DATA SET\)](#) is the segment identifier for the [Child and Adolescent Mental Health Services Secondary Uses Data Set](#), which is one of the three Maternity and Children's Secondary Uses Data Sets.

The segment identifiers can be found on [The NHS Information Centre for health and social care website](#). The segment identifiers can be found on the [Health and Social Care Information Centre website](#).

DATA SET SEGMENT IDENTIFIER (CHILDREN AND YOUNG PEOPLES HEALTH SERVICES SECONDARY USES DATA SET)

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	
Default Codes:	

Notes:

[DATA SET SEGMENT IDENTIFIER \(CHILDREN AND YOUNG PEOPLES HEALTH SERVICES SECONDARY USES DATA SET\)](#) is the segment identifier for the [Children and Young People's Health Service Secondary Uses Data Set](#), which is one of the three Maternity and Children's Secondary Uses Data Sets..

The segment identifiers can be found on [The NHS Information Centre for health and social care website](#). The segment identifiers can be found on the [Health and Social Care Information Centre website](#).

DATA SET SEGMENT IDENTIFIER (MATERNITY SERVICES SECONDARY USES DATA SET)

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	
Default Codes:	

Notes:

[DATA SET SEGMENT IDENTIFIER \(MATERNITY SERVICES SECONDARY USES DATA SET\)](#) is the segment identifier for the [Maternity Services Secondary Uses Data Set](#), which is one of the three Maternity and Children's Secondary Uses Data Sets.

~~The segment identifiers can be found on [The NHS Information Centre for health and social care website](#).~~ The segment identifiers can be found on the [Health and Social Care Information Centre website](#).

GENERAL MEDICAL PRACTITIONER (SPECIFIED)

Change to Data Element: Changed Description

Format/Length:	an8
HES Item:	REGGMP
National Codes:	
ODS Default Codes:	G9999998 - GENERAL MEDICAL PRACTITIONER PPD CODE not known G9999981 - GENERAL MEDICAL PRACTITIONER PPD CODE not applicable

Notes:

[GENERAL MEDICAL PRACTITIONER \(SPECIFIED\)](#) is the code of the [GENERAL MEDICAL PRACTITIONER](#) specified by the [PATIENT](#).

This [GENERAL MEDICAL PRACTITIONER](#) works within the [General Medical Practitioner Practice](#) with which the [PATIENT](#) is registered.

The [General Medical Council](#) allocates all doctors a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) on their first contact with the [General Medical Council](#).

Note - when a doctor is registered to practise medicine in the United Kingdom, their details will appear on the "[General Medical Council List of Registered Medical Practitioners](#)" (LRMP).

~~If an NHS doctor chooses to enter general practice, a further number is allocated, the [DOCTOR INDEX NUMBER](#), by [The NHS Information Centre for health and social care](#).~~ If an NHS doctor chooses to enter general practice, a further number is allocated, the [DOCTOR INDEX NUMBER](#), by the [Health and Social Care Information Centre](#). This number is passed to the [Primary Care Trust](#) requesting the number who then liaise with [NHS Prescription Services](#) on the issue of prescription pads etc. [NHS Prescription Services](#) use the number to derive the [GENERAL MEDICAL PRACTITIONER PPD CODE](#) by prefixing it with the character 'G' and adding a check digit at the end.

The [GENERAL MEDICAL PRACTITIONER](#) code is an eight character alphanumeric code, see [PERSON IDENTIFIER](#) and [GENERAL MEDICAL PRACTITIONER PPD CODE](#).

Whilst Ministry of Defence doctors provide general medical services to their communities, they are not [GENERAL MEDICAL PRACTITIONERS](#) and should not be recorded as Registered [GENERAL MEDICAL PRACTITIONERS](#). They can refer ([REFERRER CODE](#)).

For the [Organisation Data Service](#) contact details, see [Contact Details](#).

GMP (CODE OF REGISTERED OR REFERRING GMP) DESCRIPTION REPLACED 1 JUNE 2008.

This is the code of the GENERAL MEDICAL PRACTITIONER (GMP) with whom the PATIENT is registered.

A doctor receives a GENERAL MEDICAL COUNCIL REFERENCE NUMBER on qualification. If he/she then chooses to enter general practice, a further number is allocated (the DOCTOR INDEX NUMBER) by The NHS Information Centre for health and social care. This number is passed to the Primary Care Trust (PCT) requesting the number who then liaise with the NHS Business Services Authority Prescription Pricing Division on the issue of prescription pads etc. The NHS Business Services Authority Prescription Pricing Division use the number to derive the GENERAL MEDICAL PRACTITIONER PPD CODE by prefixing it with the character 'G' and adding a check digit at the end. The GENERAL MEDICAL PRACTITIONER code linked to his/her main practice is included on the National Administrative Codes Service (NACS) CD-ROM and the NACS *NHSnet* website.

The GENERAL MEDICAL PRACTITIONER code is an eight character alphanumeric code, see PERSON IDENTIFIER and GENERAL MEDICAL PRACTITIONER PPD CODE.

When a locum refers, use the code of the GENERAL PRACTITIONER for whom the locum is acting. See GENERAL MEDICAL PRACTITIONER PPD CODE.

For GENERAL PRACTITIONERS working in hospitals, the following codes should be used:

- if the GENERAL PRACTITIONER is working as an assistant, use the code of the responsible consultant;
- if the GENERAL PRACTITIONER is working as a consultant, use the GENERAL PRACTITIONER's GENERAL MEDICAL COUNCIL REFERENCE NUMBER.

Whilst Ministry of Defence (MoD) doctors provide general medical services to their communities, they are not GENERAL MEDICAL PRACTITIONERS and should not be recorded as Registered GENERAL MEDICAL PRACTITIONERS. They can refer (REFERRER CODE).

For the National Administrative Codes Service (NACS) contact details, see Contact Details.

For enquiries about this Change Request, please email datastandards@nhs.net