

## Health and Social Care Information Centre

### NHS Data Model and Dictionary Service

<b>Type:</b>	Data Dictionary Change Notice
<b>Reference:</b>	1393
<b>Version No:</b>	1.0
<b>Subject:</b>	Amendment to Inter-Provider Transfer Administrative Minimum Data Set Overview
<b>Effective Date:</b>	Immediate
<b>Reason for Change:</b>	Amendment
<b>Publication Date:</b>	15 January 2014

#### Background:

The Referral to Treatment Performance Sharing Data Set included information regarding the key data items which are required if the data set accompanies the clinical referral letter. In order that this information is not lost with the retirement of the Referral to Treatment Performance Sharing Data Set, the detail has been added to the overview of the Inter-Provider Transfer Administrative Minimum Data Set.

This Data Dictionary Change Notice appends the lists of key data items required to the Overview page of the Inter-Provider Transfer Administrative Minimum Data Set.

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](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:

##### Supporting Information

[INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET OVERVIEW](#)

Changed Description

**Date:** 15 January 2014

**Sponsor:** Ken Lunn, Head of Information Standards Delivery, Health and Social Care Information Centre

**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.

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## INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

### Contextual Overview

The NHS need to measure and monitor the [REFERRAL TO TREATMENT PERIOD](#) within [PATIENT PATHWAYS](#) to ensure that they are progressing as planned to achieve the 18 weeks target.

In an estimated 10% to 20% of cases, responsibility for the [PATIENT PATHWAY](#) will be transferred between [Health Care Providers](#). The receiving [Health Care Provider](#) would be unable to report on the 18 weeks target for

these cases unless the referring [Health Care Provider](#) supplied the [PATIENT PATHWAY](#) information at the time of transfer.

This data set specifies the data necessary to permit the receiving [Health Care Provider](#) to be able to report the [PATIENT](#)'s progress along their [PATIENT PATHWAY](#) and, in particular, their [REFERRAL TO TREATMENT PERIOD](#).

## Scope and Collection

- Completion is mandatory for all [PATIENTS](#) with a [REFERRAL TO TREATMENT PERIOD](#) where there has been a transfer of care to an alternative [Health Care Provider](#).
- Completion is mandatory for all [PATIENTS](#) with a [REFERRAL TO TREATMENT PERIOD](#) where there has been a transfer of care to an alternative [Health Care Provider](#).
- Completion is advisable for [PATIENTS](#) without a [REFERRAL TO TREATMENT PERIOD](#), where there has been a transfer of care to an alternative [Health Care Provider](#), but this is voluntary.
- The referring [ORGANISATION](#) should send the data set within 48 hours of [DECISION TO REFER DATE \(INTER-PROVIDER TRANSFER\)](#).
- Inter-provider transfer [SERVICE REQUESTS](#) for clinical opinion or diagnostics, where the care of the [PATIENT](#) remains with the referring [Health Care Provider](#), are voluntary.
- [SERVICE REQUESTS](#) associated with the following [PATIENT PATHWAYS](#) are also not currently included:
  - Non-elective [PATIENTS](#)
  - Planned admissions (usually part of a planned sequence of clinical care determined mainly on social or clinical criteria, for example, a check cystoscopy).

Where the [Inter-Provider Transfer Administrative Minimum Data Set](#) is sent WITH the clinical referral letter it is considered to be complete if the following key data items are included:

- [NHS NUMBER](#)
- [PATIENT PATHWAY IDENTIFIER](#)
- [ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#)
- [REFERRING ORGANISATION CODE](#)
- [REFERRAL TO TREATMENT PERIOD START DATE](#)
- [REFERRAL TO TREATMENT PERIOD STATUS \(INTER-PROVIDER TRANSFER\)](#)

Where the [Inter-Provider Transfer Administrative Minimum Data Set](#) is sent independently of the clinical referral letter, ALL mandated [Inter-Provider Transfer Administrative Minimum Data Set](#) data items must be completed.

## Further Guidance

Further guidance on the data set can be found in 'The Inter-Provider Transfer Administrative Data Set Operational Information Standard' and in [DSCN 30/2007](#).

Further guidance and definitions on [REFERRAL TO TREATMENT PERIODS](#) and those [PATIENT PATHWAYS](#) included within the 18 weeks target can be found in the [Department of Health](#) policy document [Tackling hospital waiting: the 18 week patient pathway](#). Further guidance and definitions on [REFERRAL TO TREATMENT PERIODS](#) and those [PATIENT PATHWAYS](#) included within the Consultant-Led Referral to Treatment Waiting Times can be found on the [NHS England website](#).

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For enquiries about this Change Request, please email [information.standards@hscic.gov.uk](mailto:information.standards@hscic.gov.uk)