

Health and Social Care Information Centre

NHS Data Model and Dictionary Service

Type: Data Dictionary Change Notice
Reference: 1507
Version No: 1.0
Subject: To add SUS CDS business rule H4 text
Effective Date: Immediate
Reason for Change: Updating of information
Publication Date: 27 May 2015

Background:

Secondary Uses Service (SUS)/National Tariff System (NTS) Live Service Support team have identified an issue resulting in the incorrect derivation of Healthcare Resource Groups (HRG) in the Commissioning Data Set (CDS) V6-2, resulting in lower levels of healthcare resources being assigned to an activity.

For accurate HRG derivation, data elements in the CDS tables marked with CDS business rule H4 need to be populated correctly.

This Data Dictionary Change Notice (DDCN) updates all data elements which flow in the CDS V6-2, that are marked with rule H4 to carry the text from the CDS business rule H4 as follows:

"This Data Element is used by the Secondary Uses Service to derive the Healthcare Resource Group 4. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource."

Please note that the Secondary Uses Guidance at <http://www.hscic.gov.uk/sus/pbrguidance> remains unchanged, and the DDCN is to bring the NHS Data Model and Dictionary into line with the guidance.

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:

Supporting Information

[COMMISSIONING DATA SET BUSINESS RULES](#)

Changed Description

Data Elements

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#)

Changed Description

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#)

Changed Description

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#)

Changed Description

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#)

Changed Description

[ACTIVITY TREATMENT FUNCTION CODE](#)

Changed Description

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#)

Changed Description

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#)

Changed Description

[ADVANCED RESPIRATORY SUPPORT DAYS](#)

Changed Description

[AGE AT CDS ACTIVITY DATE](#)

Changed Description

[AGE ON ADMISSION](#)

Changed Description

[BASIC CARDIOVASCULAR SUPPORT DAYS](#)

Changed Description

BASIC RESPIRATORY SUPPORT DAYS	Changed Description
CARE PROFESSIONAL MAIN SPECIALTY CODE	Changed Description
CRITICAL CARE DISCHARGE DATE	Changed Description
CRITICAL CARE LEVEL 2 DAYS	Changed Description
CRITICAL CARE LEVEL 3 DAYS	Changed Description
CRITICAL CARE START DATE	Changed Description
CRITICAL CARE UNIT FUNCTION	Changed Description
DERMATOLOGICAL SUPPORT DAYS	Changed Description
DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	Changed Description
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	Changed Description
END DATE (EPISODE)	Changed Description
EPISODE NUMBER	Changed Description
FIRST ATTENDANCE CODE	Changed Description
HOSPITAL PROVIDER SPELL NUMBER	Changed Description
LIVER SUPPORT DAYS	Changed Description
NEONATAL LEVEL OF CARE CODE	Changed Description
NEUROLOGICAL SUPPORT DAYS	Changed Description
ORGANISATION CODE (CODE OF PROVIDER)	Changed Description
PATIENT CLASSIFICATION CODE	Changed Description
PERSON GENDER CODE CURRENT	Changed Description
PRIMARY DIAGNOSIS (ICD)	Changed Description
RENAL SUPPORT DAYS	Changed Description
SECONDARY DIAGNOSIS (ICD)	Changed Description
SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	Changed Description
START DATE (EPISODE)	Changed Description
START DATE (HOSPITAL PROVIDER SPELL)	Changed Description

Date: 27 May 2015

Sponsor: Peter Counter, Chief Technology Officer, 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.

COMMISSIONING DATA SET BUSINESS RULES

Change to Supporting Information: Changed Description

The [Commissioning Data Sets](#) have notation to identify the business and/or processing rules which apply to individual Data Elements. This notation appears in the [Rules](#) column of the [Commissioning Data Sets](#) details page.

Population Validation

All Data Elements are subject to **length** validation. Some Data Elements are also subject to **format** and **content** validation against a list of permitted values defined in the NHS Data Model and Dictionary. The value lists are held on the Attribute which the Data Element is based on, plus default codes which are held on the Data Element itself.

RULE	POPULATION VALIDATION
F	The format is validated, for example the format of a DATE must comply with the XML standard.
V	The Data Element is validated against an explicit list of permitted values as defined in the NHS Data Model and Dictionary.

Business Rules

Some Data Elements are subject to additional Business Rules as indicated below:

- **Prefix H** = [Healthcare Resource Group](#) Business Rules.
- **Prefix I** = CDS-XML Schema anomalies and issues.
- **Prefix N** = NHS Data Standards and Policy Rules
- **Prefix S** = [Secondary Uses Service](#) Business Rules

PREFIX	BUSINESS RULES: H - Healthcare Resource Group Business Rules
H4	This Data Element is used by the Secondary Uses Service to derive the Healthcare Resource Group 4 . Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group , usually associated with lower levels of healthcare resource.
H4	This Data Element is used by the Secondary Uses Service to derive the Healthcare Resource Group 4 . Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group , usually associated with lower levels of healthcare resource. For further information, please refer to the Secondary Uses Service Guidance page.

PREFIX	BUSINESS RULES: I - CDS-XML Schema Anomalies and Issues
I1	This is a known schema anomaly and has been registered for future resolution.
I2	See the specifications in the NHS Data Model and Dictionary for the specific format characteristics of this Data Element.
I3	There is no national requirement to flow Healthcare Resource Group 4 (HRG4) through the Commissioning Data Sets, see DSCN 17/2008 .

PREFIX	BUSINESS RULES: N - NHS Data Standards and Policy Rules
N1	Psychiatric PATIENTS only.
N2	Not defined or approved by the Standardisation Committee for Care Information or its predecessor the Information Standards Board for Health and Social Care .
N3	The definition and value list for this data is under review.
N4	Up to 20 codes per daily activity occurrence may be recorded.
N5	This data should only flow in Commissioning Data Set version 6-1 for PATIENTS detained under the Mental Health Act prior to the Mental Health Act 2007.
N6	This data should only flow in Commissioning Data Set versions 6-1 and 6-2 for PATIENTS detained under the Mental Health Act 2007.
N7	From Commissioning Data Set version 6-0 onwards, the use of the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE in the location group is optional as it must be carried in the Episode Characteristics.

PREFIX	BUSINESS RULES: S - Secondary Uses Service Business Rules
S1	This mandatory Commissioning Data Set date is used as the originating date to determine the mandatory CDS ACTIVITY DATE .
S2	The Secondary Uses Service DOES NOT support the use of the CDS TEST INDICATOR . Therefore this Data Element must not be used .
S3	See Security Issues and Patient Confidentiality , for further information.
S4	Used to ensure the correct sequencing of multiple and/or subsequent Commissioning Data Set submissions.
S5	For CDS schema version 6-1-1 these ORGANISATION CODES must be present and registered with the Secondary Uses Service . The Commissioning Data Set Schema does not validate the content value of this data.
S6	All CDS REPORT PERIOD START DATES and CDS REPORT PERIOD END DATES must be consistent in all Commissioning Data Set records contained in a BULK Interchange submission. The CDS REPORT PERIOD START DATE must be on or before the CDS REPORT PERIOD END DATE . The CDS ACTIVITY DATE is a mandatory data element and must fall within the period defined. See the Commissioning Data Set Submission Protocol .
S7	See the Commissioning Data Set Addressing Grid .

S8	These Data Elements are required for correct processing by the Secondary Uses Service . If omitted, the Secondary Uses Service will reject the Commissioning Data Set data.
S9	The CDS UNIQUE IDENTIFIER is a mandatory data item when using the Net Change Protocol. When using the Bulk Update Protocol this data item is optional but it is strongly advised that where it can be correctly generated and maintained it should be used. See the Commissioning Data Set Submission Protocol .
S10	For CDS V6-1 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census Commissioning Data Set and CDS V6-2 Type 170 - Admitted Patient Care - Detained and or Long Term Psychiatric Census Commissioning Data Set , the CDS ACTIVITY DATE contains the CDS CENSUS DATE which is also the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE .
S11	For the following CDS TYPES , the CDS ACTIVITY DATE must contain the DATE OF ELECTIVE ADMISSION LIST CENSUS which is usually the end of the Period being reported: CDS V6-1 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set / CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set CDS V6-1 Type 040 - Elective Admission List - End Of Period Census (Old) Commissioning Data Set / CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) Commissioning Data Set CDS V6-1 Type 050 - Elective Admission List - End Of Period Census (New) Commissioning Data Set / CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) Commissioning Data Set
S12	These PERSON BIRTH DATE Data Elements must use DATES between 01/01/1880 and 31/12/2999 in order to pass validation
S13	Data Elements reporting a DATE (which is not a PERSON BIRTH DATE Data Element) must use dates between 01/01/1900 and 31/12/2999 in order to pass validation
S14	For Data Elements reporting a TIME , the hour portion must be between 00 and 23 inclusive in order to pass validation

ACCIDENT AND EMERGENCY INVESTIGATION - FIRST

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	See Accident and Emergency Investigation Table
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is the same as attribute [ACCIDENT AND EMERGENCY INVESTIGATION](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is the first recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) will be recognised as Primary Investigation (Accident and Emergency).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ACCIDENT AND EMERGENCY INVESTIGATION - SECOND

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	See Accident and Emergency Investigation Table
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is the same as attribute [ACCIDENT AND EMERGENCY INVESTIGATION](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is the second or subsequent [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and Schema version 6 onwards, [ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) will be recognised as Secondary Investigation (Accident and Emergency).

For Commissioning Data Set version 6 onwards there are no restrictions on the number of Secondary Investigations (Accident and Emergency) recorded.

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ACCIDENT AND EMERGENCY TREATMENT - FIRST

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	See Accident and Emergency Treatment Tables
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is the same as attribute [ACCIDENT AND EMERGENCY TREATMENT](#).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is the first recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) will be recognised as Primary Treatment (Accident and Emergency).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ACCIDENT AND EMERGENCY TREATMENT - SECOND

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	
National Codes:	See Accident and Emergency Treatment Tables
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is the same as attribute [ACCIDENT AND EMERGENCY TREATMENT](#).

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is the second or subsequent recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) will be recognised as Secondary Treatment (Accident and Emergency).

For Commissioning Data Set version 6 onwards there are no restrictions on the number of Secondary Treatment (Accident and Emergency) recorded.

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ACTIVITY TREATMENT FUNCTION CODE

Change to Data Element: Changed Description

Format/Length:	an3
HES Item:	TRETSPEF
National Codes:	See TREATMENT FUNCTION CODE
Default codes:	199 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly surgical 499 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly medical

Notes:

[ACTIVITY TREATMENT FUNCTION CODE](#) is the same as attribute [TREATMENT FUNCTION CODE](#).

The default codes 199 and 499 are only applicable for overseas health care providers.

[ACTIVITY TREATMENT FUNCTION CODE](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ACTIVITY TREATMENT FUNCTION CODE replaces **TREATMENT FUNCTION CODE**, and should be used for all new and developing data sets and for XML messages.

ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
HES Item:	ADMIMETH
National Codes:	See ADMISSION METHOD
Default Codes:	98 - Not applicable
	99 - Not known: a validation error

Notes:

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ADMISSION METHOD](#).

***Note - National Code 25 'Admission via Mental Health Crisis Resolution Team' is only valid for use in the [Mental Health and Learning Disabilities Data Set](#) and the Commissioning Data Set schema version 6-2. This value is not permitted to flow in Commissioning Data Set schema version 6-1-1. Users of Commissioning Data Set version 6-1 must map National Code 25 to another appropriate [ADMISSION METHOD](#) code for the purposes of flowing data through the Commissioning Data Set schema version 6-1-1.**

**** Note - National Codes 2A, 2B, 2C and 2D have been introduced to replace National Code 28 'Other means'. [Health Care Providers](#) should use these codes locally for collection of data as soon as possible. However the codes are only enabled to flow in the Commissioning Data Set schema version 6-2, and this must NOT be done until [Secondary Uses Service](#) Release 13 (April 2013) as the Payment Grouper will not be updated to use the codes until then. Users should map locally collected new codes to old value 28 until notified by the Information Centre that they are accepted by the Payment Grouper. Records containing these codes prior to April 2013 will U group and will consequently not attract tariff. Also, users of Commissioning Data Set schema 6-1-1 should map these values to National Code 28 for submission in these data sets, until they are able to migrate to Commissioning Data Set version 6-2.**

***** Note - National Code 28 should only be used in Commissioning Data Set version 6-1, and in Commissioning Data Set version 6-2 until advised by the [Health and Social Care Information Centre](#) (as per note ** above). Otherwise it should only be used after April 2013 in Commissioning Data Set Version 6-2 where [Health Care Providers](#) have not yet updated their systems to collect National Codes 2A, 2B, 2C and 2D, or for submission of historical data which was not collected using the new National Codes. National Code 28 will be retired when Commissioning Data Set version 6-1 is superseded.**

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL) replaces **ADMISSION METHOD (HOSPITAL PROVIDER SPELL)** and should be used for all new and developing data sets and for XML messages.

ADVANCED CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of advanced cardiovascular support 999 - occurred but day count not known

Notes:

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Advanced Cardiovascular Support' within the [CRITICAL CARE PERIOD](#).

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ADVANCED RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of advanced respiratory support 999 - occurred but day count not known

Notes:

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Advanced Respiratory Support' within the [CRITICAL CARE PERIOD](#).

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

AGE AT CDS ACTIVITY DATE

Change to Data Element: Changed Description

Format/Length:	n3
HES Item:	
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE AT CDS ACTIVITY DATE](#) is derived as the number of completed years between the [PERSON BIRTH DATE](#) of the [PATIENT](#) and the [CDS ACTIVITY DATE](#). [AGE AT CDS ACTIVITY DATE](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

AGE ON ADMISSION

Change to Data Element: Changed Description

Format/Length:	n3
HES Item:	
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE ON ADMISSION](#) is derived as the number of completed years between the [PERSON BIRTH DATE](#) of the [PATIENT](#) and the [START DATE \(HOSPITAL PROVIDER SPELL\)](#)

[AGE ON ADMISSION](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

BASIC CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of basic cardiovascular support 999 - occurred but day count not known

Notes:

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Basic Cardiovascular Support' within the [CRITICAL CARE PERIOD](#).

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

BASIC RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of basic respiratory support 999 - occurred but day count not known

Notes:

[BASIC RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[BASIC RESPIRATORY SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Basic Respiratory Support' within the [CRITICAL CARE PERIOD](#).

[BASIC RESPIRATORY SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CARE PROFESSIONAL MAIN SPECIALTY CODE

Change to Data Element: Changed Description

Format/Length:	an3
HES Item:	MAINSPEF
National Codes:	See MAIN SPECIALTY CODE
Default Codes:	199 - Non-UK provider; specialty function not known, treatment mainly surgical 499 - Non-UK provider; specialty function not known, treatment mainly medical

Notes:

[CARE PROFESSIONAL MAIN SPECIALTY CODE](#) is the same as attribute [MAIN SPECIALTY CODE](#).

[CARE PROFESSIONAL MAIN SPECIALTY CODE](#) is the specialty in which the [CONSULTANT](#) is contracted or recognised. [MAIN SPECIALTY](#) classifies clinical work divisions more precisely for a limited number of specialties.

All [Non-Consultant Led Activity](#) is identified by a pseudo [CARE PROFESSIONAL MAIN SPECIALTY CODE](#) of:

- 560 - [Non-Consultant Led Activity](#) - [Midwife Episode](#)
- 950 - [Non-Consultant Led Activity](#) - [Nursing Episode](#)
- 960 - [Non-Consultant Led Activity](#) - Allied Health Professional Episode.

The default codes 199 and 499 are only applicable for overseas providers.

For the purposes of the [Quarterly Bed Availability and Occupancy Data Set \(KH03\)](#), the applicable list of [CARE PROFESSIONAL MAIN SPECIALTY CODES](#) is available by emailing unify2@dh.qsi.gov.uk.

[CARE PROFESSIONAL MAIN SPECIALTY CODE](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CARE PROFESSIONAL MAIN SPECIALTY CODE replaces MAIN SPECIALTY CODE and should be used for all new and developing data sets and for XML messages.

CRITICAL CARE DISCHARGE DATE

Change to Data Element: Changed Description

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE DISCHARGE DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' for the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE DISCHARGE DATE](#) may be the:

- date the [PATIENT](#) is discharged from the critical care unit
- date the [PATIENT](#) died or
- date of declaration of brainstem death.

[CRITICAL CARE DISCHARGE DATE](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CRITICAL CARE LEVEL 2 DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more level 2 days 999 - level 2 days occurred but day count not known

Notes:

[CRITICAL CARE LEVEL 2 DAYS](#) is the total number of days a [PATIENT](#) received level 2 care during a [CRITICAL CARE PERIOD](#). From 000 to 997 days can be recorded; if 998 or more days have occurred the default code should be used.

[CRITICAL CARE LEVEL 2 DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [CRITICAL CARE LEVEL](#) is National Code 02 '[Level 2](#)' within the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE LEVEL 2 DAYS](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CRITICAL CARE LEVEL 3 DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more level 3 days 999 - level 3 days occurred but day count not known

Notes:

[CRITICAL CARE LEVEL 3 DAYS](#) is the total number of days a [PATIENT](#) received level 3 care during a [CRITICAL CARE PERIOD](#). From 000 to 997 days can be recorded; if 998 or more days have occurred the default code should be used.

[CRITICAL CARE LEVEL 3 DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [CRITICAL CARE LEVEL](#) is National Code 03 'Level 3' within the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE LEVEL 3 DAYS](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CRITICAL CARE START DATE

Change to Data Element: Changed Description

Format/Length:	see DATE
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE START DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Start Date' of the [CRITICAL CARE PERIOD](#). [CRITICAL CARE START DATE](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

CRITICAL CARE UNIT FUNCTION

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See CRITICAL CARE UNIT FUNCTION
Default Codes:	

Notes:

[CRITICAL CARE UNIT FUNCTION](#) is the same as attribute [CRITICAL CARE UNIT FUNCTION](#).

The National Codes for non standard locations may be recorded where the delivery of care is [CRITICAL CARE LEVEL](#) National Code 02 'Level 2' or 03 'level 3' and the duration of care is greater than four hours.

[CRITICAL CARE UNIT FUNCTION](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

DERMATOLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of dermatological support 999 - occurred but day count not known

Notes:

The total number of days that the [PATIENT](#) received dermatological system support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

This is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 08 'Dermatological Support' within the [CRITICAL CARE PERIOD](#).

[DERMATOLOGICAL SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
HES Item:	DISDEST
National Codes:	See DISCHARGE DESTINATION
Default Codes:	98 - Not applicable - Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished 99 - Not known: a validation error

Notes:

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [DISCHARGE DESTINATION](#).

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) replaces [DISCHARGE DESTINATION \(HOSPITAL PROVIDER SPELL\)](#), and should be used for all new and developing data sets and for XML messages.

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an1
HES Item:	DISMETH
National Codes:	See DISCHARGE METHOD
Default Codes:	8 - Not applicable - Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished 9 - Not known: a validation error

Notes:

[DISCHARGE METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [DISCHARGE METHOD](#).

[DISCHARGE METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

[DISCHARGE METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) replaces [DISCHARGE METHOD \(HOSPITAL PROVIDER SPELL\)](#) and should be used for all new and developing data sets and for XML messages.

END DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length:	See DATE
HES Item:	EPIEND
National Codes:	
Default Codes:	

Notes:

[END DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of an Episode. [END DATE \(EPISODE\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

EPISODE NUMBER

Change to Data Element: Changed Description

Format/length:	n2
HES item:	EPIORDER
National Codes:	
Default Codes:	98 - Not applicable 99 - Not known: a validation error

Notes:

[EPISODE NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#) and is used to uniquely identify episodes, and is a sequence number for each [Consultant Episode \(Hospital Provider\)](#) in a [Hospital Provider Spell](#). The first episode of each new [Hospital Provider Spell](#) (including re-admitted [PATIENTS](#)) commences at 01.

A known [EPISODE NUMBER](#) can be between 01 to 87.

For other [Health Care Provider](#) episodes, it is a sequence number for a [CONSULTANT/PATIENT](#) combination; or it is a sequence number for each [Sexual Health and HIV Episode](#); or it is a sequence number for each [Community Episode](#) in a [Nursing In The Community Programme](#).

[EPISODE NUMBER](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

FIRST ATTENDANCE CODE

Change to Data Element: Changed Description

Format/Length:	an1
HES Item:	
National Codes:	See FIRST ATTENDANCE
Default Codes:	

Notes:

[FIRST ATTENDANCE CODE](#) is the same as attribute [FIRST ATTENDANCE](#).

[FIRST ATTENDANCE CODE](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

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

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Description

Format/Length:	an12
HES Item:	PROVSPNO
National Codes:	
Default Codes:	

Notes:

[HOSPITAL PROVIDER SPELL NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

A [HOSPITAL PROVIDER SPELL NUMBER](#) is a unique identifier for each [Hospital Provider Spell](#) for a [Health Care Provider](#).

HOSPITAL PROVIDER SPELL NUMBER is used by the **Secondary Uses Service** to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect **Healthcare Resource Group**, usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

LIVER SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of liver support 999 - occurred but day count not known

Notes:

LIVER SUPPORT DAYS is the total number of days that the **PATIENT** received liver support during a **CRITICAL CARE PERIOD**, ranging from 000 to 997 days.

LIVER SUPPORT DAYS is derived from the difference between the **ACTIVITY PROPERTY EFFECTIVE DATE** and the **ACTIVITY PROPERTY END DATE** for all **ACTIVITY PROPERTIES** where the **ORGAN SYSTEM SUPPORTED** is National Code 'Liver Support' within the **CRITICAL CARE PERIOD**.

LIVER SUPPORT DAYS is used by the **Secondary Uses Service** to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect **Healthcare Resource Group**, usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

NEONATAL LEVEL OF CARE CODE

Change to Data Element: Changed Description

Format/Length:	an1
HES Item:	NEOCARE
National Codes:	See NEONATAL LEVEL OF CARE
Default Codes:	8 - Not applicable: a still birth or the episode of care does not involve a neonate during all, or part, of the duration of the episode 9 - Not known: the episode of care involves a neonate and is finished but no data has been entered, or the episode involves a neonate and is unfinished therefore no data needs to be present. This would constitute a validation error only for a finished episode

Notes:

NEONATAL LEVEL OF CARE CODE is the same as attribute **NEONATAL LEVEL OF CARE**.

The value recorded must be the highest level of care given during a **Hospital Provider Spell** with **Neonatal Level Of Care Periods**.

NEONATAL LEVEL OF CARE CODE is used by the **Secondary Uses Service** to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect **Healthcare Resource Group**, usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

NEONATAL LEVEL OF CARE CODE replaces NEONATAL LEVEL OF CARE and should be used for all new and developing data sets and for XML messages.

NEUROLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of neurological support 999 - occurred but day count not known

Notes:

The total number of days that the [PATIENT](#) received neurological system support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 999 days.

This is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 06 'Neurological Support' within the [CRITICAL CARE PERIOD](#).

[NEUROLOGICAL SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

ORGANISATION CODE (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/Length:	an3, an5 or an6
HES Item:	PROCEDURE
National Codes:	
ODS Default Codes :	89997 - Non-UK provider where no ORGANISATION CODE has been issued 89999 - Non-NHS UK provider where no ORGANISATION CODE has been issued

Notes:

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

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) is the [ORGANISATION CODE](#) of the [ORGANISATION](#) acting as a [Health Care Provider](#).

For [Commissioning Data Sets](#), the [ORGANISATION CODE \(CODE OF PROVIDER\)](#) should always be the [ORGANISATION CODE](#) of the [Health Care Provider](#) receiving the [National Tariff Payment System](#) income.

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

PATIENT CLASSIFICATION CODE

Change to Data Element: Changed Description

Format/Length:	an1
HES Item:	CLASSPAT
National Codes:	See PATIENT CLASSIFICATION
Default Codes:	8 - Not applicable

Notes:

[PATIENT CLASSIFICATION CODE](#) is derived from the [ADMISSION METHOD](#), [INTENDED MANAGEMENT](#) and the duration of stay of the [PATIENT](#).

The duration of stay is derived by subtracting the date of admission from the date of discharge.

In the case of maternity [PATIENTS](#), the use being made of the delivery facilities is also used in this derivation.

[PATIENT CLASSIFICATION CODE](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

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

PERSON GENDER CODE CURRENT

Change to Data Element: Changed Description

Format/Length:	an1
HES Item:	
National Codes:	See PERSON GENDER CODE
Default Codes:	

Notes:

[PERSON GENDER CODE CURRENT](#) is the same as attribute [PERSON GENDER CODE](#) where the [PERSON GENDER TYPE](#) is National Code 'Person Gender Current'.

[PERSON GENDER CODE CURRENT](#) is a [PERSON](#)'s gender currently.

[PERSON GENDER CODE CURRENT](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

[PERSON GENDER CODE CURRENT](#) will be replaced with [PERSON STATED GENDER CODE](#), which should be used for all new and developing systems and for XML messages.

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
HES Item:	
National Codes:	
Default Codes:	

Notes:

[PRIMARY DIAGNOSIS \(ICD\)](#) is the same as attribute [CLINICAL CLASSIFICATION CODE](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) is the [International Classification of Diseases \(ICD\)](#) code used to identify the [PRIMARY DIAGNOSIS](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

RENAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	000 - 997 days 998 = 998 or more days of renal support 999 = occurred but day count not known

Notes:

[RENAL SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received renal system support during a [CRITICAL CARE PERIOD](#).

This is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 05 'Renal Support' within the [CRITICAL CARE PERIOD](#).

[RENAL SUPPORT DAYS](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

SECONDARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
HES Item:	

National Codes:

Default Codes:

Notes:

[SECONDARY DIAGNOSIS \(ICD\)](#) is the same as attribute [CLINICAL CLASSIFICATION CODE](#).

[SECONDARY DIAGNOSIS \(ICD\)](#) is the [International Classification of Diseases \(ICD\)](#) code used to identify the secondary [PATIENT DIAGNOSIS](#).

For [Commissioning Data Sets](#) (CDS) purposes it is recommended that multiple Diagnoses are recorded and the CDS-XML Message (CDS Version 6 onwards) has been designed to carry as many Diagnoses as required.

[SECONDARY DIAGNOSIS \(ICD\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually resulting in lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
HES Item:	ADMISORC
National Codes:	See SOURCE OF ADMISSION
Default Codes:	98 - Not applicable 99 - Not known: a validation error

Notes:

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [SOURCE OF ADMISSION](#).

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of Healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) replaces [SOURCE OF ADMISSION \(HOSPITAL PROVIDER SPELL\)](#), and should be used for all new and developing data sets and for XML messages.

START DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length:	See DATE
HES Item:	EPISTART

National Codes:
Default Codes:

Notes:

[START DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the episode. [START DATE \(EPISODE\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	See DATE
HES Item:	ADMIDATE
National Codes:	
Default Codes:	

Notes:

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Hospital Provider Spell](#).

The [Start Date](#) of the [Hospital Provider Spell](#) is the date of admission: the [CONSULTANT](#) or [MIDWIFE](#) has assumed responsibility for care following the [DECISION TO ADMIT](#) the [PATIENT](#).

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is used by the [Secondary Uses Service](#) to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [Secondary Uses Service Guidance](#) page.

For enquiries about this Change Request, please email information.standards@hscic.gov.uk