

# NHS Data Model and Dictionary



**Type:** Data Dictionary Change Notice  
**Reference:** 1828  
**Version No:** 1.0  
**Subject:** NHS England and NHS Improvement  
**Effective Date:** Immediate  
**Reason for Change:** Change to Definitions  
**Publication Date:** 3 June 2021

## Background:

NHS England and NHS Improvement have worked together since 1 April 2019 and are now known as a single organisation.

The NHS England and NHS Improvement websites have now merged; therefore changes are required to the NHS Data Model and Dictionary to support the change.

This Data Dictionary Change Notice (DDCN):

- Updates the NHS England NHS Business Definition to create a single definition for NHS England and NHS Improvement
- Retires the NHS Improvement NHS Business Definition
- Updates all items that reference NHS England and NHS Improvement to reflect the change.

A short demonstration is available which describes "How to Read an NHS Data Model and Dictionary Change Request", in an easy to understand screen capture including a voice over and readable captions. This demonstration can be viewed at: [https://datadictionary.nhs.uk/elearning/Change\\_Request/index.html](https://datadictionary.nhs.uk/elearning/Change_Request/index.html).

Note: if the web page does not open, please copy the link and paste into the web browser. A guide to how to use the demonstration can be found at: [Demonstrations](#).

## Summary of changes:

### Supporting Information

<a href="#">AGGREGATE CONTRACT MONITORING DATA SET OVERVIEW</a>	Changed Description
<a href="#">DEPARTMENT OF HEALTH AND SOCIAL CARE</a>	Changed Description
<a href="#">DEVICES PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW</a>	Changed Description
<a href="#">DRUGS PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW</a>	Changed Description
<a href="#">HEALTHWATCH ENGLAND</a>	Changed Description
<a href="#">HIGH COST DEVICE</a>	Changed Description
<a href="#">HIGH COST DRUG</a>	Changed Description
<a href="#">HIGH COST TARIFF EXCLUDED DEVICE</a>	Changed Description
<a href="#">HIGH COST TARIFF EXCLUDED DRUG</a>	Changed Description
<a href="#">NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS</a>	Changed Description
<a href="#">NATIONAL TARIFF PAYMENT SYSTEM</a>	Changed Description
<a href="#">NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET OVERVIEW</a>	Changed Description
<a href="#">NHS ENGLAND AND NHS IMPROVEMENT</a> renamed from <a href="#">NHS ENGLAND</a>	Changed Description, Name
<a href="#">NHS FOUNDATION TRUST</a>	Changed Description
<a href="#">NHS IMPROVEMENT (RETIRED)</a> renamed from <a href="#">NHS IMPROVEMENT</a>	Changed Description, Name, status to Retired
<a href="#">NHS TRUST</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET OVERVIEW</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW</a>	Changed Description
<a href="#">PATIENT LEVEL INFORMATION COSTING SYSTEM RECONCILIATION DATA SET OVERVIEW</a>	Changed Description
<a href="#">VENOUS THROMBOEMBOLISM RISK ASSESSMENT DATA SET OVERVIEW</a>	Changed Description
<a href="#">YOUNG PERSONS TRANSITION PLAN</a>	Changed Description

### Attribute Definitions

<a href="#">BEST PRACTICE TARIFF CODE</a>	Changed Description
<a href="#">COMMISSIONED SERVICE CATEGORY CODE</a>	Changed Description
<a href="#">HIGH LEVEL CODE FOR HIGH COST TARIFF EXCLUDED DEVICE</a>	Changed Description
<a href="#">POINT OF DELIVERY CODE</a>	Changed Description
<a href="#">POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING</a>	Changed Description
<a href="#">POINT OF DELIVERY FURTHER DETAIL CODE</a>	Changed Description
<a href="#">POINT OF DELIVERY FURTHER DETAIL DESCRIPTION</a>	Changed Description
<a href="#">SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE</a>	Changed Description
<a href="#">SPECIALISED SERVICE CODE</a>	Changed Description
<a href="#">SPECIALIST SERVICES FLAG</a>	Changed Description
<a href="#">SUBSIDIARY LEVEL HIGH COST TARIFF EXCLUDED DEVICE CODE</a>	Changed Description
<a href="#">UNBUNDLED CURRENCY CODE</a>	Changed Description

#### Data Elements

<a href="#">TOTAL COST</a>	Changed Description
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**Date:** 3 June 2021

**Sponsor:** Nicholas Oughtbridge, Head of Clinical Data Architecture, NHS Digital

**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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#### AGGREGATE CONTRACT MONITORING DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

#### Introduction

The [Aggregate Contract Monitoring Data Set](#) is to enable the interchange, in a uniform and consistent format, of monthly aggregate [Contract Monitoring](#) data between all purchasers and [Health Care Providers](#). This will ensure that [Contract Monitoring](#) and reporting is consistent, comparable and fit for purpose across all commissioning [ORGANISATIONS](#).

Submission of the [Aggregate Contract Monitoring Data Set](#) is a contractual requirement and a recognised monthly reconciliation statement. It demonstrates the aggregated cost of commissioned clinical care provided to [PATIENTS](#) as well as financial adjustments not attributed directly to clinical care. The totality of expenditure documented in the [Aggregate Contract Monitoring Data Set](#) must be equivalent to the monetary value of the invoice raised by the [Health Care Provider](#) and presented to the commissioner.

#### Scope

The scope of the [Aggregate Contract Monitoring Data Set](#) is all NHS-funded clinical care provided (including drugs and [MEDICAL DEVICES](#) not covered by the [National Tariff Payment System](#)) provided to [PATIENTS](#) as well as financial adjustments not attributed directly to clinical care, for all commissioners. This covers:

- All NHS and [Independent Sector Healthcare Providers](#), secondary [Health Care Providers](#), (acute, mental health and community services), but not primary care, from whom the NHS commissions healthcare.
- ~~All NHS commissioners (Clinical Commissioning Groups or their equivalents and NHS England)~~
- All NHS commissioners ([Clinical Commissioning Groups](#) or their equivalents and [NHS England and NHS Improvement](#))

The [Aggregate Contract Monitoring Data Set](#) is an aggregation of the three separate patient-level [Contract Monitoring](#) data set flows:

- [Patient Level Contract Monitoring \(PLCM\)](#)
- [Drugs Patient Level Contract Monitoring \(DrPLCM\)](#)
- [Devices Patient Level Contract Monitoring \(DePLCM\)](#).

#### Submission

The [Aggregate Contract Monitoring Data Set](#) is submitted on a monthly basis to the respective [Data Services for Commissioners Regional Office \(DSCRO\)](#) as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the [NHS Standard Contract](#).

The completed monthly [Aggregate Contract Monitoring Data Set](#) should be transmitted using the [NHS Digital Data Landing Portal \(DLP\)](#).

For further information on the [Aggregate Contract Monitoring Data Set](#), see the [NHS England](#) website at: [Specialised Services Reporting Requirements](#). For further information on the [Aggregate Contract Monitoring Data Set](#), see the [NHS England and NHS Improvement](#) website at: [Directly commissioned services reporting requirements](#).

#### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes.

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## DEPARTMENT OF HEALTH AND SOCIAL CARE

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Change to Supporting Information: Changed Description

The [Department of Health and Social Care](#) is an [ORGANISATION](#).

The [Department of Health and Social Care \(DHSC\)](#) helps people to live more independent, healthier lives for longer. It leads, shapes and funds health and social care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

For further information on the [Department of Health and Social Care](#), see the [Department of Health and Social Care](#) part of the gov.uk website at:

- [About us](#) and
- [What we do](#).

A new health and care system became fully operational from 1 April 2013 to deliver the ambitions set out in the Health and Social Care Act 2012.

To achieve this, the [Department of Health and Social Care](#) is supported by a number of agencies and public bodies, including:

- [Care Quality Commission](#)
- [Health Education England](#)
- [Health Research Authority](#)
- [National Institute for Health and Care Excellence](#)
- [NHS Digital](#)
- [NHS England](#)
- [NHS England and NHS Improvement](#)
- [NHS Business Services Authority](#)
- [NHS Improvement](#)
- [Public Health England](#).

For further information on the role of the [Department of Health and Social Care](#) in the new system, see the [Department of Health and Social Care](#) part of the gov.uk website at: [The health and care system explained](#).

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## DEVICES PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

### Introduction

The purpose of the [Devices Patient Level Contract Monitoring Data Set \(DePLCM\)](#) is to enable the interchange, in a uniform format, of monthly [PATIENT](#) level device [Contract Monitoring](#) data between all purchasers and [Health Care Providers](#). This will ensure that device [Contract Monitoring](#) and reporting is consistent, comparable and fit for purpose across all commissioning [ORGANISATIONS](#).

The [Devices Patient Level Contract Monitoring Data Set](#) is a [PATIENT](#) level report containing [PATIENT](#) identifiers relating to [High Cost Tariff Excluded Devices](#). Its purpose is to substantiate and provide detail to the information contained within the [Aggregate Contract Monitoring Data Set \(ACM\)](#).

### Scope

The scope of the [Devices Patient Level Contract Monitoring Data Set](#) is all NHS-funded [MEDICAL DEVICES](#) not reimbursed through the [National Tariff Payment System](#), as defined in the [NHS Improvement National Tariff Payment System High Cost Devices list](#) and any high cost devices not associated with a National Tariff, provided to [PATIENTS](#) for all NHS commissioners. The scope of the [Devices Patient Level Contract Monitoring Data Set](#) is all NHS-funded [MEDICAL DEVICES](#) not reimbursed through the [National Tariff Payment System](#), as defined in the [NHS Improvement National Tariff Payment System High Cost Devices list](#) and any [High Cost Devices](#) not associated with a National Tariff, provided to [PATIENTS](#) for all NHS commissioners.

This covers:

- All acute and community NHS and [Independent Sector Healthcare Provider](#) secondary [Health Care Providers](#), but not primary care, from whom the NHS commissions healthcare;

- All NHS commissioners ([Clinical Commissioning Groups](#) or their equivalents and [NHS England](#)).
- All NHS commissioners ([Clinical Commissioning Groups](#) or their equivalents and [NHS England and NHS Improvement](#)).

Note that the totality of expenditure in the [Devices Patient Level Contract Monitoring Data Set](#) must be equivalent to the aggregate monetary value shown relating to [High Cost Tariff Excluded Devices](#) in the [Aggregate Contract Monitoring Data Set](#).

### Submission

The [Devices Patient Level Contract Monitoring Data Set](#) is submitted on a monthly basis to the respective [Data Services for Commissioners Regional Office \(DSCRO\)](#) as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the [NHS Standard Contract](#).

The completed monthly [Devices Patient Level Contract Monitoring Data Set](#) should be transmitted using the [NHS Digital Data Landing Portal \(DLP\)](#).

For further information on the [Devices Patient Level Contract Monitoring Data Set](#), see the [NHS England](#) website at: [Specialised Services Reporting Requirements](#). For further information on the [Devices Patient Level Contract Monitoring Data Set](#), see the [NHS England and NHS Improvement](#) website at: [Directly commissioned services reporting requirements](#).

### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes.

### Data Set Constraints

For guidance on the Data Set constraints, see the [Devices Patient Level Contract Monitoring Data Set Constraints](#).

## DRUGS PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

### Introduction

The purpose of the [Drugs Patient Level Contract Monitoring Data Set \(DrPLCM\)](#) is to enable the interchange, in a uniform format, of monthly [PATIENT](#) level drug [Contract Monitoring](#) data between all purchasers and [Health Care Providers](#). This will ensure that drug [Contract Monitoring](#) and reporting is consistent, comparable and fit for purpose across all commissioning [ORGANISATIONS](#).

The [Drugs Patient Level Contract Monitoring Data Set](#) is a [PATIENT](#) level report containing [PATIENT](#) identifiers relating to high cost (National Tariff-excluded) drugs. Its purpose is to substantiate and provide detail to the aggregate information contained within the [Aggregate Contract Monitoring Data Set \(ACM\)](#).

### Scope

The scope of the [Drugs Patient Level Contract Monitoring Data Set](#) is all NHS funded [PRESCRIBED ITEMS](#) not reimbursed through [National Tariff Payment System](#), as defined by the [NHS Improvement National Tariff Payment System High Cost Tariff Excluded Drugs](#) list, provided to [PATIENTS](#) for all NHS commissioners. The scope of the [Drugs Patient Level Contract Monitoring Data Set](#) is all NHS-funded [PRESCRIBED ITEMS](#) not reimbursed through [National Tariff Payment System](#), as defined by the [NHS England and NHS Improvement National Tariff Payment System High Cost Tariff Excluded Drugs](#) list, provided to [PATIENTS](#) for all NHS commissioners.

This covers:

- All acute and community NHS and [Independent Sector Healthcare Provider](#) secondary [Health Care Providers](#), but not primary care, from whom the NHS commissions healthcare;
- All NHS commissioners ([Clinical Commissioning Groups](#) or their equivalents and [NHS England](#)).
- All NHS commissioners ([Clinical Commissioning Groups](#) or their equivalents and [NHS England and NHS Improvement](#)).

Note that the totality of expenditure in the [Drugs Patient Level Contract Monitoring Data Set](#) must be equivalent to the aggregate monetary value shown relating to [High Cost Tariff Excluded Drugs](#) in the [Aggregate Contract Monitoring Data Set](#).

### Submission

The [Drugs Patient Level Contract Monitoring Data Set](#) is required to be submitted on a monthly basis to the respective [Data Services for Commissioners Regional Office \(DSCRO\)](#) as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the [NHS Standard Contract](#).

The completed monthly [Drugs Patient Level Contract Monitoring Data Set](#) should be transmitted using the [NHS Digital Data Landing Portal \(DLP\)](#).

~~For further information on the [Drugs Patient Level Contract Monitoring Data Set](#), see the [NHS England](#) website at: [Directly Commissioned Services Reporting Requirements](#).~~ For further information on the [Drugs Patient Level Contract Monitoring Data Set](#), see the [NHS England and NHS Improvement](#) website at: [Directly Commissioned Services Reporting Requirements](#).

## Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes.

## Data Set Constraints

For guidance on the Data Set constraints, see the [Drugs Patient Level Contract Monitoring Data Set Constraints](#).

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### HEALTHWATCH ENGLAND

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Change to Supporting Information: Changed Description

[Healthwatch England](#) is an [ORGANISATION](#).

[Healthwatch England](#) is the independent consumer champion for health and social care in England.

[Healthwatch England](#) works with [Local Healthwatch](#) and:

- advises [NHS England](#), English [Local Authorities](#), [NHS Improvement](#) and the Secretary of State for health.
- advises [NHS England](#) and [NHS Improvement](#), English [Local Authorities](#) and the Secretary of State for health.
- has the power to recommend that action is taken by the [Care Quality Commission \(CQC\)](#) when there are concerns about health and social care services.

For further information on [Healthwatch England](#), see the [Healthwatch England](#) website at: [What we do](#).

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### HIGH COST DEVICE

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Change to Supporting Information: Changed Description

A [High Cost Device](#) is a [MEDICAL DEVICE](#).

A [High Cost Device](#) is an expensive [MEDICAL DEVICE](#) and represents a disproportionate cost relative to the total cost of the relevant episode in terms of volume and cost.

A [High Cost Device](#) will only be used in a subset of cases within a [Healthcare Resource Group](#) and/or used in a subset of [Health Care Providers](#) delivering [SERVICES](#) under a specific [Healthcare Resource Group](#).

~~For further information on [High Cost Devices](#), see the [NHS Improvement](#) website at: [Developing the national tariff](#).~~ For further information on [High Cost Devices](#) see the [NHS England and NHS Improvement](#) website at: [Developing the national tariff](#).

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### HIGH COST DRUG

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Change to Supporting Information: Changed Description

A [High Cost Drug](#) (or blood product) is a [PRESCRIBED ITEM](#).

A [High Cost Drug](#) (or blood product) is an expensive [PRESCRIBED ITEM](#) and represents a disproportionate cost relative to the total cost of the relevant episode in terms of volume and cost.

A [High Cost Drug](#) will only be used in a subset of cases within a [Healthcare Resource Group](#) and/or used in a subset of [Health Care Providers](#) delivering [SERVICES](#) under a specific [Healthcare Resource Group](#).

~~For further information on [High Cost Drugs](#), see the [NHS Improvement](#) website at: [Developing the national tariff](#).~~ For further information on [High Cost Drugs](#) see the [NHS England and NHS Improvement](#) website at: [Developing the national tariff](#).

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## HIGH COST TARIFF EXCLUDED DEVICE

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Change to Supporting Information: Changed Description

A [High Cost Tariff Excluded Device](#) is a [MEDICAL DEVICE](#).

A [High Cost Tariff Excluded Device](#) is an expensive [MEDICAL DEVICE](#) that is excluded from the [National Tariff Payment System](#).

For a complete list of [High Cost Tariff Excluded Devices](#), see the annual National Prices and National Tariff Workbook in the [National Tariff Payment System](#) section on the [NHS Improvement](#) website at [Developing the national tariff](#). For a complete list of High Cost Tariff Excluded Devices, see the annual National Prices and National Tariff Workbook in the [National Tariff Payment System](#) section on the [NHS England and NHS Improvement](#) website at: [Developing the national tariff](#).

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## HIGH COST TARIFF EXCLUDED DRUG

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Change to Supporting Information: Changed Description

A [High Cost Tariff Excluded Drug](#) is a [PRESCRIBED ITEM](#).

A [High Cost Tariff Excluded Drug](#) is excluded from the [National Tariff Payment System](#).

For a complete list of [High Cost Tariff Excluded Drugs](#), see the annual National Prices and National Tariff Workbook in the [National Tariff Payment System](#) section on the [NHS Improvement](#) website at [Developing the national tariff](#). For a complete list of High Cost Tariff Excluded Drugs, see the annual National Prices and National Tariff Workbook in the [National Tariff Payment System](#) section on the [NHS England and NHS Improvement](#) website at: [Developing the national tariff](#).

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## NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS

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Change to Supporting Information: Changed Description

### [National Cancer Waiting Times Monitoring Data Set](#): Concept of Operation and Patient Pathway Scenarios

The [National Cancer Waiting Times Monitoring Data Set](#) is a generic data set designed to support the monitoring of waiting times for a variety of different pathways of cancer care. For the purpose of this data collection cancer is defined using the [International Classification of Diseases \(ICD\)](#) codes. The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

Collection and submission of the [National Cancer Waiting Times Monitoring Data Set](#) is to be managed according to the maximum waiting time and information requirements of the pathway of care for each individual [PATIENT](#). These requirements for providers of cancer [SERVICES](#) to return data to the Cancer Waiting Times Database are defined using different scenarios.

- **Scenario 1a:**

The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.

- **Scenario 1b:**

The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.

- **Scenario 1c:**

The [Health Care Provider](#) where the [PATIENT](#) is first seen following a direct access diagnostic test result that suggested an urgent suspected cancer referral with [PRIORITY TYPE](#) 'Two Week Wait' was required, and where a locally agreed escalation process to secondary care has been followed (as defined in [National Cancer Waiting Times Monitoring Data Set - A Guide](#)), where the [PATIENT](#) has not had the [Decision To Treat](#), and has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter provider transfers are in progress.

- **Scenario 1d:**

The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.

- **Scenario 1e:**

The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster](#)

[Diagnosis Pathway](#). The [Health Care Provider](#) sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes an inter-provider transfer.

- **Scenario 1f:**  
The [Health Care Provider](#) receiving an inter-provider transfer of a [PATIENT](#), where the [PATIENT](#) is first seen at a different [Health Care Provider](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). The [Health Care Provider](#) then subsequently sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes a further inter-provider transfer.
- **Scenario 1g:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2a:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2b:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following an inter-provider transfer, and where the [PATIENT](#) has had the [Decision To Treat](#), and has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#).
- **Scenario 3:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#). No inter-provider transfers are in progress.
- **Scenario 4:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.
- **Scenario 5:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.
- **Scenario 6:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#). No inter-provider transfers are in progress.
- **Scenario 7:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#). No inter-provider transfers are in progress.

The columns in the table below show which data items are required for a range of health care scenarios:

**Data Set Notation:**

- **M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- **M\* = Mandatory if applicable:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis, where collection of the item was applicable to them. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- **M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- **M\* = Mandatory if applicable:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis, where collection of the item was applicable to them. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- **O = Optional**
- **O\* = Optional if applicable:** These optional fields should only be populated if they relate to the [PATIENT PATHWAY](#) identified in the scenarios and the conditions required for their use are met.
- **N/A = Not Applicable**

**Note: Inter-Provider Transfers:**

- # First transfer involving the [Health Care Provider](#)
- ## Second transfer involving the [Health Care Provider](#). There can be up to ten inter-provider transfers involving many [ORGANISATIONS](#), but an individual [ORGANISATION](#) can only be involved in two transfers of a [PATIENT](#).

Data Item	Scenario 1a	Scenario 1b	Scenario 1c	Scenario 1d	Scenario 1e	Scenario 1f	Scenario 1g	Scenario 2a	Scenario 2b	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
<a href="#">NHS NUMBER</a>	M	M	M	M	M	M	M	M	M	M	M	M	M	M
<a href="#">NHS NUMBER</a>	M	M	M	M	M	M	M	M	M	M	M	M	M	M
<a href="#">STATUS</a>														
<a href="#">INDICATOR CODE</a>														

<a href="#">PATIENT PATHWAY IDENTIFIER</a>	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
<a href="#">ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)</a>	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
<a href="#">SOURCE OF REFERRAL FOR OUT-PATIENTS</a>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">PRIORITY TYPE CODE</a>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)</a>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	O	N/A
<a href="#">CANCER REFERRAL TO TREATMENT PERIOD START DATE</a>	M	M	M	M	M	N/A	M	M	N/A	N/A	O	N/A	O	N/A
<a href="#">TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</a>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	N/A	O	N/A
<a href="#">CONSULTANT UPGRADE DATE</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">DATE FIRST SEEN</a>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)</a>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	N/A	N/A
<a href="#">WAITING TIME ADJUSTMENT (FIRST SEEN)</a>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
<a href="#">WAITING TIME ADJUSTMENT REASON (FIRST SEEN)</a>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
<a href="#">CANCER CARE SPELL DELAY REASON (FIRST SEEN)</a>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)</a>	O*	O*	O*	O*	O*	N/A	O*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<a href="#">CANCER DIAGNOSTIC REFERRAL ROUTE</a>	O*	O*	M*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
<a href="#">RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR</a>	O*	O*	O*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
<a href="#">CANCER OR SYMPTOMATIC BREAST</a>	M	M	M	M	M	M	M	M	M	M	M	M	M	M



<a href="#">REFERRAL PATIENT STATUS</a>														
<a href="#">PRIMARY DIAGNOSIS (ICD)</a>	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">TUMOUR LATERALITY</a>	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">CANCER TREATMENT PERIOD START DATE</a>	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)</a>	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) #</a>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A
<a href="#">PROSTATE CANCER CLINICAL RISK CATEGORY</a>	M*	M*	M*	M*	M*	N/A	M*	M*	M*	M*	M*	M*	M*	M*
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END REASON</a>	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
<a href="#">PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)</a>	N/A	M	N/A	M	N/A	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END DATE</a>	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
<a href="#">CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>	N/A	M*	N/A	M*	N/A	N/A	N/A	M*	M*	N/A	N/A	N/A	N/A	N/A
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON</a>	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M*	N/A	N/A	N/A	N/A
<a href="#">CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
<a href="#">METHOD OF COMMUNICATION (END OF CANCER</a>	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A

<a href="#">FASTER DIAGNOSIS PATHWAY)</a>															
<a href="#">ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)</a>	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A	
<a href="#">SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) #</a>	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">ORGANISATION IDENTIFIER (REFERRING) #</a>	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	
<a href="#">ORGANISATION IDENTIFIER (RECEIVING) #</a>	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	
<a href="#">CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) #</a>	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) #</a>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	
<a href="#">REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) ##</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) ##</a>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">ORGANISATION IDENTIFIER (REFERRING) ##</a>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">ORGANISATION IDENTIFIER (RECEIVING) ##</a>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) ##</a>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) ##</a>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<a href="#">TREATMENT START DATE (CANCER)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	

<a href="#">CANCER TREATMENT EVENT TYPE</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">CANCER TREATMENT MODALITY</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">CLINICAL TRIAL INDICATOR</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">CANCER CARE SETTING (TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<a href="#">CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	O*	O*	O*	O*	O*
<a href="#">WAITING TIME ADJUSTMENT (TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">WAITING TIME ADJUSTMENT REASON (TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	N/A	M*	N/A	O*	N/A
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	N/A	O*	O*	O*	N/A
<a href="#">CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	N/A	O*	N/A
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	N/A	O*	N/A

Full details of the validation rules and processes are available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

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#### NATIONAL TARIFF PAYMENT SYSTEM

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Change to Supporting Information: Changed Description

The [National Tariff Payment System](#) is managed by [NHS England](#) and [NHS Improvement](#). The National Tariff Payment System is managed by [NHS England](#) and [NHS Improvement](#).

The [National Tariff Payment System](#) sets out the national tariff for each year.

This set of prices and rules helps local [Clinical Commissioning Groups](#) work with [Health Care Providers](#), such as [NHS Trusts](#) and [NHS Foundation Trusts](#) to identify which health care [SERVICES](#) provide best value to their [PATIENTS](#).

For further information on the [National Tariff Payment System](#), see the [NHS England](#) website at: [For further information on the National Tariff Payment System, see the NHS England and NHS Improvement website at: National tariff payment system.](#)

- [NHS payment system](#)

- [National Tariff](#).

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## NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

The [NHS Continuing Healthcare Patient Level Data Set](#) has been incorporated early to allow users to see the changes, but please note that the implementation date is 1 April 2021.

**At the time of publication of the [NHS Continuing Healthcare Patient Level Data Set](#) version 1.0, the implementation and conformance dates are subject to change depending on the need for continuing frontline investment in COVID-19 activity. Any change will be agreed between the [Data Alliance Partnership Board](#) and the developers, and will be announced in due course.**

**For further information please contact: [england.chcdata@nhs.net](mailto:england.chcdata@nhs.net).**

### Introduction

The [NHS Continuing Healthcare Patient Level Data Set](#) is [PATIENT](#) level, output based, secondary user data set. It delivers robust, comprehensive, nationally consistent and comparable [PERSON](#) centred information for people who are in receipt of, or whose eligibility is being assessed for, [NHS Continuing Healthcare](#) or [NHS-funded Nursing Care](#). The data set does not include information about requests for an independent review of an [NHS Continuing Healthcare](#) eligibility decision.

As a secondary uses data set the [NHS Continuing Healthcare Patient Level Data Set](#) re-uses operational data for purposes other than direct [PATIENT](#) care. It defines the data items, definitions and associated value sets to be extracted or derived from local systems.

The data collected in the [NHS Continuing Healthcare Patient Level Data Set](#) covers all [NHS Continuing Healthcare](#) and [NHS-funded Nursing Care ACTIVITY](#) undertaken by [Clinical Commissioning Groups](#) (or other [ORGANISATIONS](#) acting on their behalf), in line with the [NHS Continuing Healthcare](#) (National Framework) in England.

~~The [NHS Continuing Healthcare Patient Level Data Set](#) is used by the [Department of Health and Social Care](#), [NHS England](#) and [NHS Improvement](#), commissioners and [PATIENTS](#), as the data set provides:~~ The [NHS Continuing Healthcare Patient Level Data Set](#) is used by the [Department of Health and Social Care](#), [NHS England](#) and [NHS Improvement](#), commissioners and [PATIENTS](#), as the data set provides:

- National, comparable, standardised data about [NHS Continuing Healthcare](#) and [NHS-funded Nursing Care](#), which will support intelligent commissioning decisions and [SERVICE](#) provision
- Information on the use of resources to improve the operational management of [SERVICES](#)
- Support for current national performance indicators for [NHS Continuing Healthcare](#)
- Information for the future development of [NHS Continuing Healthcare](#) and [NHS-funded Nursing Care](#).

### Data Collection

The [NHS Continuing Healthcare Patient Level Data Set](#) provides the definitions for data to:

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

Data is expected to be extracted and collated from the [NHS Continuing Healthcare](#) management systems used by [Clinical Commissioning Groups](#) to manage their [NHS Continuing Healthcare](#) function.

Data will be reported monthly.

### Submission Information

The [NHS Continuing Healthcare Patient Level Data Set](#) is submitted to [NHS Digital](#) using the [NHS Continuing Healthcare Patient Level Data Set](#) XML Schema.

### Format Information

Data for submission will be formatted into an XML file as per the [Technology Reference Data Update Distribution \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

For enquiries regarding the XML Schema, please contact [NHS Digital](#) at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).

### Further Guidance

Further information and implementation guidance has been produced by [NHS Digital](#) and is available at: [NHS Continuing Healthcare and NHS-funded Nursing Care \(CHC\)](#).

## Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes.

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### NHS ENGLAND AND NHS IMPROVEMENT, renamed from NHS ENGLAND

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Change to Supporting Information: Changed Description, Name

[NHS England](#) is an [ORGANISATION](#). [NHS England and NHS Improvement](#) is an [ORGANISATION](#).

The [NHS Commissioning Board](#) (known as the [NHS Commissioning Board](#) in the Health and Social Care Act 2012) was established as an independent body, at arm's length to the Government, from October 2012 and took on its full range of responsibilities once it became established on 1 April 2013. Since 2019 [NHS England and NHS Improvement](#) work together as a single [ORGANISATION](#) in the management of England's National Health Service.

The [NHS Commissioning Board](#) has adopted the name [NHS England](#). [NHS England and NHS Improvement](#):

- Oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012
- Directly commissions NHS [GENERAL MEDICAL PRACTITIONERS](#), [GENERAL DENTAL PRACTITIONERS](#), [OPTOMETRISTS](#) and some specialist [SERVICES](#)
- Is responsible for overseeing [NHS Foundation Trusts](#) and [NHS Trusts](#), as well as [Independent Providers](#) that provide NHS-funded care
- Supports [Health Care Providers](#) to give [PATIENTS](#) consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

From 1 April 2019, [NHS England](#) and [NHS Improvement](#) are working together as a new single [ORGANISATION](#) to better support the NHS to deliver improved care for [PATIENTS](#).

The main aim of [NHS England](#) is to improve the health outcomes for people in England.

[NHS England](#) empowers and supports clinical leaders at every level of the NHS through [Clinical Commissioning Groups \(CCGs\)](#), [Clinical Networks](#) and [Clinical Senates](#) and helps [Health Care Providers](#) make genuinely informed decisions to provide high quality [SERVICES](#).

For further information on [NHS England](#), see the [NHS England](#) website at: [What does NHS England do?](#) For further information on [NHS England and NHS Improvement](#), see the [NHS England and NHS Improvement](#) website at: [What do we do?](#)

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### NHS ENGLAND AND NHS IMPROVEMENT, renamed from NHS ENGLAND

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Change to Supporting Information: Changed Description, Name

- Changed Description
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.N.NHS\_England to Data\_Dictionary.NHS\_Business\_Definitions.N.NHS\_England\_and\_NHS\_Improvement

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### NHS FOUNDATION TRUST

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Change to Supporting Information: Changed Description

An [NHS Foundation Trust](#) is an [ORGANISATION](#).

An [NHS Foundation Trust](#) is a not-for-profit, public benefit corporation.

[NHS Foundation Trusts](#) were established by section 30 of, and Schedule 7 to, the [National Health Service Act 2006](#).

An [NHS Foundation Trust](#) provides goods and services for the purposes of the health service in England, in accordance with Chapter 5 of the [National Health Service Act 2006](#).

[NHS Foundation Trusts](#):

- provide over half of all NHS hospital, mental health, [Ambulance Services](#) and community care [SERVICES](#)
- were created to devolve decision making from central government to local communities
- provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

~~NHS Improvement~~ is responsible for overseeing ~~NHS Foundation Trusts~~. NHS England and NHS Improvement is responsible for overseeing NHS Foundation Trusts.

For further information on [NHS Foundation Trusts](#), see the NHS website at: [NHS authorities and trusts](#).

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#### NHS IMPROVEMENT (RETIRED), renamed from NHS IMPROVEMENT

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Change to Supporting Information: Changed Description, Name, status to Retired

~~NHS Improvement~~ is an ~~ORGANISATION~~. Since 1 April 2019, NHS Improvement and NHS England work together as a single organisation.

From 1 April 2019, ~~NHS England~~ and ~~NHS Improvement~~ are working together as a new single ~~ORGANISATION~~ to better support the NHS to deliver improved care for ~~PATIENTS~~. This item has been retired from the NHS Data Model and Dictionary.

~~NHS Improvement~~ is the operational name for the ~~ORGANISATION~~ that brings together: ~~The last live version of this item is available in the March 2021 release of the NHS Data Model and Dictionary.~~

- ~~Monitor~~
- ~~NHS Trust Development Authority~~
- ~~Patient Safety~~
- ~~The National Reporting and Learning System~~
- ~~The Advancing Change Team and~~
- ~~The Intensive Support Teams.~~

~~NHS Improvement~~: Access to this version can be obtained by emailing [information.standards@nhs.net](mailto:information.standards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

- is responsible for overseeing ~~NHS Foundation Trusts~~, ~~NHS Trusts~~ and ~~Independent Providers~~
- offers the support these ~~Health Care Providers~~ need to give ~~PATIENTS~~ consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding ~~Health Care Providers~~ to account and, where necessary, intervening, we help the NHS to meet its short term challenges and secure its future

For further information on ~~NHS Improvement~~, see the ~~NHS Improvement~~ website at: ~~What we do~~.

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#### NHS IMPROVEMENT (RETIRED), renamed from NHS IMPROVEMENT

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Change to Supporting Information: Changed Description, Name, status to Retired

- Changed Description
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.N.NHS\_Improvement to Retired.Data\_Dictionary.NHS\_Business\_Definitions.N.NHS\_Improvement
- Retired NHS Improvement

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#### NHS TRUST

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Change to Supporting Information: Changed Description

An [NHS Trust](#) is an [ORGANISATION](#).

An [NHS Trust](#) is a legal entity, set up by order of the Secretary of State under section 25 of, and Schedule 4 to, the [National Health Service Act 2006](#), to provide goods and services for the purposes of the health service.

[NHS Trusts](#) may act as [Health Care Providers](#) and provide hospital services, community services and/or other aspects of [PATIENT](#) care, such as [PATIENT](#) transport facilities.

They may also act as commissioners when sub-contracting [PATIENT](#) care [SERVICES](#) to other providers of health care.

~~NHS Improvement~~ is responsible for overseeing ~~NHS Trusts~~. NHS England and NHS Improvement is responsible for overseeing NHS Trusts.

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#### PATIENT LEVEL INFORMATION COSTING

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Change to Supporting Information: Changed Description

[Patient Level Information Costing](#) is clinical costing derived from tracing resources used by an individual [PATIENT](#) during a [CARE ACTIVITY](#), and calculating the expenditure on those resources using the actual costs incurred by the [Health Care Provider](#).

For further information on [Patient Level Information Costing](#), see the [NHS Improvement](#) website at: [Transforming patient level costing in the NHS](#). For further information on Patient Level Information Costing, see the [NHS England](#) and [NHS Improvement](#) website at: [Transforming patient-level costing in the NHS](#).

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## PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

### Introduction

The [Patient Level Information Costing System Acute Data Set](#) is used to standardise the method of reporting cost information at [PATIENT](#) level. All designated NHS [Health Care Providers](#) of acute activity are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Acute Data Set](#) is used to:

- inform new methods of pricing NHS [SERVICES](#)
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#)
- contribute to [NHS England](#)'s and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' inform the relationship between provider characteristics and cost
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' inform the relationship between provider characteristics and cost
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence
- identify the relationship between [PATIENT](#) characteristics and cost
- support an approach to benchmarking for regulatory purposes.

### Data Extract Specification

#### Description

[NHS England](#) and [NHS Improvement](#) has mandated designated [NHS Trusts](#) and [NHS Foundation Trusts](#) to record and report: [NHS England](#) and [NHS Improvement](#) has mandated designated [NHS Trusts](#) and [NHS Foundation Trusts](#) to record and report:

- [Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Emergency Care](#)
- [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)
- [Patient Level Information Costing System Acute Data Set - Specialist Ward Care](#)
- [Patient Level Information Costing System Acute Data Set - Supplementary Information](#)

Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). This only includes those NHS [Health Care Providers](#) noted in the [Costing Mandation Timetable](#) and does not include non-NHS [Health Care Providers](#).

#### Time

The data is collected annually. It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)). It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

#### Format

The data should be submitted in an XML file, created by [NHS England](#)'s and [NHS Improvement](#)'s Data Validation Tool (DVT). Information on how to access and use this tool is included in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)). The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). Information on how to access and use this tool is included in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

#### Transmission

[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process. [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

#### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element.

### Data Set Constraints

For guidance on the Data Set constraints, see the:

- [PLICS Acute Admitted Patient Care Data Set Constraints](#)
- [PLICS Acute Out-Patient Care Data Set Constraints](#)
- [PLICS Acute Emergency Care Data Set Constraints](#).

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## PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET OVERVIEW

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Change to Supporting Information: Changed Description

### Introduction

The [Patient Level Information Costing System Data Set - Ambulance](#) is used to standardise the method of reporting cost information at [Ambulance Incident](#) level. All designated providers of [Ambulance Services](#) are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Data Set - Ambulance](#) is used to:

- inform new methods of pricing NHS [SERVICES](#)
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#)
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between provider characteristics and cost
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between provider characteristics and cost
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence
- identify the relationship between [PATIENT](#) characteristics and cost
- support an approach to benchmarking for regulatory purposes.

### Data Extract Specification

#### Description

[NHS England](#) and [NHS Improvement](#) have mandated all designated providers of [Ambulance Services](#) to record and report: [NHS England](#) and [NHS Improvement](#) have mandated all designated providers of [Ambulance Services](#) to record and report:

- [Patient Level Information Costing System Data Set - Ambulance](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)

Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). This only includes those NHS [Health Care Providers](#) noted in the [Costing Mandation Timetable](#) and does not include non-NHS [Health Care Providers](#).

#### Time

The data is collected annually. It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)). It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)).

#### Format

The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). Information on how to access and use this tool is included in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)).

#### Transmission

[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process. [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

#### Mandation



The Mandatory or Required (M/R) column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element.

### Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Ambulance Data Set Constraints](#).

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## PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

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Change to Supporting Information: Changed Description

### Introduction

The [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#) is used to standardise the method of reporting cost information at [PATIENT](#) level. All designated providers of [Improving Access to Psychological Therapies Services](#) are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#) is used to

- inform new methods of pricing NHS [SERVICES](#)
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#)
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between provider characteristics and cost
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between provider characteristics and cost
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence
- identify the relationship between [PATIENT](#) characteristics and cost
- support an approach to benchmarking for regulatory purposes.

### Data Extract Specification

#### Description

~~[NHS England](#) and [NHS Improvement](#) has mandated all designated providers of [Improving Access to Psychological Therapies Services](#) to record and report.~~ [NHS England](#) and [NHS Improvement](#) has mandated all designated providers of [Improving Access to Psychological Therapies Services](#) to record and report:

- [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)

Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). This only includes those NHS [Health Care Providers](#) noted in the [Costing Mandation Timetable](#) and does not include non-NHS [Health Care Providers](#).

#### Time

The data is collected annually. ~~It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).~~ It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

#### Format

The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). ~~The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT).~~ Information on how to access and use this tool is included in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

#### Transmission

~~[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.~~ [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

#### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element.

## Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Improving Access to Psychological Therapies Data Set Constraints](#).

## PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW

Change to Supporting Information: Changed Description

### Introduction

The [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) and [Patient Level Information Costing System Mental Health Data Set - Care Contacts](#) are used to standardise the method of reporting cost information at **PATIENT** level. All designated Mental Health Trusts are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) and [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) are used to

- inform new methods of pricing NHS [SERVICES](#)
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#)
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between [Health Care Provider](#) characteristics and cost
- contribute to [NHS England](#) and [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between [Health Care Provider](#) characteristics and cost
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence
- identify the relationship between **PATIENT** characteristics and cost
- support an approach to benchmarking for regulatory purposes.

### Data Extract Specification

#### Description

[NHS England](#) and [NHS Improvement](#) has mandated all NHS Mental Health Trusts designated to record and report: [NHS England and NHS Improvement](#) has mandated all NHS Mental Health Trusts designated to record and report:

- [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#)
- [Patient Level Information Costing System Mental Health Data Set - Care Contacts](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)

Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). This only includes those NHS [Health Care Providers](#) noted in the [Costing Mandation Timetable](#) and does not include non-NHS [Health Care Providers](#).

#### Time

The data is collected annually. It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)). It must be submitted in accordance with the timetable set out by [NHS England](#) and [NHS Improvement](#) in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)).

#### Format

The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). The data should be submitted in an XML file, created by [NHS England](#) and [NHS Improvement](#)'s Data Validation Tool (DVT). Information on how to access and use this tool is included in the [National Cost Collection Guidance](#) (part of the [Approved Costing Guidance](#)).

#### Transmission

[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process. [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

#### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element.

### Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Mental Health Admitted Patient Care Data Set Constraints](#) and [PLICS Mental Health Care Contacts Data Set Constraints](#).

## PATIENT LEVEL INFORMATION COSTING SYSTEM RECONCILIATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

### Introduction

The [Patient Level Information Costing System Data Set - Reconciliation](#) is used to help establish the [Patient Level Information Costing](#) quantum from the final audited accounts, and outline material differences between [ACTIVITY](#) data sets and [Patient Level Information Costing](#) totals and is an integral part of the [Patient Level Information Costing](#) submission process.

All designated NHS [Health Care Providers](#), [NHS Trusts](#), [Mental Health Services](#), [Improving Access to Psychological Therapies Services](#) and [Ambulance Services](#) are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Data Set - Reconciliation](#) is used to:

- inform new methods of pricing NHS [SERVICES](#)
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#)
- contribute to [NHS England's](#) and [NHS Improvement's](#) strategic objective of a single national cost collection
- contribute to [NHS England](#) and [NHS Improvement's](#) strategic objective of a single national cost collection
- inform the relationship between [Health Care Provider](#) characteristics and cost
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence
- identify the relationship between [PATIENT](#) characteristics and cost
- support an approach to benchmarking for regulatory purposes.

### Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element

### Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Reconciliation Data Set Constraints](#).

## VENOUS THROMBOEMBOLISM RISK ASSESSMENT DATA SET OVERVIEW

Change to Supporting Information: Changed Description

### Introduction

The purpose of the [Venous Thromboembolism Risk Assessment Data Set](#) is to quantify the number of [PATIENTS](#) (aged 16 and over) admitted to hospital, who are risk assessed for Venous Thromboembolism using the [Venous Thromboembolism Risk Assessment Tool](#) to allow appropriate preventative treatment based on guidance from the [National Institute for Health and Care Excellence \(NICE\)](#).

### Collection and submission

All providers of NHS funded acute hospital care (including [NHS Foundation Trusts](#) and [Independent Providers](#) of acute NHS services) must complete this data collection.

Data on Venous Thromboembolism risk assessments is uploaded onto the [Strategic Data Collection Service \(SDCS\)](#) each month no later than 20 working days after the month end. ~~Revisions to the data set before the cut off date are allowed, however revisions made after the cut off date must be made in liaison with [NHS Improvement](#).~~ Revisions to the data set before the cut off date are allowed, however revisions made after the cut off date must be made in liaison with [NHS England](#) and [NHS Improvement](#).

### Further guidance

For further guidance on the [Venous Thromboembolism Risk Assessment Data Set](#), see the:

- [NHS England](#) website at [Venous thromboembolism \(VTE\) risk assessment](#)

- [NHS England and NHS Improvement website at Venous thromboembolism \(VTE\) risk assessment](#)
- [National Institute for Health and Care Excellence website at Venous thromboembolism - reducing the risk.](#)

## Mandation

The Mandation column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present.

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## YOUNG PERSONS TRANSITION PLAN

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Change to Supporting Information: Changed Description

A [Young Persons Transition Plan](#) is a [CARE PLAN](#).

~~A [Young Persons Transition Plan](#) is owned by [NHS England](#) and [NHS Improvement](#).~~ A [Young Persons Transition Plan](#) is owned by [NHS England](#) and [NHS Improvement](#).

A [Young Persons Transition Plan](#) is a [PERSON](#)-centred plan that sets out a process for transitioning from Children's Services to Adult Services that reflects their individual characteristics, aspirations, and families and the different [SERVICES](#) they use, rather than apply a pre-determined set of transition options.

A [Young Persons Transition Plan](#) is strengths-based, and focuses on what is positive and possible for the [Child or Young Person](#) responding fully to their preferences. It sees the [PERSON](#) using care and support as an individual and equal partner with health and [CARE PROFESSIONALS](#) to make choices about their own care and support.

~~For further information on [Young Persons Transition Plans](#), see the [NHS England](#) website at: [Commissioning for transition to adult services for young people with Special Educational Needs and Disability \(SEND\)](#).~~ For further information on [Young Persons Transition Plans](#), see the [NHS England](#) and [NHS Improvement](#) website at: [Commissioning for transition to adult services for young people with Special Educational Needs and Disability \(SEND\)](#).

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## BEST PRACTICE TARIFF CODE

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Change to Attribute: Changed Description

A code representing a national price for [ACTIVITY](#) that is designed to incentivise quality and cost-effective care.

The aim of a [BEST PRACTICE TARIFF CODE](#) is to reduce unexplained variation in clinical quality and spread best practice.

[BEST PRACTICE TARIFF CODES](#) may introduce an alternative currency to a [Healthcare Resource Group](#), including a description of [ACTIVITIES](#) that more closely corresponds to the delivery of outcomes for a [PATIENT](#).

An incentive to move from usual care to best practice is created by creating a price differential between agreed best practice, which attracts the [BEST PRACTICE TARIFF CODE](#), and usual care, thereby universalising best practice.

~~For further information, see the [NHS Improvement](#) website at: [National tariff payment system](#).~~ For further information, see the [NHS England](#) and [NHS Improvement](#) website at: [Developing the national tariff](#).

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## COMMISSIONED SERVICE CATEGORY CODE

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Change to Attribute: Changed Description

The category of a commissioned [SERVICE](#) in a [SERVICE PROVIDED UNDER AGREEMENT](#).

A [COMMISSIONED SERVICE CATEGORY CODE](#) identifies which commissioning area an [ACTIVITY](#), event or item falls under for the purposes of reporting commissioning information.

~~The [COMMISSIONED SERVICE CATEGORY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Directly Commissioned Services Reporting Requirements](#).~~ The [COMMISSIONED SERVICE CATEGORY CODE](#) National Codes are published by [NHS England](#) and [NHS Improvement](#) and can be accessed at: [Directly Commissioned Services Reporting Requirements](#).

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**HIGH LEVEL CODE FOR HIGH COST TARIFF EXCLUDED DEVICE**

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Change to Attribute: Changed Description

The high level code of the [High Cost Tariff Excluded Device](#).

~~The [HIGH LEVEL CODES FOR HIGH COST TARIFF EXCLUDED DEVICE](#) are published by [NHS England](#) and can be accessed at [Specialised Service Reporting Requirements](#).~~ The [HIGH LEVEL CODES FOR HIGH COST TARIFF EXCLUDED DEVICE](#) are published by [NHS England and NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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**POINT OF DELIVERY CODE**

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Change to Attribute: Changed Description

The code of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#).

~~The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#).~~ The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England and NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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**POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING**

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Change to Attribute: Changed Description

The code of the [Point of Delivery](#) for the purposes of reporting [Patient Level Information Costing](#).

*National Codes:*

RP	Admitted <a href="#">PATIENT</a> Care - Regular Day or Night Admission
DC	Admitted <a href="#">PATIENT</a> Care - Day Case
EL	Admitted <a href="#">PATIENT</a> Care - Elective Inpatient
NES	Admitted <a href="#">PATIENT</a> Care - Non Elective Short Stay (Less than 2 days)
NEL	Admitted <a href="#">PATIENT</a> Care - Non Elective Long Stay (2 days or more)
NESTR	Admitted <a href="#">PATIENT</a> Care - Non Elective Short Stay Transfer (Less than 2 days)
NELTR	Admitted <a href="#">PATIENT</a> Care - Non Elective Long Stay Transfer (2 days or more)
CL	<a href="#">Out-Patient Clinic</a> - <a href="#">Clinic Attendance Consultant</a>
NCL	<a href="#">Out-Patient Clinic</a> - <a href="#">Clinic Attendance Non-Consultant</a>
OPROC	<a href="#">Out-Patient Clinic</a> - <a href="#">Patient Procedure</a>

~~For further guidance please see the [NHS Improvement](#) website at: [Patient Level Costing \(PLICS\)](#).~~ For further guidance please see the [NHS England and NHS Improvement](#) website at: [Patient-level costing \(PLICS\): case for change](#).

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**POINT OF DELIVERY FURTHER DETAIL CODE**

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Change to Attribute: Changed Description

The further detail code of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#), where the [Point of Delivery](#) has been identified as requiring more information.

~~The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at: [Specialised Services Reporting Requirements](#).~~ The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England and NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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**POINT OF DELIVERY FURTHER DETAIL DESCRIPTION**

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Change to Attribute: Changed Description

The further detail description of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#), where the [Point of Delivery](#) has been identified as requiring more information.

The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#). The POINT OF DELIVERY CODE National Codes are published by [NHS England](#) and [NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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#### SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE

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Change to Attribute: Changed Description

The category of the specialised [Mental Health Service](#) provided in a [SERVICE PROVIDED UNDER AGREEMENT](#).

The [SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#). The SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE National Codes are published by [NHS England](#) and [NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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#### SPECIALISED SERVICE CODE

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Change to Attribute: Changed Description

The type of [Specialised Service](#) provided in a [SERVICE PROVIDED UNDER AGREEMENT](#).

The [SPECIALISED SERVICE CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#). The SPECIALISED SERVICE CODE National Codes are published by [NHS England](#) and [NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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#### SPECIALIST SERVICES FLAG

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Change to Attribute: Changed Description

A flag indicating that [Specialised Service](#) top-up payments are to be paid to reimburse [Health Care Providers](#) for the higher costs of treating [PATIENTS](#) who require this specialised care.

National prices in the [National Tariff Payment System](#) are calculated on the basis of average costs. They do not therefore take into account cost differences between [Health Care Providers](#) that arise because some [Health Care Providers](#) serve [PATIENTS](#) with more complex needs.

The purpose of [Specialised Service](#) top-up payments for inpatient care relating to some [Specialised Services](#) is to recognise these cost differences and to improve the extent to which prices paid reflect the actual costs of providing healthcare, when this is not sufficiently differentiated in the [Healthcare Resource Group](#) design.

For further information, see the [NHS Improvement](#) website at: [see the National tariff payment system](#). For further information, see the [NHS England and NHS Improvement](#) website at: [Developing the national tariff](#).

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#### SUBSIDIARY LEVEL HIGH COST TARIFF EXCLUDED DEVICE CODE

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Change to Attribute: Changed Description

The subsidiary level code of the [High Cost Tariff Excluded Device](#).

The [SUBSIDIARY LEVEL HIGH COST TARIFF EXCLUDED DEVICE CODES](#) are published by [NHS England](#) and can be accessed at [Specialised Service Reporting Requirements](#). The SUBSIDIARY LEVEL HIGH COST TARIFF EXCLUDED DEVICE CODES are published by [NHS England](#) and [NHS Improvement](#) and can be accessed at: [Directly commissioned services reporting requirements](#).

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#### UNBUNDLED CURRENCY CODE

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Change to Attribute: Changed Description

The currency code that applies to the [UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE](#).

For further information see the [NHS Improvement](#) website at [Approved Costing Guidance](#). For further information see the [NHS England and NHS Improvement](#) website at: [Approved Costing Guidance](#).

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**TOTAL COST**

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Change to Data Element: Changed Description

Format/Length:	max n18.max n8
National Codes:	
Default Codes:	

**Notes:**

[TOTAL COST](#) is the same as attribute [FINANCIAL AMOUNT](#) for use in [Contract Monitoring](#).

[TOTAL COST](#) is the total cost of an [ACTIVITY](#) and/or financial adjustment that includes any agreed adjustment e.g. [Market Forces Factor](#), Best Practice Tariff, Value Added Tax, home delivery charge where appropriate.

~~[TOTAL COST](#) should be calculated in accordance with [National Tariff Payment System](#) guidance, which can be on the [NHS England](#) website at: [NHS Payment System Guidance](#).~~ [TOTAL COST](#) should be calculated in accordance with [National Tariff Payment System](#) guidance, which can be on the [NHS England](#) and [NHS Improvement](#) website at: [NHS payment system](#).

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For enquiries about this Change Request, please email [information.standards@nhs.net](mailto:information.standards@nhs.net)

