

NHS Data Model and Dictionary



Type: Data Dictionary Change Notice
Reference: 1878
Version No: 1.0
Subject: NHS Digital merger with NHS England
Effective Date: 1 February 2023
Reason for Change: Organisational Merger
Publication Date: 30 January 2023

Background:

NHS Digital was created in April 2013 as an Executive Non Departmental Public Body (ENDPB). Following the recommendations of the [Wade-Gery Review](#), NHS Digital merges with NHS England from January 2023.

This Data Dictionary Change Notice (DDCN):

- Retires the NHS Digital NHS Business Definition
- Replaces all references to NHS Digital with NHS England.

Note: all website URLs will be updated once the website changes have been made.

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.

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

ACCESSIBILITY	Changed Description
AGGREGATE CONTRACT MONITORING DATA SET OVERVIEW	Changed Description
AIDC FOR PATIENT IDENTIFICATION DATA SET OVERVIEW	Changed Description
CANCER TREATMENT PERIOD	Changed Description
CDS V6-2 TYPE 170 - ADMITTED PATIENT CARE - DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS CDS OVERVIEW	Changed Description
CLINICAL CODING INTRODUCTION	Changed Description
COMMISSIONING DATA SET BUSINESS RULES	Changed Description
COMMISSIONING DATA SET MANDATED DATA FLOWS	Changed Description
COMMISSIONING DATA SETS INTRODUCTION	Changed Description
COMMISSIONING DATA SET SUBMISSION AND ORGANISATION MERGERS	Changed Description
COMMISSIONING DATA SET SUBMISSION PROTOCOL	Changed Description
COMMISSIONING DATA SET XML SCHEMA DOCUMENTATION	Changed Description
COMMISSIONING DATA SET XML SCHEMA VERSION NUMBERING	Changed Description
COMMUNITY SERVICES DATA SET OVERVIEW	Changed Description
CONTACT DETAILS	Changed Description
COPYRIGHT STATEMENT	Changed Description
COVER OF VACCINATION EVALUATED RAPIDLY (COVER) DATA SET OVERVIEW	Changed Description
DATA ALLIANCE PARTNERSHIP BOARD	Changed Description
DATA DICTIONARY CHANGE NOTICE	Changed Description
DATA LANDING PORTAL	Changed Description
DATA PROCESSING SERVICES	Changed Description
DATA SERVICES FOR COMMISSIONERS	Changed Description
DATA SERVICES FOR COMMISSIONERS REGIONAL OFFICE	Changed Description
DELEN	Changed Description
DEPARTMENT OF HEALTH AND SOCIAL CARE	Changed Description
DEVICES PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW	Changed Description
DIAGNOSTIC IMAGING DATA SET OVERVIEW	Changed Description
DISCLAIMER	Changed Description

DRUGS PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW	Changed Description
ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION DATA SETS OVERVIEW	Changed Description
FEMALE GENITAL MUTILATION DATA SET OVERVIEW	Changed Description
GS1 GLOBAL SERVICE RELATION NUMBER	Changed Description
HEALTHCARE RESOURCE GROUP	Changed Description
HEALTHCARE RESOURCE GROUP UNBUNDLED ACTIVITY	Changed Description
HES DATA DICTIONARY	Changed Description
HOSPITAL EPISODE STATISTICS	Changed Description
IMPAIRMENT HARMONISED STANDARD	Changed Description
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET OVERVIEW	Changed Description
INDEX	Changed Description
INFORMATION STANDARD AND DATA COLLECTION (INCLUDING EXTRACTIONS)	Changed Description
INFORMATION STANDARDS NOTICE	Changed Description
INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)	Changed Description
LOWER LAYER SUPER OUTPUT AREA	Changed Description
MATERNITY SERVICES DATA SET OVERVIEW	Changed Description
MENTAL HEALTH SERVICES DATA SET OVERVIEW	Changed Description
MIDDLE LAYER SUPER OUTPUT AREA	Changed Description
NATIONAL CANCER REGISTRATION AND ANALYSIS SERVICE	Changed Description
NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW	Changed Description
NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS	Changed Description
NATIONAL CASEMIX OFFICE	Changed Description
NATIONAL INTERIM CLINICAL IMAGING PROCEDURE CODE SET	Changed Description
NATIONAL WORKFORCE DATA SET OVERVIEW	Changed Description
NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC62) OVERVIEW	Changed Description
NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC63) OVERVIEW	Changed Description
NHS CONTINUING HEALTHCARE DATA SET OVERVIEW	Changed Description
NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET OVERVIEW	Changed Description
NHS DATA MODEL AND DICTIONARY SERVICE	Changed Description
NHS DICTIONARY OF MEDICINES AND DEVICES	Changed Description
NHS DIGITAL (RETIRED) renamed from NHS DIGITAL	Changed status to Retired, Name, Description
NHS-LED PROVIDER COLLABORATIVE	Changed Description
NHS POSTCODE DIRECTORY	Changed Description
OPCS CLASSIFICATION OF INTERVENTIONS AND PROCEDURES	Changed Description
ORGANISATION DATA SERVICE	Changed Description
ORGANISATION MERGERS	Changed Description
PAEDIATRIC CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW	Changed Description
PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET OVERVIEW	Changed Description
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET OVERVIEW	Changed Description
PERSONAL DEMOGRAPHICS SERVICE	Changed Description
PRIVACY NOTICE	Changed Description
READ CODED CLINICAL TERMS	Changed Description
REASONABLE ADJUSTMENT	Changed Description
SECONDARY USES SERVICE	Changed Description
SECURE ELECTRONIC FILE TRANSFER	Changed Description
SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW	Changed Description
SNOMED CT	Changed Description
SNOMED CT BROWSER	Changed Description
SNOMED CT REFSET	Changed Description
STOP SMOKING SERVICE QUARTERLY DATA SET OVERVIEW	Changed Description
STRATEGIC DATA COLLECTION SERVICE	Changed Description
STRATEGIC DATA COLLECTION SERVICE IN THE CLOUD	Changed Description
TECHNOLOGY REFERENCE UPDATE DISTRIBUTION (TRUD)	Changed Description
TERMINOLOGY AND CLASSIFICATIONS DELIVERY SERVICE	Changed Description
TERMS AND CONDITIONS	Changed Description
XML SCHEMA TRUD DOWNLOAD	Changed Description
Attribute Definitions	
APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR	Changed Description

CANCER CARE SPELL DELAY REASON COMMENT	Changed Description
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Description
CLINICAL RESPONSE PRIORITY TYPE	Changed Description
CONSULTANT CODE	Changed Description
CRITICAL CARE ACTIVITY CODE	Changed Description
DOCTOR INDEX NUMBER	Changed Description
ETHNIC CATEGORY 2021	Changed Description
FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE	Changed Description
GENERAL DENTAL COUNCIL REGISTRATION NUMBER	Changed Description
GENERAL MEDICAL PRACTITIONER PPD CODE	Changed Description
GS1 APPLICATION IDENTIFIER (INTERNAL)	Changed Description
GS1 GLOBAL LOCATION NUMBER	Changed Description
GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT	Changed Description
GS1 SERVICE RELATION INSTANCE NUMBER	Changed Description
GS1 UNIQUE ORGANISATION PREFIX NUMBER	Changed Description
LEARNING DISABILITIES CARE CLUSTER CODE	Changed Description
MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION	Changed Description
MENTAL HEALTH DELAYED DISCHARGE REASON	Changed Description
NHS NUMBER	Changed Description
NHS OCCUPATION CODE	Changed Description
NUMBER OF BABIES IDENTIFICATION CODE	Changed Description
PERSON STATED NATIONALITY	Changed Description
PRIVATE CONTROLLED DRUG PRESCRIBER CODE	Changed Description
REFERRAL TO TREATMENT PERIOD START DATE	Changed Description
REGION OF COUNTRY CODE FOR FEMALE GENITAL MUTILATION DATA SET	Changed Description
SERVICE OR TEAM TYPE FOR MENTAL HEALTH	Changed Description
SERVICE OR TEAM TYPE REFERRED TO FOR COMMUNITY CARE	Changed Description
SOURCE OF REFERRAL FOR NHS CONTINUING HEALTHCARE	Changed Description

Data Elements

ACTIVITY TREATMENT FUNCTION CODE	Changed Description
ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)	Changed Description
ADMISSION SOURCE (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
ASSIGNMENT CONTRACTED FTE	Changed Description
BASIC CARDIOVASCULAR SUPPORT DAYS	Changed Description
BASIC RESPIRATORY SUPPORT DAYS	Changed Description
CARE PROFESSIONAL MAIN SPECIALTY CODE	Changed Description
CDS COPY RECIPIENT IDENTITY	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
DATE OF BIRTH (PATIENT IDENTIFICATION)	Changed Description
DERMATOLOGICAL SUPPORT DAYS	Changed Description
DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)	Changed Description
DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	Changed Description
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	Changed Description
EMPLOYEE ABSENCE DURATION	Changed Description
EMPLOYEE ABSENCE WORKING HOURS LOST (REPORTING PERIOD)	Changed Description
EMPLOYEE LENGTH OF TIME IN POSITION	Changed Description
EMPLOYEE NHS LENGTH OF SERVICE	Changed Description
END DATE (EPISODE)	Changed Description
EPISODE NUMBER	Changed Description
ETHNIC CATEGORY 2021	Changed Description
ETHNIC CATEGORY 2021 (BABY)	Changed Description
ETHNIC CATEGORY 2021 (FATHER)	Changed Description

ETHNIC CATEGORY 2021 (MOTHER)	Changed Description
FIRST ATTENDANCE CODE	Changed Description
FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)	Changed Description
FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)	Changed Description
FTE STABILITY RATE (JOB ROLE IN REPORTING PERIOD)	Changed Description
FTE STABILITY RATE (ORGANISATION IN REPORTING PERIOD)	Changed Description
FTE STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)	Changed Description
GS1 APPLICATION IDENTIFIER (GLOBAL)	Changed Description
GS1 APPLICATION IDENTIFIER (INTERNAL)	Changed Description
GS1 GLOBAL LOCATION NUMBER	Changed Description
GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT	Changed Description
GS1 SERVICE RELATION INSTANCE NUMBER	Changed Description
GS1 UNIQUE ORGANISATION PREFIX NUMBER	Changed Description
HEADCOUNT (POSITION ASSIGNMENT CURRENT)	Changed Description
HEADCOUNT STABILITY RATE (JOB ROLE IN REPORTING PERIOD)	Changed Description
HEADCOUNT STABILITY RATE (ORGANISATION IN REPORTING PERIOD)	Changed Description
HEADCOUNT STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)	Changed Description
HEADCOUNT TURNOVER RATE (FTE IN REPORTING PERIOD)	Changed Description
HEADCOUNT TURNOVER RATE (ORGANISATION IN REPORTING PERIOD)	Changed Description
HOSPITAL PROVIDER SPELL IDENTIFIER	Changed Description
HOSPITAL PROVIDER SPELL NUMBER	Changed Description
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER	Changed Description
LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)	Changed Description
LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)	Changed Description
LIVER SUPPORT DAYS	Changed Description
LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)	Changed Description
MENTAL HEALTH RESOURCE GROUP TYPE (SNOMED CT)	Changed Description
METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL)	Changed Description
METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)	Changed Description
NEONATAL LEVEL OF CARE CODE	Changed Description
NEUROLOGICAL SUPPORT DAYS	Changed Description
NHS NUMBER	Changed Description
NUMBER OF BABIES IDENTIFICATION CODE (PATIENT IDENTIFICATION)	Changed Description
ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE (LOCAL AUTHORITY DISTRICT)	Changed Description
ORGANISATION CODE (CODE OF COMMISSIONER)	Changed Description
ORGANISATION CODE (CODE OF PROVIDER)	Changed Description
ORGANISATION IDENTIFIER (CDS RECIPIENT)	Changed Description
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Changed Description
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Changed Description
PATIENT CLASSIFICATION CODE	Changed Description
PERSON AGE IN YEARS (REPORTING PERIOD END DATE)	Changed Description
PERSON FAMILY NAME (MOTHER OF BABY)	Changed Description
PERSON GENDER CODE CURRENT	Changed Description
PERSON GIVEN NAME (MOTHER OF BABY)	Changed Description
POSITION FTE VARIANCE	Changed Description
POSITION VACANCY LENGTH OF TIME UNFILLED	Changed Description
POSITION WORKED FTE (REPORTING PERIOD)	Changed Description
POSTCODE	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
STOP SMOKING SERVICE CUMULATIVE SPEND	Changed Description
STOP SMOKING SERVICE LOCAL AUTHORITY FINANCIAL ALLOCATION	Changed Description
STOP SMOKING SERVICE OTHER FINANCIAL ALLOCATION	Changed Description
STOP SMOKING SERVICE PHARMACOTHERAPY SPEND	Changed Description
TIME OF BIRTH (PATIENT IDENTIFICATION)	Changed Description
TREATMENT START DATE (CANCER)	Changed Description
WAITING TIME ADJUSTMENT (FIRST SEEN)	Changed Description

Date: 10 January 2023

Sponsor: Alex Elias, Associate Director for Information Standards and Information Representation Services, 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.

ACCESSIBILITY

Change to Supporting Information: Changed Description

Accessibility statement for the NHS Data Model and Dictionary

~~NHS Digital is committed to making its websites accessible, in accordance with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.~~ NHS Digital is committed to making its websites accessible, in accordance with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Compliance statement

This website is compliant with Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Preparation of this accessibility statement

This statement was prepared on 21 July 2020.

~~This assessment was carried out by NHS Digital, see [Make your website or app accessible and publish an accessibility statement](#).~~ This assessment was carried out by NHS Digital, see [Make your website or app accessible and publish an accessibility statement](#).

Feedback and contact information

Please contact information.standards@nhs.net or phone the Information Standards Service Desk on 0300 303 4777 to provide feedback or to request any further information about this statement.

Enforcement procedure

If you have a concern you wish to escalate, please contact the [Equality Advisory and Support Service \(EASS\)](#). They will then relay this to the Equality and Human Rights Commission.

AGGREGATE CONTRACT MONITORING DATA SET OVERVIEW

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 ([Integrated Care Boards](#) or their equivalents and [NHS England](#))

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

For further information on the [Aggregate Contract Monitoring Data Set](#), see the [NHS England](#) 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.

AIDC FOR PATIENT IDENTIFICATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The purpose of the [Automatic Identification and Data Capture for Patient Identification Data Set](#) is to support the accurate, timely and, therefore, safer identification of NHS [PATIENTS](#) in England, by encoding the key [PATIENT](#) identifiers into a [GS1](#) DataMatrix 2D barcode which is printed on the [PATIENT](#) identity band.

Implementation of this [Information Standard](#) enables subsequent processes involving the [PATIENT](#) and care provided to the [PATIENT](#) (where these processes are also uniquely identified and barcoded) to be automatically identified using [Automatic Identification and Data Capture \(AIDC\)](#) techniques, e.g. bed management, phlebotomy, theatre management and medications administration.

The [Automatic Identification and Data Capture for Patient Identification Data Set](#) provides an agreed national standard for how to encode a GS1 DataMatrix with the key [PATIENT](#) identifiers on the identity wristband and covers production, printing and verification rules for the barcode.

~~Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).~~ Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

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.

CANCER TREATMENT PERIOD

Change to Supporting Information: Changed Description

A [Cancer Treatment Period](#) is an [ACTIVITY GROUP](#).

A [Cancer Treatment Period](#) is initiated when a [Decision To Treat](#) for a cancer condition is made and ends when the [PATIENT](#) receives the [Planned Cancer Treatment](#) specified in the [Cancer Care Plan](#) covering the [PATIENTS](#) condition. This is the same as [TREATMENT START DATE \(CANCER\)](#).

~~The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).~~ The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the [NHS England](#) website at: [Cancer Waiting Times](#).

If the [PATIENT](#) receives several different types of treatment within the same [Cancer Care Plan](#) (e.g. surgery, followed by [Chemotherapy](#), followed by [Radiotherapy](#)), then each stage has its own [Cancer Treatment Period](#) of 31 days between [DECISION TO TREAT DATE](#) (or [EARLIEST CLINICALLY APPROPRIATE DATE](#)) and [TREATMENT START DATE \(CANCER\)](#).

[CANCER CARE SETTING \(TREATMENT\)](#) is used to derive whether a waiting time adjustment between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE \(CANCER\)](#) may be recorded in [WAITING TIME ADJUSTMENT \(TREATMENT\)](#).

CDS V6-2 TYPE 170 - ADMITTED PATIENT CARE - DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS CDS OVERVIEW

Change to Supporting Information: Changed Description

Introduction

[CDS V6-2 Type 170 - Admitted Patient Care - Detained and or Long Term Psychiatric Census Commissioning Data Set](#) carries the data for the Psychiatric Census.

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

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

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

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

Notation

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

Business Rules

See [Commissioning Data Set Business Rules](#) for an explanation of the business and/or processing rules which apply to individual Data Elements.

XML Schema

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2 XML Schema Constraints](#).

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

CLINICAL CODING INTRODUCTION

Change to Supporting Information: Changed Description

- [International Classification of Diseases \(ICD\)](#)
- [International Classification of Diseases for Oncology \(ICD-O\)](#)
- [National Interim Clinical Imaging Procedure Code Set \(NICIP Code Set\)](#)
- [NHS dictionary of medicines and devices \(dm+d\)](#)
- [OPCS Classification of Interventions and Procedures](#)
- [Read Coded Clinical Terms](#)
- [SNOMED CT®](#)
- [SNOMED CT Refset](#)

Requests for Change:

- Change requests for [CLINICAL TERMINOLOGY CODES](#) and [CLINICAL CLASSIFICATION CODES](#) released by [NHS Digital](#) should be made through the Request Submission Portal on the [NHS Digital](#) website at: [Welcome to the Request Submission Portal](#).
- Change requests for [CLINICAL TERMINOLOGY CODES](#) and [CLINICAL CLASSIFICATION CODES](#) released by [NHS England](#) should be made through the Request Submission Portal on the [NHS England](#) website at: [Welcome to the Request Submission Portal](#).
- Requests for medicines or devices terminologies should be made via the Service Desk at: information.standards@nhs.net.

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. Note the permitted values differ between CDS-XML schema version 6-2 and CDS-XML version 6-2-0 for CARE PROFESSIONAL MAIN SPECIALTY CODE and ACTIVITY TREATMENT FUNCTION CODE .

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 notes, 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. For further information, please refer to the NHS Digital website at: Payment by Results Guidance .
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 NHS England website at: Payment by Results Guidance .

PREFIX	BUSINESS RULES: I - CDS-XML Schema Notes, 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 .
I4	From Commissioning Data Set version 6-3 onwards, the NHS Data Model and Dictionary data set layout has been updated to correctly represent the existing requirements of the CDS-XML Schema for PERSON NAME STRUCTURED and PERSON NAME UNSTRUCTURED
I5	From Commissioning Data Set version 6-3 onwards, the NHS Data Model and Dictionary data set layout has been updated to correctly represent the existing requirements of the CDS-XML Schema for ADDRESS STRUCTURED and ADDRESS UNSTRUCTURED

PREFIX	BUSINESS RULES: N - NHS Data Standards and Policy Rules
N1	Psychiatric PATIENTS only (Retired January 2021).
N2	Not defined or approved by the Data Alliance Partnership Board or its predecessors the Data Coordination Board , Standardisation Committee for Care Information and 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 (Retired June 2015).
N6	This data should only flow in Commissioning Data Set version 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 (Retired June 2015).
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	These ORGANISATION CODES/ORGANISATION IDENTIFIERS 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 V6-2 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 the Elective Admission List Census which is usually the end of the Period being reported: CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set CDS V6-2 Type 040 - Elective Admission List - End of Period Census (Old) 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

COMMISSIONING DATA SET MANDATED DATA FLOWS

Change to Supporting Information: Changed Description

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

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

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

CDS TYPE	DESCRIPTION	MIN FREQUENCY	DIRECTIVE	DATA FLOW
CDS010	Accident and Emergency (Retired 01 November 2020)			
CDS 011	Emergency Care	Weekly	Emergency Care Attendances for EMERGENCY CARE DEPARTMENT TYPE 01 and 02 were mandated to flow nationally from 1st October 2017. See SCCI0092-2062 Emergency Care Attendances for EMERGENCY CARE DEPARTMENT TYPES 03 and 04 were mandated to flow from October 2018. See SCCI0092-2062	Data is expected to flow on a daily basis where possible, but a weekly frequency is the minimum requirement.
CDS 020	Out-Patient	Weekly	Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the Secondary Uses Service from 1st October 2001, see DSCN 05/2001 .	NHS Acute Health Care Providers must submit data weekly. NHS Community Health Care Providers , NHS Mental Health Care Providers and

			<p>Out-Patient Attendance Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p> <p>NURSE and MIDWIFE attendances and Attendances for nursing care were enabled to be carried in the Out-Patient Attendance Commissioning Data Set from 1 April 2005, DSCN 32/2004 Other Care Professional Attendances where an appropriate Treatment Function exists may also be submitted.</p> <p>Out-patient records where the activity relates to the Allied Health Professional Referral To Treatment Measurement standard must be submitted to the Secondary Uses Service (in accordance with ISN ISB0092 Amd 7/2013, and must include the PATIENT PATHWAY data group data items. Note that this is only supported in Commissioning Data Set version 6-2 onwards, with the introduction of data element WAITING TIME MEASUREMENT TYPE.</p>	<p>Independent Sector Healthcare Providers undertaking acute care, must submit data weekly as soon as possible and no later than 31 March 2021.</p>
CDS 021	Future Out-Patients - Commissioning Data Set version 6-2 only	As Required for piloting	From 01/01/2008, submissions to support local activities and commissioning will be supported for piloting purposes only.	
CDS 030	Elective Admission List End of Period (Standard) - Commissioning Data Set version 6-2 only	Monthly if used	<p>All Providers should endeavour to support this data flow.</p> <p>Elective Admission List End of Period Census (Standard) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<p>All entries where at the end of the time period being reported and defined by the Commissioning Data Set Submission Protocol, the PATIENT remains on the ELECTIVE ADMISSION LIST. Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the ELECTIVE ADMISSION LIST may be included.</p>
CDS 040	Elective Admission List End of Period (New) - Commissioning Data Set version 6-2 only	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 050	Elective Admission List End of Period (Old) - Commissioning Data Set version 6-2 only	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 060	Elective Admission List Event During Period (Add) Commissioning Data Set version 6-2 only	Monthly if used	<p>Optional</p> <p>Elective Admission List Event During Period (Add) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	May be submitted where an entry has been added to the ELECTIVE ADMISSION LIST during the time period reported.
CDS 070	Elective Admission List Event During Period (Remove) Commissioning Data Set version 6-2 only	Monthly if used	<p>Optional</p> <p>Elective Admission List Event During Period (Remove) Commissioning Data Set records where the activity relates to</p>	May be submitted where an entry has been removed from the ELECTIVE ADMISSION LIST during the time period reported.

			a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	
CDS 080	Elective Admission List Event During Period (Offer) Commissioning Data Set version 6-2 only	Monthly if used	Optional Elective Admission List Event During Period (Offer) CDS records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an offer has been made during the time period reported.
CDS 090	Elective Admission List Event During Period (Available / Unavailable) - Commissioning Data Set version 6-2 only	Monthly if used	Optional	May be submitted where a patient becomes Available or Unavailable during the time period reported.
CDS 100	Elective Admission List Event During Period (Old Service Agreement) Commissioning Data Set version 6-2 only	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 110	Elective Admission List Event During Period (New Service Agreement) Commissioning Data Set version 6-2 only	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 120	Finished Birth Episode	Weekly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity .	NHS Acute Health Care Providers must submit data weekly. NHS Community Health Care Providers , NHS Mental Health Care Providers and Independent Sector Healthcare Providers undertaking acute care, must submit data weekly as soon as possible and no later than 31 March 2021.
CDS 130	Finished General Episode	Weekly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity . Finished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	NHS Acute Health Care Providers must submit data weekly. NHS Community Health Care Providers , NHS Mental Health Care Providers and Independent Sector Healthcare Providers undertaking acute care, must submit data weekly as soon as possible and no later than 31 March 2021.
CDS 140	Finished Delivery Episode	Weekly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity .	NHS Acute Health Care Providers must submit data weekly. NHS Community Health Care Providers , NHS Mental Health Care Providers and Independent Sector Healthcare Providers undertaking acute care, must submit data weekly as soon as possible and no later than 31 March 2021.
CDS 150	Other Birth	Monthly	This includes Home Birth.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.

CDS 160	Other Delivery	Monthly	This includes Home Delivery.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 170	The Detained and/or Long Term Psychiatric Census – Commissioning Data Set version 6-2 only	Annually	Required by the NHS Digital . May optionally be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by the NHS Digital . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by the NHS Digital . May optionally be sent more regularly, usually monthly. Unfinished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 200	Unfinished Delivery Episode	Annually	The Annual Census / Unfinished Census. Required by the NHS Digital . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 170	The Detained and/or Long Term Psychiatric Census - Commissioning Data Set version 6-2 only	Annually	Required by NHS England . May optionally be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by NHS England . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by NHS England . May optionally be sent more regularly, usually monthly. Unfinished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
	Unfinished Delivery Episode	Annually		

CDS 200		The Annual Census / Unfinished Census. Required by NHS England. May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.
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COMMISSIONING DATA SETS INTRODUCTION

Change to Supporting Information: Changed Description

The [Commissioning Data Sets \(CDS\)](#) are maintained and developed by the [NHS Digital](#), in accordance with the needs of the NHS and the [Department of Health and Social Care](#). The [Commissioning Data Sets \(CDS\)](#) are maintained and developed by [NHS England](#), in accordance with the needs of the NHS and the [Department of Health and Social Care](#).

[Commissioning Data Sets](#) form the basis of data on [ACTIVITY](#) carried out by [ORGANISATIONS](#) reported centrally for monitoring and payment purposes. They support the current [Healthcare Resource Group \(HRG\)](#) version for calculation of payment to trusts and monitoring of other initiatives.

Requests for changes to the [Commissioning Data Sets](#) should be submitted via email to enquiries@nhsdigital.nhs.uk, stating "Commissioning Data Sets" in the subject line.

For further information on [Commissioning Data Sets](#), see:

- [Commissioning Data Sets Overview](#)
- [Commissioning Data Set Version 6-2 Type List](#)
- [Commissioning Data Set Version 6-3 Type List](#)
- [Commissioning Data Set Versions](#)

- [Commissioning Data Set Addressing Grid](#)
- [Commissioning Data Set Business Rules](#)
- [Commissioning Data Set Data Duplication](#)
- [Commissioning Data Set Mandated Data Flows](#)
- [Commissioning Data Set Notation](#)
- [Commissioning Data Set Submission and Organisation Mergers](#)
- [Commissioning Data Set Submission Protocol](#)
- [Referral To Treatment Clock Stop Administrative Event](#)
- [Security Issues and Patient Confidentiality](#)

- **CDS XML Schema:**
- [Commissioning Data Set XML Schema Overview](#)
- [Commissioning Data Set XML Schema Design](#)
- [Commissioning Data Set XML Schema Version Numbering](#)
- [Commissioning Data Set XML Schema Documentation](#)
- [XML Schema TRUD Download](#)

- **XML Schema Constraints:**
- [Commissioning Data Set Version 6-2 XML Schema Constraints](#)
- [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#)
- [Commissioning Data Set Version 6-2-3 XML Schema Constraints](#)
- [Commissioning Data Set Version 6-3 XML Schema Constraints](#)

COMMISSIONING DATA SET SUBMISSION AND ORGANISATION MERGERS

Change to Supporting Information: Changed Description

[ORGANISATIONS](#) can function as independent senders of [Commissioning Data Sets](#) and have service level agreements with Acute, Community or Mental Health [ORGANISATIONS](#) for the submission of this data. These agreements usually relate to clinical services that are subcontracted to that [Health Care Provider](#) or where clinical services are facilitated on that site but owned by the commissioner of the agreement.

[ORGANISATION](#) mergers do not always result in an immediate merger of IT facilities and their often disparate systems to enable a single flow of commissioning data to the [Secondary Uses Service](#). In this case, data flows to the [Secondary Uses Service](#) for multiple sites from multiple senders must be very carefully managed in order to avoid inadvertent deletion or duplication of records in the [Secondary Uses Service](#).

For further guidance, see the [NHS Digital](#) website at: [Secondary Uses Service \(SUS\) Guidance](#). For further guidance, see the [NHS England](#) website at: [Secondary Uses Service \(SUS\) Guidance](#).

COMMISSIONING DATA SET SUBMISSION PROTOCOL

Change to Supporting Information: Changed Description

The [Commissioning Data Sets](#) submitted by providers carry information to determine the update method to be used by the [Secondary Uses Service](#) in order to update the national database.

These update rules are known as the [Commissioning Data Set Submission Protocol](#) and the set of data controls used to indicate this are carried in the Commissioning Data Set Transaction Header Group which must be present and correct in every [CDS Type](#) submitted to the [Secondary Uses Service](#).

Net Change:

Net Change processes are managed by specific data settings as defined in the [CDS V6-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) / [CDS V6-3 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) option of the CDS Transaction Header Group. The [Secondary Uses Service](#) uses the following data to manage the database:

- [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#)
- [CDS UNIQUE IDENTIFIER](#)
- [CDS APPLICABLE DATE](#)
- [CDS APPLICABLE TIME](#)

Note that [CDS SENDER IDENTITY](#) is used for [CDS V6-2](#) and [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#). [ORGANISATION IDENTIFIER \(CDS SENDER\)](#) is used for [CDS V6-2-3 Type 011 - Emergency Care Commissioning Data Set](#) and [CDS](#) Version 6-3 onwards.

Each [CDS Type](#) must have a [CDS UNIQUE IDENTIFIER](#) which must be uniquely maintained throughout the life of that Commissioning Data Set record. This is a particular consideration where mergers and/or healthcare systems are changed or upgraded, see [Commissioning Data Set Submission and Organisation Mergers](#). Any change to the [CDS UNIQUE IDENTIFIER](#) during the "lifetime" of a Commissioning Data Set record will almost certainly result in a duplicate record being lodged in the [Secondary Uses Service](#) database.

A Commissioning Data Set record delete transaction must be sent to the [Secondary Uses Service](#) database when any previously sent Commissioning Data Set record requires deletion/removal, for example to reflect Commissioner changes etc.

Where [CDS UPDATE TYPE](#) 1 is required (delete/cancellation), an empty XML element called 'Delete Transaction' can be used instead of submitting the original [CDS Type](#) record, after the [CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)/ [CDS V6-3 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#). See the CDS V6-2 or CDS V6-3 XML Schema Release Notes which can be downloaded via the [XML Schema TRUD Download](#) page.

The [CDS APPLICABLE DATE](#) and [CDS APPLICABLE TIME](#) must be used to ensure that all Commissioning data is updated in the [Secondary Uses Service](#) database in the correct chronological order.

The [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#) **must not change during the lifetime of the CDS data**. This is particularly significant for multiple and/or merged [ORGANISATIONS](#), and for those services who submit data on behalf of another [NHS Trust](#), [NHS Foundation Trust](#) or [Independent Sector Healthcare Provider](#).

Bulk Replacement

Bulk Replacement processes are managed by specific data settings as defined in the [CDS V6-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)/ [CDS V6-3 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) option of the CDS Transaction Header Group. The [Secondary Uses Service](#) uses the following data to manage the database:

- [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#)
- [CDS BULK REPLACEMENT GROUP CODE](#)
- [CDS EXTRACT DATE](#)
- [CDS EXTRACT TIME](#)
- [CDS REPORT PERIOD START DATE](#)
- [CDS REPORT PERIOD END DATE](#)

Note that [CDS SENDER IDENTITY](#) is used for [CDS V6-2](#) and [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#). [ORGANISATION IDENTIFIER \(CDS SENDER\)](#) is used for [CDS V6-2-3 Type 011 - Emergency Care Commissioning Data Set](#) and [CDS](#) V6-3 onwards.

Every [CDS Type](#) must be submitted using the correct [CDS BULK REPLACEMENT GROUP CODE](#).

The [CDS REPORT PERIOD START DATE](#) and the [CDS REPORT PERIOD END DATE](#), (i.e. the effective date period), must be valid and consistent, and reflect the dates relevant to the Commissioning data contained in the interchange.

The [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#) must not change during the lifetime of the Commissioning Data Set record. This is particularly significant for multiple and/or merged [ORGANISATIONS](#), and for those services who submit data on behalf of another [ORGANISATION](#).

For submissions of [CDS V6-2](#) and [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#), the [CDS PRIME RECIPIENT IDENTITY](#) is Mandatory for submission in the CDS Type 005B (CDS Transaction Header Group - Bulk Update Protocol) and CDS Type 005N (CDS Transaction Header Group - Net Change Protocol). However, it no longer forms part of the key for the process of determining duplicate records within the [Secondary Uses Service](#). Note that the [CDS PRIME RECIPIENT IDENTITY](#) continues to be used to determine data access requirements within the [Secondary Uses Service](#) for [Commissioning Data Set](#) version 6-2 submissions. For [Commissioning Data Set](#) version 6-3 and [CDS V6-2-3 Type 011 - Emergency Care Commissioning Data Set](#), data element [ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#) is used for this purpose.

If it is necessary to change any of this data during the lifetime of a Commissioning Data Set record, then the [Secondary Uses Service \(SUS\)](#) Service Desk should be contacted for advice. See the [NHS Digital](#) website at: [Secondary Uses Service \(SUS\)](#). See the [NHS England](#) website at: [Secondary Uses Service \(SUS\)](#).

It is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated [CDS UNIQUE IDENTIFIER](#) within the Commissioning data. This will establish a migration path towards the use of the Net Change Mechanism and will also then minimise the risk of creating duplicate Commissioning Data Set data.

Sub contracting

If a [Health Care Provider](#) sub-contracts healthcare provision and its associated Commissioning Data Set submission to a second [ORGANISATION](#) (eg a different [Health Care Provider](#) or a Shared Services Organisation), arrangements to submit the Commissioning Data Set data must be made locally to ensure that only one [ORGANISATION](#) sends the Commissioning Data Set data to the [Secondary Uses Service](#).

If the second [ORGANISATION](#) wishes to add other Commissioning data to the [Secondary Uses Service](#) database to that already submitted by the first [ORGANISATION](#), both parties need to ensure that a different [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#) is used.

Note: Data sent using the same [CDS SENDER IDENTITY/ORGANISATION IDENTIFIER \(CDS SENDER\)](#) by two different parties will most likely overwrite each other's data in the [Secondary Uses Service](#) database. ~~Further advice can be obtained from the [Secondary Uses Service \(SUS\)](#) Service Desk, see the [NHS Digital](#) website at: [SUS Guidance](#).~~ Further advice can be obtained from the [Secondary Uses Service \(SUS\)](#) Service Desk, see the [NHS England](#) website at: [SUS Guidance](#).

Users should be aware of how the 15 character code of their [CDS INTERCHANGE SENDER IDENTITY](#) (also known as the EDI Address) is created. This may depend on how their XML interface solution has been set up. It may not be possible to rely on a change to the [ORGANISATION CODE \(CODE OF PROVIDER\)/ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) in order to change the [CDS INTERCHANGE SENDER IDENTITY](#) should this become necessary.

COMMISSIONING DATA SET XML SCHEMA DOCUMENTATION

Change to Supporting Information: Changed Description

The use of XML was mandated by the [e-Government Interoperability Framework \(e-GIF\)](#) programme as the standard to be used for messaging by government organisations and accordingly this has been adopted by the NHS.

Note:
[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

For the most part, the XML Schema applies the data specifications as authorised by the NHS and documented in the NHS Data Model and Dictionary.

The Issued Documentation

~~The [NHS Digital](#) Data Architecture Team maintain and issue the following XML Schema documentation:~~ The following XML Schema artifacts are issued:

- **The XML Schema Files** (generated using ALTOVA XMLSPY ©)
The XML Schema files consist of a series of interpretable XML/HTML statements which define the data structures and content rules for the use of the message. User systems use the XML Schema to either populate or interpret an 'XML Schema instance' that is the resultant XML formatted message file which carries the data.

The XML Schema therefore represents the 'design' of the message and it may be necessary therefore to interpret and understand the information inherent in the XML Schema file code.

- **The XML Schema Documentation** (generated using ALTOVA XMLSPY ©)
These files are generated using XMLSPY software and may be read in any browser, e.g. Microsoft Edge©. The files consist of a 'root' entry HTML formatted file and a (usually) large number of supporting .png graphic files used by the root HTML.

This documentation enables useful "drill down" functions for investigating structures and data items, but these features are not as powerful as when using a full XML Schema editor (see below).

Most browsers will support printing and thus the XML Schema details can be printed as required but users are warned that browser based prints often generate a large number of pages.

The CDS XML Schema generates approximately 450+ pages of details, printing is therefore not advised.

- **The XML Schema Release Notes**

This is a pdf document identifying the changes applied to the XML Schema release, from the previous release. References to [Information Standards Notices](#) and other technical change requirements are detailed.

Reading XML Schema

Whilst XML Schemas can be read as HTML in most browsers, it may be difficult to fully interpret the XML Schema unless the reader has a detailed understanding of HTML.

It is recommended that XML Schemas are read using an XML interpreter (such as ALTOVA XMLSPY ©), many of these are freely available on the internet.

XML Schema technicians may prefer to use such software to examine XML Schemas more deeply as the interactive facilities provided are generally more powerful than browsing the XML/HTML supplied Schema code.

COMMISSIONING DATA SET XML SCHEMA VERSION NUMBERING

Change to Supporting Information: Changed Description

The XML Schema Version numbering format used in the Commissioning Data Sets.

The CDS XML Schema Version Number Format

The use of XML was mandated by the [e-Government Interoperability Framework \(e-GIF\)](#) programme as the standard to be used for messaging by government organisations and was adopted by the NHS.

Note:

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

The CDS XML Schema adopts version numbering techniques in line with published e-GOV best practice guidelines. All schema components are version numbered and date qualified; the following is an example of the adopted format:

CDS XML Message Root:

Example: V6-0-2007-03-01 (Note that dash separators are used).

[Schema Filename] + [Major Version Number] + [Minor Version Number] + [Version Date]

VERSION NUMBER ELEMENT	FORMAT	EXAMPLE AND NOTES
XML Schema File Name	As allocated by Data Architecture at NHS Digital	CDS-XML_Message_Root-
XML Schema File Name	As allocated during the XML Schema development	CDS-XML_Message_Root-
Major Version Number	A maximum of 3 characters incremented numerically without leading zeros	V6-
Minor Version Number	A maximum of 3 characters incremented numerically without leading zeros	0-
Version Date	ccyy-mm-dd	2007-03-01

The Major Version Number:

This is incremented when fundamental change has taken place such as:

- Major addition / deletion / change of XML Schema business functionality
- Major change to the technical design of the schema
- Re-alignment of the XML Schema Version Number after cumulative changes

The Minor Version Number:

This is incremented for all XML Schema changes **not** warranting a Major Version Number increment (as above).

Examples are:

- Minor changes to XML Schema business functionality
- Minor changes to the XML Schema data structures that are not upwardly compatible*

- Addition and/or deletion of data items that are not upwardly compatible*
- Changes to data item facet definitions that are not upwardly compatible*

Version Date:

This may be adjusted as a defined reference point for a no risk XML Schema release to reflect minor changes and corrective releases. Examples are:

- Minor changes to the XML Schema data structures that are upwardly compatible* for instance the addition of an optional data item.
- Changes to data item facet definitions that are upwardly compatible* for instance the addition (but not the deletion) of code values to a data item enumeration list.
- Interim development versions, released for information only

* Upwardly Compatible:

Minor changes and adjustments to the XML Schema which introduce little or no risk of increased data rejection are deemed upwardly compatible.

For example, corrective adjustments, which align the XML Schema to the authorised NHS Data Standards as published in the NHS Data Model and Dictionary often fall within this category.

The XML Schema Date:

All XML Schema releases have a designated SchemaDate XML Attribute.

XML Schema Version Control - The Schema Root:

The schema root is the single entry point to the XML Schema and XML Attributes for the following are validated:

- SchemaVersion
- SchemaDate

COMMUNITY SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Community Services Data Set \(CSDS\)](#) is a [PATIENT](#) level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly-funded [Community Health Services](#). As a secondary uses data set it aims to re-use clinical and 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 [Community Services Data Set](#) covers all publicly-funded [Community Health Services](#) provided by [Health Care Providers](#) in England. This includes all [SERVICES](#) listed in the [SERVICE OR TEAM TYPE REFERRED TO FOR COMMUNITY CARE](#) within the [Community Services Data Set](#). This includes acute and [Independent Sector Healthcare Providers](#) that provide publicly-funded [Community Health Services](#).

The [Community Services Data Set](#) is used by the [Department of Health and Social Care](#), commissioners and [Health Care Providers](#) of [Community Health Services](#) and [PATIENTS](#), as the data set provides:

- National, comparable, standardised data about [Community Health Services](#) that are being delivered, which will support intelligent commissioning decisions and [SERVICE](#) provision
- Information on the use of resources to improve the operational management of [SERVICES](#)
- Information on outcomes, to help to address health inequalities
- Support for current national outcome indicators for [Community Health Services](#)
- Traceability and visibility of [Community Health Service](#) expenditure, allowing the implementation of new payment approaches for [Community Health Services](#) through the development of defined currencies which are underpinned by consistent data
- Information to improve reference costs for [Community Health Services](#), to ensure that these are reported consistently
- Support for a nationally consistent clinical record for all [PATIENTS](#) across England, which can be used to support national research projects
- Information for the future development of [Community Health Services](#).

Data Collection

The [Community Services Data Set](#) provides the definitions for data to provide timely, pseudonymised [PATIENT](#)-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

Data is expected to be collected from various clinical systems, collated and assembled. This standard is intended to facilitate electronic data recording and reporting but it is not intended to create clinical records for [Community Health Services](#) or to enable systems used by [Community Health Services](#) to interoperate with other clinical systems.

Submission Information

The [Community Services Data Set](#) is submitted via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS Digital](#) using the [Community Services Data Set \(CSDS\) XML Schema](#). The [Community Services Data Set](#) is submitted via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS England](#) using the [Community Services Data Set \(CSDS\) XML Schema](#).

Format Information

Data for submission is formatted into an XML file as per the [Technology Reference 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. For enquiries regarding the XML Schema, please contact [NHS England](#) at enquiries@nhsdigital.nhs.uk.

[Community Services Data Set \(CSDS\)](#) submissions are made using the latest MS Access [Community Services Data Set Intermediate Database \(IDB\)](#) which is available for download from the [Technology Reference Update Distribution \(TRUD\)](#) page at: [Community Services Data Set Intermediate Database](#).

For enquiries regarding technical support for the Intermediate Database (IDB) files, please contact the National Service Desk at: ssd.nationalservicedesk@nhs.net

Further Guidance

Further information and implementation guidance has been produced by [NHS Digital](#) and is available at: [Further information and implementation guidance has been produced by NHS England and is available at:](#)

- [Community Services Data Set](#)
- [Community Services Data Set \(CSDS\) guidance](#).

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
- P = Pilot: this data element is for piloting use only.

Data Set Constraints

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

XML Schema

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

Intermediate Database (IDB)

For guidance on downloading the Intermediate Database (IDB), see the [NHS Digital](#) website at: [Intermediate Database \(IDB\) guidance](#). For guidance on downloading the Intermediate Database (IDB), see the [NHS England](#) website at: [Intermediate Database \(IDB\) guidance](#).

CONTACT DETAILS

Change to Supporting Information: Changed Description

Useful websites and email addresses.

- **NHS Data Model and Dictionary:**
 - Website: [NHS Data Model and Dictionary Service Web Pages](#)
 - Email: information.standards@nhs.net
- **NHS Digital:**
 - Website: [NHS Digital website](#)
 - Email: enquiries@nhsdigital.nhs.uk

- **NHS Digital (now merged with NHS England):**
 - Website: [NHS Digital website](#)
 - Email: enquiries@nhsdigital.nhs.uk
- ~~Data Alliance Partnership Board:~~
 - Website: ~~[Data Alliance Partnership Board](#)~~
- **NHS England:**
 - Website: [NHS England website](#)
 - Email: england.contactus@nhs.net
- **Data Alliance Partnership Board:**
 - Website: [Data Alliance Partnership Board](#)
- **Department of Health and Social Care:**
 - Website: [Department of Health and Social Care part of the gov.uk website](#)
 - Queries: [Contact the Department of Health and Social Care](#)
- **Organisation Data Service Queries:**
 - Website: [Organisation Data Service](#)
 - Email: exeter.helpdesk@nhs.net
- **Postcodes:**
 - [Office for National Statistics](#) website at:
 - Welcome to the Office for National Statistics
 - [Postcode products](#).
 - Email: info@ons.gsi.gov.uk

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COVER OF VACCINATION EVALUATED RAPIDLY (COVER) DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Cover of Vaccination Evaluated Rapidly \(COVER\) Data Set](#) is used to evaluate the routine childhood [Immunisation Programme](#) in England for children up to 5 years of age. The aim is to collect and report vaccine uptake data for all children at three months (Tuberculosis (BCG) only), one, two and five years of age on a quarterly and annual basis.

The [Cover of Vaccination Evaluated Rapidly \(COVER\) Data Set](#) is also used to evaluate the neonatal hepatitis B [Immunisation Programme](#) in England for babies born to hepatitis B surface antigen (HBsAg) positive mothers.

The information is used:

- to reliably measure vaccine coverage
- to evaluate the success of a vaccination programme
- to identify susceptible populations for further interventions
- and to inform future vaccine policy decisions.

The [UK Health Security Agency](#) is mandated to report on vaccine uptake figures for children aged three months (Tuberculosis (BCG) only), one, two and five years for the [Local Authority](#) (upper tier) registered population for the [Public Health Outcomes Framework \(PHOF\) indicator Population vaccination coverage](#).

~~NHS Digital is mandated to produce the annual [Cover of Vaccination Evaluated Rapidly \(COVER\)](#) statistics.~~ NHS England is mandated to produce the annual [Cover of Vaccination Evaluated Rapidly \(COVER\)](#) statistics. [Cover of Vaccination Evaluated Rapidly \(COVER\)](#) statistics enable the monitoring of the contribution of the routine childhood [Immunisation Programme](#) towards protecting and improving the nation's health and are used to address inequalities.

The [UK Health Security Agency](#) and the [Department of Health and Social Care](#) also have commitments to report vaccine coverage figures to international organisations such as the [World Health Organisation](#), and the [European Centre for Disease Prevention and Control](#).

Submission

Immunisation records are held in Child Health Information Systems (CHIS). ~~Quarterly and annual returns are transmitted by Child Health Record Departments (who operate local Child Health Information Systems (CHIS)) or other local Health Care Providers to the NHS Digital Strategic Data Collection Service (SDCS).~~ Quarterly and annual returns are transmitted by Child Health Record Departments (who operate local Child Health Information Systems (CHIS)) or other local [Health Care Providers](#) to the [NHS Digital Strategic Data Collection Service \(SDCS\)](#).

Further Guidance

For further guidance see the [UK Health Security Agency](#) part of the gov.uk website at [Vaccine uptake guidance and the latest coverage data](#).

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

DATA ALLIANCE PARTNERSHIP BOARD

Change to Supporting Information: Changed Description

The [Data Alliance Partnership Board](#) is an [ORGANISATION](#).

The [Data Alliance Partnership Board \(DAPB\)](#) replaced the [Data Coordination Board \(DCB\)](#) on 20 November 2020.

Key national [ORGANISATIONS](#) that use health and care data were brought together into a Data Alliance Partnership (DAP). The Data Alliance Partnership member [ORGANISATIONS](#), including the [Department of Health and Social Care](#), [NHS England](#), a wide range of Arm's Length Bodies and other [ORGANISATIONS](#) across health and adult social care, are committed to maximising the benefits from utilising and sharing data already held in health and care systems in order to minimise the burden of collecting more data from frontline service providers.

The [Data Alliance Partnership Board \(DAPB\)](#) supports member [ORGANISATIONS](#) achieve their goals and:

- Identifies and, wherever possible, reduces duplication of data collections
- Increases the benefits from data already held by making data accessible for legitimate purposes within existing legislation – the principle of collect once, use many times
- Increases transparency by making clear what data the health care and adult social care system holds and how it is used - published as a single list of approved data collections
- Has responsibility for approving [Information Standards and Data Collections \(including Extractions\) \(ISCEs\)](#) used in health care and adult social care.

Note: The [Data Alliance Partnership Board](#) is supported by the two boards which have devolved responsibility for scrutiny and assessment of recommendations made by the Data Standards Assurance Service (DSAS). Both boards review proposals for new and/or changes to existing [ISCEs](#) before making a recommendation for approval (or otherwise) to the [Data Alliance Partnership Board](#):

- The Data Alliance Partnership Sub Board (DAPSB) is responsible for health service recommendations for approval
- The Data and Outcomes Board (DOB) is responsible for adult social care recommendations for approval.

~~For further information on the [Data Alliance Partnership Board](#), see the [NHS Digital](#) website at: [Data Alliance Partnership Board](#).~~ For further information on the [Data Alliance Partnership Board](#), see the [NHS England](#) website at: [Data Alliance Partnership Board](#).

DATA DICTIONARY CHANGE NOTICE

Change to Supporting Information: Changed Description

A [Data Dictionary Change Notice \(DDCN\)](#) is a notice of a change to the NHS Data Model and Dictionary which is not appropriate for [Data Alliance Partnership Board](#) publication as an [Information Standards Notice](#), as the change does not relate to an individual standard.

The [Data Dictionary Change Notices](#) can be downloaded from: [Data Dictionary Change Notices](#).

~~Further information on [Data Dictionary Change Notices](#) can be found on the [NHS Data Model and Dictionary Service](#) part of the [NHS Digital](#) website at: [Policies: Data Dictionary Change Notice guidance](#).~~ Further information on [Data Dictionary Change Notices](#) can be found on the [NHS Data Model and Dictionary Service](#) part of the [NHS England](#) website at: [Policies: Data Dictionary Change Notice guidance](#).

DATA LANDING PORTAL

Change to Supporting Information: Changed Description

The [Data Landing Portal \(DLP\)](#) allows data to be transferred securely between [ORGANISATIONS](#) using a centrally managed system.

The [Data Landing Portal](#) also facilitates the standardisation of local data transfers nationally.

~~For further information relating to the submission of data to the [Data Landing Portal](#), see the [NHS Digital](#) website at: [Data Landing Portal \(DLP\)](#). For further information relating to the submission of data to the [Data Landing Portal](#), see the [NHS England](#) website at: [Data Landing Portal \(DLP\)](#).~~

DATA PROCESSING SERVICES

Change to Supporting Information: Changed Description

The [Data Processing Services \(DPS\)](#) is a secure, highly-scalable system that transforms the way data is used to improve health and care.

The [Data Processing Services](#) enables more efficient data collection, processing and distribution and delivers a clearer picture of health and care by providing more timely access to better linked, anonymised data.

~~For further information on the [Data Processing Services](#), see the [NHS Digital](#) website at: [Improving our Data Processing Services \(DPS\)](#). For further information on the [Data Processing Services](#), see the [NHS England](#) website at: [Improving our Data Processing Services \(DPS\)](#).~~

DATA SERVICES FOR COMMISSIONERS

Change to Supporting Information: Changed Description

~~The [Data Services for Commissioners \(DSfC\)](#) is provided by [NHS Digital](#) under direction from [NHS England](#). The [Data Services for Commissioners \(DSfC\)](#) is provided by [NHS England](#).~~

~~The [Data Services for Commissioners](#) is delivered by staff seconded into [NHS Digital](#) from [Commissioning Support Units](#). The [Data Services for Commissioners](#) is delivered by staff seconded into [NHS England](#) from [Commissioning Support Units](#). The seconded staff are based in [Data Services for Commissioners Regional Offices](#).~~

The [Data Services for Commissioners](#):

- processes data to support local commissioning whilst protecting confidentiality
- receive and process personal confidential data (PCD) on behalf of [Commissioning Support Units](#), [Integrated Care Boards](#) and Public Health [ORGANISATIONS](#).

~~For further information on the [Data Services for Commissioners](#), see the [NHS Digital](#) website at: [Data Services for Commissioners](#). For further information on the [Data Services for Commissioners](#), see the [NHS England](#) website at: [Data Services for Commissioners](#).~~

DATA SERVICES FOR COMMISSIONERS REGIONAL OFFICE

Change to Supporting Information: Changed Description

A [Data Services for Commissioners Regional Office](#) is an [ORGANISATION](#).

~~A [Data Services for Commissioners Regional Office \(DSCRO\)](#) is an [ORGANISATION](#) within [NHS Digital](#). A [Data Services for Commissioners Regional Office \(DSCRO\)](#) is an [ORGANISATION](#) within [NHS England](#).~~

A [Data Services for Commissioners Regional Office](#) is a local office of the [Data Services for Commissioners](#).

~~For further information on the [Data Services for Commissioners Regional Offices](#), see the [NHS Digital](#) website at: [Data Services for Commissioners](#). For further information on the [Data Services for Commissioners Regional Offices](#), see the [NHS England](#) website at: [Data Services for Commissioners](#).~~

DELEN

Change to Supporting Information: Changed Description

~~[Delen](#) is a website created and maintained by [NHS Digital](#). [Delen](#) provides operational information to users of terminology and classifications products and services provided by [NHS England](#).~~

[Delen](#) provides operational information to users of terminology and classifications products and services provided by [NHS Digital](#).

For further information, see [Delen](#) at: [Delen: Home site](#).

DEPARTMENT OF HEALTH AND SOCIAL CARE

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](#)
- [Medicines and Healthcare Products Regulatory Agency](#)
- [National Institute for Health and Care Excellence](#)
- [NHS Digital](#)
- [NHS Blood and Transplant](#)
- [NHS Business Services Authority](#)
- [NHS England](#)
- [NHS Business Services Authority](#)
- [Public Health England](#)
- [UK Health Security Agency](#).

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](#)
- [DHSC's agencies and partner organisations](#).

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](#).

DEVICES PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW

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 England 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 ([Integrated Care Boards](#) or their equivalents and [NHS England](#)).

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

For further information on the [Devices Patient Level Contract Monitoring Data Set](#), see the [NHS England](#) 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](#).

DIAGNOSTIC IMAGING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

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

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

- Provide NHS data on [GPs](#)' direct access to tests, as well as tests requested via other referral sources. Benchmarking data will be fed back to [GPs](#) and, where appropriate, used to encourage increased use of tests, leading to earlier diagnosis and hence improved outcomes
- Provide more detailed NHS data than is currently available on test type (modality), body site of test and [PATIENT](#) demographics
- Enable analysis of turnaround times for tests
- Enable better analysis of cancer pathways by linking the [National Cancer Registration and Analysis Service](#) data to [Diagnostic Imaging](#) test data for cancer [PATIENTS](#)
- Allow [Public Health England \(PHE\)](#) to calculate more accurate estimates of the distribution of individual radiation dose estimates from medical exposures.

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

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

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

The [Diagnostic Imaging Data Set](#) is collected from NHS funded providers of [Diagnostic Imaging test SERVICES](#) and submitted via a portal on the [NHS Digital](#) website. The [Diagnostic Imaging Data Set](#) is collected from NHS funded providers of [Diagnostic Imaging test SERVICES](#) and submitted via a portal on the [NHS England](#) website. The submissions are processed and aggregate extracts are produced for provider and commissioner [ORGANISATIONS](#) and national groups such as the [Department of Health and Social Care](#) and [Public Health England](#). This also allows linkage to the [National Cancer Registration and Analysis Service](#).

Please note that the collection of the [Diagnostic Imaging Data Set](#) does not replace any other collection of diagnostic data such as the Diagnostics Waiting Times and Activity Data Set (DM01), which should continue to be collected.

Data Set Order

- The transmission order of the [Diagnostic Imaging Data Set](#) is different to the order of the items in the NHS Data Model and Dictionary and XML Schema.
- Please see the "Guidance Notes" at: [Diagnostic Imaging Dataset: Guidance for Data Submitters](#), which contains a full list of [Diagnostic Imaging Data Set](#) fields in the order they are submitted.
- Work is planned to amend some of the [Diagnostic Imaging Data Set](#) items and when this is approved by the [Data Alliance Partnership Board \(DAPB\)](#), the NHS Data Model and Dictionary will be updated to match.

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.

XML Schema

For guidance on the XML Schema constraints, see the [Diagnostic Imaging Data Set XML Schema Constraints](#).

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

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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 England 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 ([Integrated Care Boards](#) or their equivalents and [NHS England](#)).

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

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](#).

ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION DATA SETS OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Electronic Prescribing and Medicines Administration Data Sets](#) are secondary use data sets which aim to re-purpose clinical and operational data concerning the prescribing and administration of medication in [Health Care Providers](#) in England who have a live Electronic Prescribing and Medication Administration system.

The utilisation of secondary care [PATIENT](#)-level data supports improvements to health outcomes, and the [Electronic Prescribing and Medicines Administration Data Sets](#) will be linked to other national data sets to provide enhanced intelligence to support:

- safety and effectiveness
- monitoring uptake of innovative medicine
- pharmacovigilance
- cost-effectiveness (pharmacoeconomics)
- compliance with best practice and policy directives
- antimicrobial stewardship

Data in scope of the [Electronic Prescribing and Medicines Administration Data Sets](#) is from the Primary Electronic Prescribing and Medicine Administration system. Therefore the data should not include activity where a separate system is used, for example for the delivery of certain cancer treatments (such as those covered by the [Systemic Anti-Cancer Therapy Data Set](#)), the prescribing and administration of specific medications such as Warfarin, and delivery of medications in specific care settings such as Intensive Care Units.

Care settings in scope of the [Electronic Prescribing and Medicines Administration Data Sets](#) are:

- Admitted Patient Setting - on a [WARD](#) during a [Hospital Provider Spell](#)
- Out-Patient Setting - in an [Out-Patient Clinic](#) or [Ward Attendance](#)
- [Emergency Care Department](#) setting
- Admitted Patient - on Discharge from the [Hospital Provider Spell](#)
- Admitted Patient - for [Home Leave](#)
- Admitted Patient - existing medication on admission
- Other Medication Administration Setting

Submission Information

[Electronic Prescribing and Medicines Administration Data Sets](#) data for submission must be formatted into XML files as per the [Technology Reference Update Distribution \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

The data sets should be extracted from the primary Electronic Prescribing and Medicine Administration system on a weekly basis, covering the previous seven days' [ACTIVITY](#) for both prescribing and medicines administration.

~~Data submissions are made to [NHS Digital](#) using the [Message Exchange for Social Care and Health \(MESH\) portal](#). Data submissions are made to [NHS England](#) using the [Message Exchange for Social Care and Health \(MESH\) portal](#).~~

Further Guidance

Further guidance for the [Electronic Prescribing and Medicines Administration Data Sets](#) is available at [Interoperable Medicines Programme](#).

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

XML Schema

For guidance on the XML Schema constraints, see the [Electronic Prescribing and Medicines Administration Data Set XML Schema Constraints](#).

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

FEMALE GENITAL MUTILATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Female Genital Mutilation Data Set](#) provides essential information in relation to the female genital mutilation population across England.

The [Female Genital Mutilation Data Set](#) is used:

- To publish Official Statistics which will inform the [Department of Health and Social Care](#), [NHS England](#), other Government Agencies and the public, about female genital mutilation when it has been identified
- To identify the potential risk of female genital mutilation to young girls and vulnerable women
- For better planning and management of female genital mutilation [SERVICES](#) at a local level and across England

~~Data may be input immediately using an input screen via the [NHS Digital](#) Clinical Audit Platform when female genital mutilation is identified, or data extracts for Patients, can be submitted as a bulk upload on a monthly basis for each [ORGANISATION](#). Data for an individual [PATIENT](#) can be entered using a direct input screen on the [NHS England](#) Clinical Audit Platform, or an [ELECTRONIC HEALTH RECORD EXTRACT](#) can be used to submit bulk data uploads on a monthly basis for each [ORGANISATION](#).~~

~~[CARE CONTACT](#) activities undertaken for female genital mutilation [PATIENTS](#) during the [REPORTING PERIOD](#) are reported in the data upload. This includes any attendances at an [Out Patient Clinic](#) led by any type of [CARE PROFESSIONAL](#), [Hospital Provider Spells](#), [Emergency Care Attendances](#), [Group Therapy](#), [Ward Attendances](#); or any other type of direct [PATIENT](#) facing [CARE CONTACT](#), with an~~

exception to [Sexual and Reproductive Health Clinics](#) and Genitourinary Medicine (GUM) clinics, who are not required to submit the [Female Genital Mutilation Data Set](#) to the [NHS Digital](#). This includes any attendances at an [Out-Patient Clinic](#) led by any type of [CARE PROFESSIONAL](#), [Hospital Provider Spells](#), [Emergency Care Attendances](#), [Group Therapy](#), [Ward Attendances](#); or any other type of direct [PATIENT-facing CARE CONTACT](#), with the exception of [Sexual and Reproductive Health Clinics](#) and Genitourinary Medicine (GUM) clinics, who are not required to submit the [Female Genital Mutilation Data Set](#) to [NHS England](#).

[SNOMED CT Refset](#):

- Female genital mutilation related findings:
 - [Refset](#) FSN: Female genital mutilation related findings simple reference set (foundation metadata concept)
 - [Refset](#) Id: 999002041000000103

For further details relating to the [SNOMED CT Refset](#), see the [SNOMED CT Browser](#) at: [Female genital mutilation related findings simple reference set \(foundation metadata concept\)](#).

- Female genital mutilation related procedures:
 - [Refset](#) FSN: Female genital mutilation related procedures simple reference set (foundation metadata concept)
 - [Refset](#) Id: 999002031000000107

For further details relating to the [SNOMED CT Refset](#), see the [SNOMED CT Browser](#) at: [Female genital mutilation related procedures simple reference set \(foundation metadata concept\)](#).

Data Extract Specification

Description

The [Department of Health and Social Care](#) requires all [NHS Trusts](#), [NHS Foundation Trusts](#) and [GENERAL MEDICAL PRACTITIONERS](#) to generate and provide a data extract in accordance with the [Female Genital Mutilation Data Set](#). This requirement is applicable to all [CARE PROFESSIONALS](#) in these [ORGANISATIONS](#) whenever it has been identified that a woman or young girl has undergone female genital mutilation.

Further information is available on the [NHS Digital](#) website at: [Female Genital Mutilation Datasets](#). Further information is available on the [NHS England](#) website at: [Female Genital Mutilation Datasets](#).

Time period

Data extracted from systems can be submitted as a bulk upload on a quarterly basis for each [ORGANISATION](#).

Format

Data submitted by the bulk upload facility must be formatted in 3 separate comma separated variable (csv) files (i.e. Patient, Attendance or Female Genital Mutilation), which are used to populate the [NHS Digital](#) Clinical Audit Platform. Data submitted by the bulk upload facility must be formatted in 3 separate comma separated variable (csv) files (i.e. Patient, Attendance or Female Genital Mutilation), which are used to populate the [NHS England](#) Clinical Audit Platform. The data elements should be transmitted in the order specified in the [Female Genital Mutilation Data Set](#).

Transmission

Electronic files must be transmitted to [NHS Digital](#) via the Clinical Audit Platform which is a secure web portal. Electronic files must be transmitted to [NHS England](#) via the Clinical Audit Platform which is a secure web portal.

Connection to the web portal requires registration to the Clinical Audit Platform, which will include the provision of a login account name and password.

Further information about the Clinical Audit Platform and the data upload facility can be found on the [NHS Digital](#) website at: [Clinical Audit Platform](#). Further information about the Clinical Audit Platform and the data upload facility can be found on the [NHS England](#) website at: [Clinical Audit Platform](#).

Further guidance on the [Female Genital Mutilation Data Set](#) can be found on the [NHS Digital](#) website at: [SCCI2026: Female Genital Mutilation Enhanced Dataset](#). Further guidance on the [Female Genital Mutilation Data Set](#) can be found on the [NHS England](#) website at: [SCCI2026: Female Genital Mutilation Enhanced Dataset](#).

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.

GS1 GLOBAL SERVICE RELATION NUMBER

Change to Supporting Information: Changed Description

A [GS1 Global Service Relation Number](#) is the GS1 Identification Key used to identify the relationship between a [SERVICE](#) provider and a [SERVICE](#) recipient. To limit privacy concerns, a [GS1 Global Service Relation Number](#) can only identify a business or individual in the context of the [SERVICE](#) relation.

For the [AIDC for Patient Identification Data Set](#), the [GS1 Global Service Relation Number](#) relates to the recipient of the [SERVICE](#) to identify the relationship between a [Health Care Provider](#) and a [PATIENT](#), and consists of:

- [GS1 UNIQUE ORGANISATION PREFIX NUMBER](#)
- [NHS NUMBER](#)
- [GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT](#).

Note that the [GS1 Global Service Relation Number](#) may also relate to the provider of a [SERVICE](#), to identify the relationship between an [ORGANISATION](#) and providers of healthcare [SERVICES](#), such as [Care Workers](#) or other [CARE PROFESSIONALS](#). However this representation is not currently used for any existing NHS data sets.

Further guidance can be found on the [NHS Digital](#) website at: [DAPB0108 Automatic Identification Data Capture \(AIDC\)](#). Further guidance can be found on the [NHS England](#) website at: [DAPB0108 Automatic Identification Data Capture \(AIDC\)](#).

HEALTHCARE RESOURCE GROUP

Change to Supporting Information: Changed Description

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

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

[Healthcare Resource Groups](#) are currently used as a means of determining fair and equitable reimbursement for care services delivered by [Health Care Providers](#). Their use as consistent 'units of currency' supports standardised healthcare commissioning across the NHS. They improve the flow of finances within - and sometimes beyond - the NHS.

For further information on [Healthcare Resource Groups](#), see the [NHS Digital](#) website at: [Downloads - Groupers and Tools](#). For further information on [Healthcare Resource Groups](#), see the [NHS England](#) website at: [Downloads - Groupers and Tools](#).

HEALTHCARE RESOURCE GROUP UNBUNDLED ACTIVITY

Change to Supporting Information: Changed Description

[Healthcare Resource Group Unbundled Activity](#) identifies separate elements of cost and [ACTIVITY](#) from the core [Healthcare Resource Group](#), and are generated in addition to the core [Healthcare Resource Group](#) for an [ACTIVITY](#), episode or spell of care or attendance.

A [Healthcare Resource Group Unbundled Activity](#) may be event based and derived from a specific [OPCS-4 CODE](#) in the [PATIENT](#) record, or duration based. Multiple [Healthcare Resource Group Unbundled Activities](#) may be generated in addition to a single core [Healthcare Resource Group](#).

For further information on [Healthcare Resource Groups](#), see the [NHS Digital](#) website at: [Downloads - Groupers and Tools](#). For further information on [Healthcare Resource Groups](#), see the [NHS England](#) website at: [Downloads - Groupers and Tools](#).

HES DATA DICTIONARY

Change to Supporting Information: Changed Description

The [HES Data Dictionary](#) contains detailed information on the fields from the Admitted Patient Care, Outpatient Care, Accident and Emergency, Adult Critical Care and the Patient Reported Outcome Measures (PROMs) data sets that are collected by [Hospital Episode Statistics \(HES\)](#). These include the fields submitted directly by data providers and also fields derived and added to the data sets by the [HES Data Dictionary](#) team. The HES Data Dictionary contains detailed information on the fields from the Care Professional Admitted Care Episodes, Care Professional Out-Patient Episodes, Emergency Care Attendances, Adult Critical Care and the Patient Reported Outcome Measures (PROMs) data sets that are collected by [Hospital Episode Statistics \(HES\)](#).

For further information on [HES Data Dictionary](#), see the [NHS Digital](#) website at: [HES data dictionary](#). These include the fields submitted directly by data providers and also fields derived and added to the data sets by the [HES Data Dictionary](#) team.

For further information on [HES Data Dictionary](#), see the [NHS England](#) website at: [Hospital Episode Statistics Data Dictionary](#).

HOSPITAL EPISODE STATISTICS

Change to Supporting Information: Changed Description

~~[Hospital Episode Statistics](#) is a data warehouse containing details of all Admitted Patient Care, Outpatient Attendances and Accident and Emergency Attendances in England.~~ [Hospital Episode Statistics](#) is a data warehouse containing details of all [Care Professional Admitted Care Episodes](#), [Care Professional Out-Patient Episodes](#) and [Emergency Care Attendances](#) in England.

It includes private [PATIENTS](#) treated by the NHS, [PATIENTS](#) who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

~~For further information on [Hospital Episode Statistics](#), see the [NHS Digital](#) website at: [Hospital Episode Statistics](#).~~ For further information on [Hospital Episode Statistics](#), see the [NHS England](#) website at: [Hospital Episode Statistics](#).

IMPAIRMENT HARMONISED STANDARD

Change to Supporting Information: Changed Description

The [Impairment Harmonised Standard](#) describes the types of physical or mental health impairment affecting a [PERSON](#) which significantly impacts their ability to undertake particular functions.

An impairment with significant impact lasting 12 months or more is a [DISABILITY](#).

The [Impairment Harmonised Standard](#) is consistent with the definitions and guidelines in UK legislation, including the [Equality Act 2010](#) in Great Britain (GB).

The [Impairment Harmonised Standard](#) is utilised to enable visibility of [Reasonable Adjustments](#) required to enable a [PATIENT](#) to access [SERVICES](#) within:

- Clinical systems
- Administrative systems
- NHS Spine (accessible via the Summary Care Record application (SCRa) or through future integrated systems).

~~This is to indicate [DISABILITY](#) and impairment in the systems in relation to (but not limited to) the [Equality Act 2010](#) and the approved Information Standard DAPB4019: Flagging of Reasonable Adjustment.~~ This is to indicate [DISABILITY](#) and impairment in the systems in relation to (but not limited to) the [Equality Act 2010](#) and the Information Standard DAPB4019: Flagging of Reasonable Adjustment.

~~For further information on the Reasonable Adjustment Flag functionality on the NHS Spine (utilising Summary Care Record application or future integrated systems), see the [NHS Digital](#) website at: [Reasonable Adjustment Flag](#).~~ For further information on the Reasonable Adjustment Flag functionality on the NHS Spine (utilising Summary Care Record application or future integrated systems), see the [NHS England](#) website at: [Reasonable Adjustment Flag](#).

For further information on the [Impairment Harmonised Standard](#), see the Government Statistical Service (GSS) website at: [Impairment Harmonised Standard website](#).

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The Improving Access to Psychological Therapies Data Set will be included in a future version of the [Mental Health Services Data Set](#).

Introduction

The [Improving Access to Psychological Therapies Data Set \(IAPT\)](#) has been developed to support the [Adult Improving Access to Psychological Therapies Programme](#) through a regular national return of data. This includes for example: supporting commissioning, service improvement and service design.

The [Adult Improving Access to Psychological Therapies Programme](#) is an NHS programme in England, which started in 2008, that has transformed treatment of anxiety disorders and depression through the delivery of interventions approved by the [National Institute for Health and Care Excellence \(NICE\)](#).

The [Improving Access to Psychological Therapies Data Set](#) is a [PATIENT](#) level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable information for [PATIENTS](#) accessing NHS-funded [Improving Access to Psychological Therapies Services](#) located in England.

As a secondary uses data set, the [Improving Access to Psychological Therapies Data Set](#) re-uses clinical and 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 information systems. These national definitions allow [Health Care Providers](#) to extract data from their local systems in a consistent manner, which supports national and local reporting to be undertaken.

The [Improving Access to Psychological Therapies Data Set](#) includes information on:

- [PATIENT](#) Demographics: including geographical, gender, age, ethnicity, religion, sexual orientation and [DISABILITY](#)
- Care Pathways: referral details, Mental Health Care Cluster details and Presenting Complaints information
- [CARE CONTACTS](#) and [CARE ACTIVITIES: SESSION](#) details and any clinical, economic and social outcomes recorded relating to the interventions and coded scored assessments provided
- Waiting Time Pauses: [ACTIVITY SUSPENSION](#) periods across the [PATIENT](#)'s care pathway
- [Improving Access to Psychological Therapies Patient Experience Questionnaires](#): Improving Access to Psychological Therapies treatment and assessment questionnaires
- [National Tariff Payment System](#): Additional data items to support the introduction and development of a payment system for [Improving Access to Psychological Therapies Services](#)
- [Care Personnel](#): Qualifications of the [Care Personnel](#) delivering treatment.

Submission Information

The [Improving Access to Psychological Therapies Data Set](#) is submitted centrally on a monthly basis via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS Digital](#). The [Improving Access to Psychological Therapies Data Set](#) is submitted centrally on a monthly basis via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS England](#).

Format Information

[Improving Access to Psychological Therapies Data Set](#) submissions are made using the latest MS Access [Improving Access to Psychological Therapies Data Set](#) Intermediate Database (IDB) which is available for download from the [Technology Reference Update Distribution \(TRUD\)](#) page at: [Improving Access to Psychological Therapies Data Set Intermediate Database](#).

For guidance on downloading the Intermediate Database (IDB), see the [NHS Digital](#) website at: [Intermediate Database \(IDB\) guidance preparing the IDB for making submissions to the SDCS Cloud](#). For guidance on downloading the Intermediate Database (IDB), see the [NHS England](#) website at: [Intermediate Database \(IDB\) guidance preparing the IDB for making submissions to the SDCS Cloud](#).

For enquiries regarding technical support for the Intermediate Database (IDB) files, please contact the National Service Desk at: ssd.nationalservicedesk@nhs.net.

Further Guidance

Further guidance relating to the [Improving Access to Psychological Therapies Data Set](#) is available on the [NHS Digital](#) website: at [Improving Access to Psychological Therapies Data Set](#). Further guidance relating to the [Improving Access to Psychological Therapies Data Set](#) is available on the [NHS England](#) website: at [Improving Access to Psychological Therapies Data Set](#).

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
- P = Pilot: this data element is for piloting use only.

Note: items in the Mandation column which are shown with notation P have **not** been approved by the [Data Alliance Partnership Board](#) and are included to facilitate piloting and testing of future data requirements, prior to formal inclusion in later versions of the [Improving Access to Psychological Therapies Data Set](#). These items have been included in the data set layout in order to provide advance notice to data providers and system suppliers of the intention to require these items at a later date. Unless [ORGANISATIONS](#) are engaged in piloting activities relating to these items, they should **NOT** submit any data item marked P.

Data Set Constraints

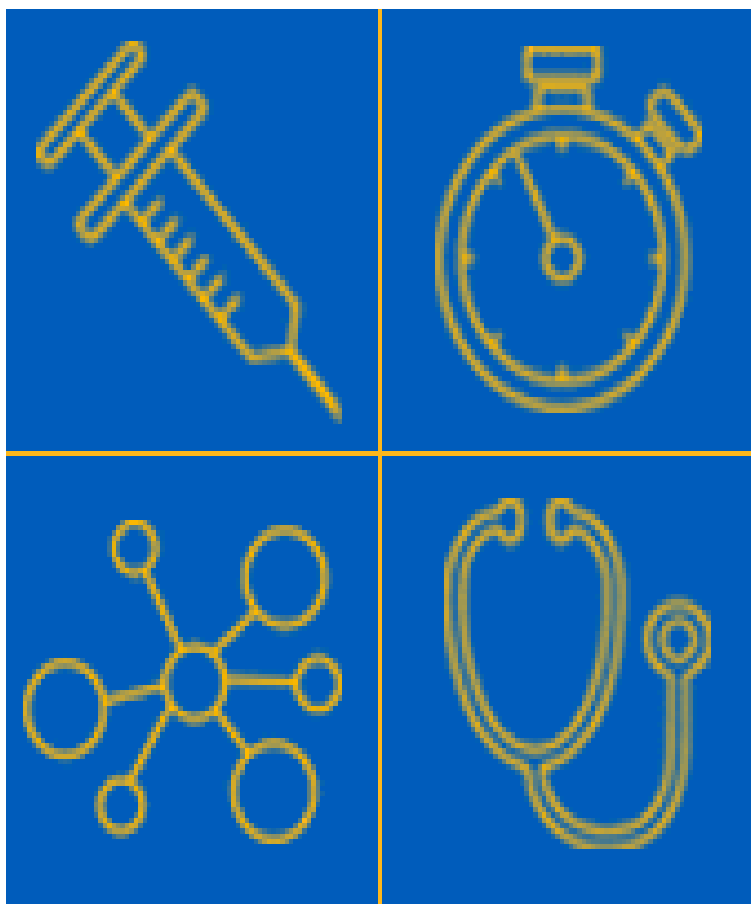
For guidance on the Data Set constraints, see the [Improving Access to Psychological Therapies Data Set Constraints](#).

INDEX

Change to Supporting Information: Changed Description

NHS DATA MODEL AND DICTIONARY Version 3

Release History: December 2022



Welcome to the NHS Data Model and Dictionary for England

If you would like to view our Frequently Asked Questions, see [Frequently Asked Questions](#).

The NHS Data Model and Dictionary provides a reference point for approved [Information Standards Notices](#) to support health care activities within the NHS in England. It has been developed for everyone who is actively involved in the collection of data and the management of information in the NHS.

The NHS Data Model and Dictionary is maintained and published by the [NHS Data Model and Dictionary Service](#) and all changes are governed by the [Data Alliance Partnership Board \(DAPB\)](#) process. Changes are published as [Information Standards Notices \(ISN\)](#) and [Data Dictionary Change Notices \(DDCN\)](#).

Related Links:

[Recording activity relating to coronavirus \(COVID-19\)](#)
[Frequently Asked Questions](#)
[Department of Health and Social Care website](#)
[NHS Digital website](#)
[Published Information Standards Documentation](#)

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INFORMATION STANDARD AND DATA COLLECTION (INCLUDING EXTRACTIONS)

Change to Supporting Information: Changed Description

[Information Standards and Data Collections \(including Extractions\)](#) are approved by the [Data Alliance Partnership Board \(DAPB\)](#).

From 20 November 2020, the [Data Alliance Partnership Board](#) took over responsibility for the approval of [Information Standards and Data Collections \(including Extractions\)](#) from the [Data Coordination Board](#).

Further information on [Information Standards and Data Collections \(including Extractions\)](#) can be found on the [NHS Digital website](#): at [Information standards and data collections \(including extractions\)](#). Further information on [Information Standards and Data Collections \(including Extractions\)](#) can be found on the [NHS England website](#): at [Information standards and data collections \(including extractions\)](#).

INFORMATION STANDARDS NOTICE

Change to Supporting Information: Changed Description

The release of [Information Standards Notices](#) is managed by the [Data Alliance Partnership Board \(DAPB\)](#).

An [Information Standards Notice](#) was previously known as a [Data Set Change Notice](#) (DSCN).

An [Information Standards Notice \(ISN\)](#) is either a notice of an:

- Information Standard approved by the [Information Standards Board for Health and Social Care \(ISB\)](#)
- [Information Standard and Data Collection \(Including Extractions\) \(ISCE\)](#) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Department of Health and Social Care](#) or [NHS England](#)
- [Information Standard and Data Collection \(Including Extractions\)](#) approved by the [Data Coordination Board \(DCB\)](#).
- [Information Standard and Data Collection \(Including Extractions\)](#) approved by the [Data Alliance Partnership Board \(DAPB\)](#).

When a health and social care [ORGANISATION](#) in England receives an [Information Standards Notice](#), they ensure that they and their contractors comply with the notice as specified.

~~Further information on [Information Standards Notices](#), see the [NHS Digital](#) website at [Information standards and data collections \(including extractions\)](#).~~ Further information on [Information Standards Notices](#), see the [NHS England](#) website at [Information Standards and Collections \(Including Extractions\)](#).

~~Details of all published [Information Standards Notices](#) can be found at the [NHS Digital](#) website: at [Publications and Notifications](#).~~ Details of all published [Information Standards Notices](#) can be found at the [NHS England](#) website: at [Publications and Notifications](#).

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

Change to Supporting Information: Changed Description

[International Classification of Diseases \(ICD\)](#) is the international standard diagnostic classification for all general epidemiological, health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines.

[International Classification of Diseases \(ICD\)](#) provides systematic analysis, interpretation and comparison of morbidity data collected in different areas and at different times. It is a means of classifying medical terms and is defined as a system of categories to which morbid entries are assigned according to established criteria. It is used to support operational and strategic planning, resource utilisation, performance management, reimbursement, research and epidemiology.

It is published by the [World Health Organisation](#) and further information is available from the [World Health Organisation website](#).

The classifications are revised periodically and national [Information Standards and Data Collections \(including Extractions\)](#) requiring [International Classification of Diseases \(ICD\)](#) coding should use the latest mandated version of the [International Classification of Diseases \(ICD\)](#) as given in the table below.

Year	Revision and Edition
Up to 31 March 1995	9th Revision
01-Apr-1995 to 31-Mar-2004	10th Revision
01-Apr-2004 to 31-Mar-2012	10th Revision - Reprinted (with corrections and updates) 2000
01-Apr-2012 to 31-Mar-2016	10th Revision 4th Edition
01-Apr-2016 until further notification	10th Revision 5th Edition

~~For details on current versions and further information, see the [NHS Digital](#) website at: [Clinical Classifications](#).~~ For details on current versions and further information, see the [NHS England](#) website at: [Clinical Classifications](#).

LOWER LAYER SUPER OUTPUT AREA

Change to Supporting Information: Changed Description

A [Lower Layer Super Output Area](#) is a [GEOGRAPHIC AREA](#).

[Lower Layer Super Output Areas \(LSOA\)](#) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

[Lower Layer Super Output Areas](#) are built from groups of contiguous [Output Areas](#) and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six [Output Areas](#). The Minimum population is 1000 and the mean is 1500.

There is a [Lower Layer Super Output Area](#) for each [POSTCODE](#) in England and Wales. The equivalent in Scotland is 'Datazone' and in Northern Ireland is 'Super Output Area'. A pseudo code is available for the Channel Islands and the Isle of Man.

The [Organisation Data Service](#) publish files created on their behalf by the [Office for National Statistics](#), which link [POSTCODES](#) to the [Lower Layer Super Output Area](#).

See the [Organisation Data Service](#) pages on the [NHS Digital](#) website at: [Complete Gridlink NHS Postcode](#) for the NHS Postcode Directory User Guide. See the [Organisation Data Service](#) pages on the [NHS England](#) website at: [Complete Gridlink NHS Postcode](#) for the NHS Postcode Directory User Guide.

MATERNITY SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Maternity Services Data Set \(MSDS\)](#) is a [PATIENT](#)-level data set that captures key information at each stage of the maternity care pathway including mother's demographics, [Antenatal Booking Appointments](#), admissions and re-admissions, [Screening Tests](#), [Labour and Delivery](#) along with baby's demographics, admissions, diagnoses and [Screening Tests](#).

As a secondary uses data set the [Maternity Services Data Set](#) re-uses clinical and operational data for purposes other than direct [PATIENT](#) care. It defines the data items, definitions and associated value sets extracted or derived from local information systems.

The [Maternity Services Data Set](#) is designed to meet requirements that resulted from the [National Maternity Review](#), which led to the publication of the [Better Births](#) report in February 2016. [Better Births](#) highlighted the need for [Maternity Services](#) in England to become safer, more personalised and provide better access to information for pregnant women. The publication of [Better Births](#) resulted in the establishment of the [Maternity Transformation Programme](#), and the data set forms part of the 'Sharing Data and Information' workstream of the programme.

Data Collection

The [Maternity Services Data Set](#) collects information on each stage of care for women as they go through pregnancy.

The [Maternity Services Data Set Information Standards Notice \(ISN\)](#) mandates the central flow of administrative and clinical information for secondary uses purposes. The scope of the data set includes all [ACTIVITY](#) carried out by NHS-funded [Maternity Services](#) relating to the mother and baby or babies, from the point of the first [Antenatal Booking Appointment](#) until the mother and baby are discharged from [Maternity Services](#).

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

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

The [Maternity Services Data Set](#) enables standardised collection of data from various services to be assembled for reporting purposes.

Submission information

The [Maternity Services Data Set](#) is submitted centrally via the [Data Processing Services \(DPS\)](#) maintained by [NHS Digital](#). The [Maternity Services Data Set](#) is submitted centrally via the [Data Processing Services \(DPS\)](#) maintained by [NHS England](#).

The [Maternity Services Data Set](#) is submitted to [NHS Digital](#) using the [Maternity Services Data Set XML Schema](#). The [Maternity Services Data Set](#) is submitted to [NHS England](#) using the [Maternity Services Data Set XML Schema](#).

A conversion tool has also been developed which enables the loading or copying of data into the provided table structure. Once populated, the tool can export the data in the required XML format, ready for submission.

Format information

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

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

Further guidance

Further guidance has been produced by [NHS Digital](#) and is available at [Maternity Services Data Set](#). Further guidance has been produced by [NHS England](#) and is available at [Maternity Services Data Set](#).

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.

XML Schema

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

MENTAL HEALTH SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Mental Health Services Data Set \(MHSDS\)](#) is a [PATIENT](#) level, output based secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for [PATIENTS](#) who are in contact with [Mental Health Services](#).

The [Mental Health Services Data Set](#) covers [Mental Health Services](#) located in England, or located outside England but treating [PATIENTS](#) commissioned by an English [Integrated Care Board](#), [NHS England](#) specialised commissioner or an [NHS-led Provider Collaborative](#).

As a secondary uses data set, the [Mental Health Services Data Set](#) re-uses clinical and operational data for purposes other than direct [PATIENT](#) care, and defines the data items, definitions and associated value sets to be extracted or derived from local information systems.

All [ACTIVITY](#) relating to [PATIENTS](#) who receive assessments and treatment from [Mental Health Services](#) is within the scope of the [Mental Health Services Data Set](#), where the [PATIENT](#) has, or are thought to have:

- A mental health condition and/or
- A need for support with their mental wellbeing and/or
- A [Learning Disability](#) and/or
- [Autism](#) or any other neurodevelopmental condition.

The scope of the [Mental Health Services Data Set](#) requires [PATIENT](#) record level data submission from [SERVICES](#) as follows:

- For each [PATIENT](#) attending a [SERVICE](#) located in England:
 - If the care is wholly funded by the NHS: the data submission for that [PATIENT](#) is mandatory
 - If the care is partially funded by the NHS: the data submission for that [PATIENT](#) is mandatory
 - If the care is wholly funded by any means that is not NHS: the data submission for that [PATIENT](#) is optional.
- For each [PATIENT](#) attending a [SERVICE](#) located outside England, but commissioned by an English [Integrated Care Board](#) or [NHS England](#) specialised commissioner, the data submission is optional.

The [Mental Health Services Data Set](#) is used across the range of [Health Care Providers](#) and [ORGANISATIONS](#) that provide [Mental Health Services](#) (irrespective of funding arrangements) including:

- NHS Mental Health Trusts
- NHS Learning Disabilities Trusts
- NHS Acute Trusts
- NHS [Care Trusts](#)
- [Independent Sector Healthcare Providers](#) offering a service model that includes NHS funded and non-NHS funded [PATIENTS](#)
- Voluntary sector [Health Care Providers](#)
- Any qualified provider offering [Mental Health Services](#)
- Community [SERVICES](#) offering secondary care to children.

Submission information

The [Mental Health Services Data Set](#) is submitted centrally via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS Digital](#). The [Mental Health Services Data Set](#) is submitted centrally via the [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) maintained by [NHS England](#).

The [Mental Health Services Data Set](#) has historically been submitted using two submission windows, primary and refresh. This has changed to a multiple submission window model which gives submitters the opportunity to resubmit throughout the submission year.

Guidance on the new submission model can be found on the [NHS Digital](#) website at: [How to submit to the MHSDS](#). Guidance on the new submission model can be found on the [NHS England](#) website at: [How to submit to the MHSDS](#).

Further guidance

Further information regarding the structure and submission of the [Mental Health Services Data Set](#) can be found on the [NHS Digital](#) website at: [Mental Health Services Data Set \(MHSDS\)](#). Further information regarding the structure and submission of the [Mental Health Services Data Set](#) can be found on the [NHS England](#) website at: [Mental Health Services Data Set \(MHSDS\)](#).

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
- P = Pilot: this data element is for piloting use only.

Note: items in the Mandation column which are shown with notation P have **not** been approved by the [Data Alliance Partnership Board](#) and are included to facilitate piloting and testing of future data requirements, prior to formal inclusion in later versions of the [Mental Health Services Data Set](#). These items have been included in the data set layout in order to provide advance notice to data providers and system suppliers of the intention to require these items at a later date. Unless [ORGANISATIONS](#) are engaged in piloting activities relating to these items, they should **NOT** submit any data item marked P.

Data Set Constraints

For guidance on the Data Set constraints, see the [Mental Health Services Data Set Constraints](#).

MIDDLE LAYER SUPER OUTPUT AREA

Change to Supporting Information: Changed Description

A [Middle Layer Super Output Area](#) is a [GEOGRAPHIC AREA](#).

[Middle Layer Super Output Areas](#) (MSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

[Middle Layer Super Output Areas](#) are built from groups of contiguous [Lower Layer Super Output Areas](#). The minimum population is 5000 and the mean is 7200.

The [Organisation Data Service](#) publish files created on their behalf by the [Office for National Statistics](#), which link [POSTCODES](#) to the [Middle Layer Super Output Area](#).

See the [Organisation Data Service](#) pages on the [NHS Digital](#) website at: [Complete Gridlink NHS Postcode](#) for the NHS Postcode Directory User Guide. See the [Organisation Data Service](#) pages on the [NHS England](#) website at: [Complete Gridlink NHS Postcode](#) for the NHS Postcode Directory User Guide.

NATIONAL CANCER REGISTRATION AND ANALYSIS SERVICE

Change to Supporting Information: Changed Description

The [National Cancer Registration and Analysis Service](#) is an [ORGANISATION](#).

The [National Cancer Registration and Analysis Service](#) (NCRAS) is part of [NHS Digital](#). The [National Cancer Registration and Analysis Service](#) (NCRAS) is part of [NHS England](#).

The [National Cancer Registration and Analysis Service](#) collects cancer data from all NHS [Health Care Providers](#) of cancer care in England.

For further information on the [National Cancer Registration and Analysis Service](#), see: [About the National Cancer Registration and Analysis Service](#).

NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The information in the [National Cancer Waiting Times Monitoring Data Set](#) is required to provide details on cancer [SERVICES](#) in England. This enables the performance monitoring of [Health Care Providers](#) and [Integrated Care Boards](#) in order to maintain and increase standards across England.

Cancer Waiting Times data relates to the waiting time requirements outlined in the:

- ['NHS Cancer Plan \(2000\)'](#)
- ['Cancer Reform Strategy \(2007\)'](#)
- ['Improving Outcomes: A Strategy for Cancer \(2011\)'](#) and
- ['Achieving World-Class Cancer Outcomes: Taking the strategy forward \(2016\)'](#).

The [National Cancer Waiting Times Monitoring Data Set](#) supports waiting times which are defined on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#). The National Cancer Waiting Times Monitoring Data Set supports waiting times which are defined on the [NHS England](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).

Patient Pathway Scenarios

The [Patient Pathway Scenarios](#) for the [National Cancer Waiting Times Monitoring Data Set](#) are to be used to manage the collection of data for all [PATIENTS](#) suspected of having, or diagnosed with cancer.

Transmission

- Data can be transmitted to the Cancer Waiting Times System through any of three routes:
 - Bulk upload via an XML file
 - Bulk upload via a CSV file
 - Single record entry through the Cancer Waiting Times Submission portal
- The specification for CSV upload file is detailed in the ['National Cancer Waiting Times User Manual'](#) available on the [NHS Digital](#) website
- The specification for the CSV upload file is detailed in the ['National Cancer Waiting Times User Manual'](#) available on the [NHS England](#) website
- Data for XML submission will be formatted into an XML file as per [Technology Reference Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#)
- Once data is transmitted to the Cancer Waiting Times system it will undergo further validation. Details of this validation is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).
- Once data is transmitted to the Cancer Waiting Times system it will undergo further validation. Details of this validation is available on the [NHS England](#) website at: [Cancer Waiting Times](#).

Further guidance

- Further guidance relating to the [National Cancer Waiting Times Monitoring Data Set](#) is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).
- Further guidance relating to the [National Cancer Waiting Times Monitoring Data Set](#) is available on the [NHS England](#) website at: [Cancer Waiting Times](#).
- Queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to england.cancerwaitsdata@nhs.net.

See [Patient Pathway Scenarios](#), for the scenarios which show:

- the data items required for a range of health care scenarios and
- information on how records will be validated to ensure these scenarios have been correctly reported.

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. Required data elements may not be applicable to all [PATIENT PATHWAYS](#), see [Patient Pathway Scenarios](#) for further details
- 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 [National Cancer Waiting Times Monitoring Data Set Constraints](#).

XML Schema

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

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](#).~~ The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the [NHS England](#) 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](#) 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](#) 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](#) 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 England](#) 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](#) 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 England](#) 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
NHS NUMBER	M	M	M	M	M	M	M	M	M	M	M	M	M	M
NHS NUMBER STATUS INDICATOR CODE	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
SOURCE OF REFERRAL FOR OUT-PATIENTS	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
PRIORITY TYPE CODE	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	O	N/A
CANCER REFERRAL TO TREATMENT PERIOD START DATE	M	M	M	M	M	N/A	M	M	N/A	N/A	O	N/A	O	N/A
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	N/A	O	N/A

CONSULTANT UPGRADE DATE	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
ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)	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
DATE FIRST SEEN	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	N/A	N/A
WAITING TIME ADJUSTMENT (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)	O*	O*	O*	O*	O*	N/A	O*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER DIAGNOSTIC REFERRAL ROUTE	O*	O*	M*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR	O*	O*	O*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PRIMARY DIAGNOSIS (ICD)	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
TUMOUR LATERALITY	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) #	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
PROSTATE CANCER CLINICAL RISK CATEGORY	M*	M*	M*	M*	M*	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER FASTER DIAGNOSIS	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A

PATHWAY END REASON														
PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M	N/A	M	N/A	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY END DATE	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M*	N/A	M*	N/A	N/A	N/A	M*	M*	N/A	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	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
CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) #	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
ORGANISATION IDENTIFIER (REFERRING) #	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
ORGANISATION IDENTIFIER (RECEIVING) #	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
CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) #	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
	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

CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) #														
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) ##	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
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) ##	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
ORGANISATION IDENTIFIER (REFERRING) ##	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
ORGANISATION IDENTIFIER (RECEIVING) ##	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
CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) ##	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
CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) ##	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
TREATMENT START DATE (CANCER)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	O*	O*	O*	O*	O*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*

WAITING TIME ADJUSTMENT REASON (TREATMENT)														
CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	N/A	M*	N/A	O*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	N/A	O*	O*	O*	N/A
CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	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
CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)	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](#). Full details of the validation rules and processes are available on the [NHS England](#) website at: [Cancer Waiting Times](#).

NATIONAL CASEMIX OFFICE

Change to Supporting Information: Changed Description

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

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

- **support [ACTIVITY](#) costing:** to inform the [National Tariff Payment System](#) processes
- **report on [PATIENT ACTIVITY](#) information:** to ensure that providers are paid for the [SERVICES](#) they deliver
- **provide information:** to support epidemiological studies and service planning
- **enable providers and commissioners to use HRGs to benchmark and performance manage.**

For further information on the [National Casemix Office](#), see the [NHS Digital](#) website at: [National Casemix Office](#). For further information on the [National Casemix Office](#), see the [NHS England](#) website at: [National Casemix Office](#).

NATIONAL INTERIM CLINICAL IMAGING PROCEDURE CODE SET

Change to Supporting Information: Changed Description

The [National Interim Clinical Imaging Procedure Code Set \(NICIP Code Set\)](#) is a comprehensive national standard set of codes and descriptions for imaging procedures and is maintained by [NHS Digital](#). The [National Interim Clinical Imaging Procedure Code Set \(NICIP Code Set\)](#) is a comprehensive national standard set of codes and descriptions for imaging procedures and is maintained by [NHS England](#). It is intended for use in all [Imaging Department](#) information systems.

The [NICIP Code Set](#) was approved by the [Information Standards Board for Health and Social Care \(ISB\)](#) and is mandated for all in-scope use cases. Further detail about the initial information standard and subsequent amendments can be found on the [Information Standards Board for Health and Social Care](#) website at: [ISB 0148 "Interim Clinical Imaging Procedure Codes"](#).

The [NICIP Code Set](#) is released biannually. The release dates are the 1st of April and the 1st of October each year.

All versions of the [NICIP Code Set](#), both with and without [SNOMED CT](#) maps, are only available from the [Technology Reference Update Distribution \(TRUD\)](#).

Clinicians and system managers working with the Picture Archiving and Communication Systems (PACS) and Radiology Information Systems (RIS) can make requests for additions to the [NICIP Code Set](#). All requests must first be checked for conformance to the [Editorial Principles](#).

Requests for changes to the [NICIP Code Set](#) should be made via the [Information Standards Service Desk](#) and clearly marked "Diagnostic Imaging." Requests for changes to the [NICIP Code Set](#) should be made through the Request Submission Portal on the [NHS England](#) website at: [Welcome to the NICIP Submission Portal](#).

For further information on the [National Interim Clinical Imaging Procedure Code Set](#), see the [NHS Digital](#) website at: [National Interim Clinical Imaging Procedure \(NICIP\) Code Set](#). For further information on the National Interim Clinical Imaging Procedure Code Set, see the [NHS England](#) website at: [National Interim Clinical Imaging Procedure \(NICIP\) Code Set](#).

NATIONAL WORKFORCE DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [National Workforce Data Set](#) (NWD) is a reference Data Set comprising standardised definitions to facilitate the capture of nationally consistent information relating to the NHS and wider healthcare workforce. [National Workforce](#) data items and definitions support a variety of workforce based collections. They are also embedded within operational HR/workforce systems including [Electronic Staff Record \(ESR\)](#), and the NHS Jobs web system.

The [National Workforce Data Set](#) provides common definitions for those data items that are needed to support workforce planning for the NHS workforce and is intended as a reference with an agreed set of data definitions for people who plan workforce at strategic, national and local level.

The changing nature of the provision of NHS funded care is leading to plurality of supply, and therefore a [National Workforce Data Set](#) ensures that all suppliers of NHS care provide workforce information in an agreed and pre-determined format. This provides a practical means for the consistent collection of this information from all providers of NHS funded care to enable comprehensive Healthcare Workforce planning going forwards.

The information captured using the values defined in the [National Workforce Data Set](#) will also be used locally within [ORGANISATIONS](#) by a range of people in addition to those mentioned above, such as in Training and Development, Workforce Information and Planning and Equality and Diversity. The accuracy and relevance of the data captured using the [National Workforce Data Set](#) values will therefore impact on a number of issues at local level and beyond.

Further guidance has been produced by [NHS Digital](#) and is available on their website at: [National Workforce Data Set \(NWD\) and NHS occupation codes](#). Further guidance has been produced by [NHS England](#) and is available on their website at: [National Workforce Data Set \(NWD\) and NHS occupation codes](#).

NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Neonatal Critical Care Minimum Data Set \(NCCMDS\)](#) provides a record of what happens to a [PATIENT](#) when they receive Neonatal Critical Care in a Neonatal Intensive Care Unit, Maternity [WARD](#), or Neonatal Transitional Care [WARD](#).

The primary purpose of the [Neonatal Critical Care Minimum Data Set](#) is to allow the operation of the [National Tariff Payment System](#) within neonatal critical care. The [Neonatal Critical Care Minimum Data Set](#) supports the [National Tariff Payment System](#) by capturing the data needed to generate a [Healthcare Resource Group \(HRG\)](#) for each calendar day (or part thereof) of a period of neonatal critical care; these [Healthcare Resource Groups](#) are then used to inform the annual aggregate costing exercise, NHS Reference Costs.

Scope and Uses

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

- a) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) of National Code '13 - Neonatal Intensive Care Unit (Neonatal critical care patients predominate)'.
- b) All [PATIENTS](#) (excluding Mothers) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) of National Code:
 - 14 - Facility for Babies on a Neonatal Transitional Care Ward
 - 15 - Facility for Babies on a Maternity Ward

to whom one or more of the following [CRITICAL CARE ACTIVITY CODES](#) applies for a period greater than 4 hours:

- 01 Respiratory support via a tracheal tube (Respiratory support via a tracheal tube provided)
- 02 Nasal Continuous Positive Airway Pressure (nCPAP) ([PATIENT](#) receiving nCPAP for any part of the day)
- 04 Exchange Transfusion ([PATIENT](#) received exchange transfusion)
- 05 Peritoneal Dialysis ([PATIENT](#) received Peritoneal Dialysis)

- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin ([PATIENT](#) received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
- 07 Parenteral Nutrition ([PATIENT](#) receiving Parenteral Nutrition (amino acids +/- lipids))
- 08 Convulsions ([PATIENT](#) having convulsions requiring treatment)
- 09 Oxygen Therapy ([PATIENT](#) receiving additional oxygen)
- 10 Neonatal abstinence syndrome ([PATIENT](#) receiving drug treatment for neonatal abstinence (withdrawal) syndrome)
- 11 Care of an intra-arterial catheter or chest drain ([PATIENT](#) receiving care of an intra-arterial catheter or chest drain)
- 12 Dilution Exchange Transfusion ([PATIENT](#) received Dilution Exchange Transfusion)
- 13 Tracheostomy cared for by nursing staff ([PATIENT](#) receiving care of tracheostomy cared for by nursing staff not by an external [Carer](#) (e.g. parent))
- 14 Tracheostomy cared for by external [Carer](#) ([PATIENT](#) receiving care of tracheostomy cared for by an external [Carer](#) (e.g. parent) not by a [NURSE](#))
- 15 Recurrent apnoea ([PATIENT](#) has recurrent apnoea needing frequent intervention, i.e. over 5 stimulations in 8 hours, or resuscitation with IPPV two or more times in 24 hours)
- 16 Haemofiltration ([PATIENT](#) received Haemofiltration)
- 22 Continuous monitoring ([PATIENT](#) requiring continuous monitoring (by mechanical monitoring equipment) of respiration or heart rate, or by transcutaneous transducers or by Saturation Monitors. Note: apnoea alarms and monitors are *excluded* as forms of continuous monitoring)
- 23 Intravenous glucose and electrolyte solutions ([PATIENT](#) being given intravenous glucose and electrolyte solutions)
- 24 Tube-fed ([PATIENT](#) being tube-fed)
- 25 Barrier nursed ([PATIENT](#) being barrier nursed)
- 26 Phototherapy ([PATIENT](#) receiving phototherapy)
- 27 Special monitoring ([PATIENT](#) receiving special monitoring of blood glucose or serum bilirubin measurement at a minimum frequency of more than one per calendar day)
- 28 Observations at regular intervals ([PATIENT](#) requiring recorded observations for temperature, heart rate, respiratory rate, blood pressure or scoring for neonatal abstinence syndrome. Recorded observations must be at a minimum frequency of 4 hourly)
- 29 Intravenous medication ([PATIENT](#) receiving intravenous medication)
- 80 Heated Humidified High Flow Therapy (HHHFT) ([PATIENT](#) receiving HHHFT)
- 81 Presence of an umbilical venous line
- 82 Continuous infusion of insulin ([PATIENT](#) receiving a continuous infusion of insulin)
- 83 Therapeutic hypothermia ([PATIENT](#) receiving therapeutic hypothermia)
- 84 [PATIENT](#) has a Replogle tube in situ
- 85 [PATIENT](#) has an epidural catheter in situ
- 86 [PATIENT](#) has an abdominal silo
- 87 Administration of intravenous (IV) blood products
- 88 [PATIENT](#) has a central venous or long line (Peripherally Inserted Central Catheter line) in situ
- 89 [PATIENT](#) has an indwelling urinary or suprapubic catheter in situ
- 90 [PATIENT](#) has a trans-anastomotic tube in situ following oesophageal atresia repair
- 91 [PATIENT](#) has confirmed clinical seizure(s) today and/or continuous cerebral function monitoring (CFM)
- 92 [PATIENT](#) has a ventricular tap via needle or reservoir today
- 93 [PATIENT](#) has a stoma

This data is captured and recorded locally and may be used for the purposes of direct care, clinical audit, Reference Costs, and other local uses. Any transmission of the [Neonatal Critical Care Minimum Data Set](#) must be covered by fair processing arrangements in accordance with information governance criteria and appropriate local arrangements.

Commissioning Data Set Transmission

Subject to the [Commissioning Data Set Version 6-2 XML Schema Constraints](#), the [Neonatal Critical Care Minimum Data Set](#) is carried into the [Secondary Uses Service \(SUS\)](#) as a part of the following Commissioning Data Set messages, see [SCCI0075](#):

- [CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)

The [Secondary Uses Service](#) groups this data into neonatal critical care [Healthcare Resource Groups](#); these are a mandated currency under the [National Tariff Payment System](#). Further guidance can be found on the [NHS Digital](#) website at: [SCCI0075](#). Further guidance can be found on the [NHS England](#) website at: [SCCI0075](#).

NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC62) OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) provides information to the [NHS Breast Screening Programme](#) from [Breast Screening Units](#) on the processes and outcomes of the call and recall system. [Screening Programmes](#) are supported by the [UK National Screening Committee](#).

The information is used:

- to monitor progress towards achieving the cancer targets
- to ensure that the [NHS Breast Screening Programme](#) is monitored and managed effectively.

The ~~[NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is analysed by [NHS Digital](#) and also used by the Public Health Research Unit to evaluate the effectiveness of [Breast Screening](#).~~ The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is analysed by [NHS England](#) and also used by the Public Health Research Unit to evaluate the effectiveness of [Breast Screening](#). It is also used by the Regional Breast Screening Quality Assurance Reference Centres as part of the quality assurance process, and enables on-going monitoring of their individual programmes and comparisons within their regions and with England overall.

Collection

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) requires information on women invited for [Breast Screening](#), the outcome of the [Breast Screening](#) and further information on each cancer detected. It is completed annually and submitted by the end of the October following the end of the [REPORTING PERIOD](#) to which the data relates.

Women are included in the [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) only if the test date offered or [SCREENING TEST DATE](#) was within the review period. All [Screening Tests](#) taking place within the [REPORTING PERIOD](#) are counted. One woman may not have more than one outcome of cancer in the [REPORTING PERIOD](#). Women who are referred directly for a [Screening Test](#) (rather than an invitation as part of a [Screening Programme](#)) are also included if the [SCREENING TEST DATE](#) is within the [REPORTING PERIOD](#).

Submission

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is submitted via the [Breast Screening Information System](#).

Parts One to Five of the [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) should be reported for Tables A to T.

TABLE	DESCRIPTION
A*	First invitation for routine screening
B*	Routine invitation to previous non-attenders
C1*	Return invitation to previous attenders (last screen within 5 years)
C2	Return invitation to previous attenders (last screen more than 5 years)
D	Short term recall
E	Self/GP referrals of women not previously screened
F1	Self/GP referrals of women previously screened (last screen within 5 years)
F2	Self/GP referrals of women previously screened (last screen more than 5 years previously)
T	All invitations and screenings: Sum of Tables A - F2

* [INVASIVE BREAST CANCER TOTAL OBSERVED](#), [INVASIVE BREAST CANCER TOTAL EXPECTED](#) and [STANDARDISED DETECTION RATIO TOTAL](#) are only appropriate for tables A, B and C1.

NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC63) OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) provides information to the [NHS Breast Screening Programme](#) from Upper Tier [Local Authorities](#) on the [Breast Screening](#) history of their residents. [Screening Programmes](#) are supported by the [UK National Screening Committee](#).

The information is used to:

- assess coverage of [Breast Screening](#) and monitor standards of the [SERVICES](#) provided
- monitor progress towards achieving the Government's objective of reducing the death rate in the population invited for [Breast Screening](#)
- provide data for the Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability
- provide data published annually by the [Department of Health and Social Care](#) in the statistical Bulletin '*Breast Screening Programme*'.

Collection

Data on [Breast Screening](#) should be readily available from the Primary Care Organisation's computerised call and recall system designed for [Breast Screening](#). A national computer program is provided and maintained by [NHS Digital](#). A national computer program is provided and maintained by [NHS England](#).

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) reports information on the [Breast Screening](#) history of women who were resident in the Upper Tier [Local Authority](#), including Unitary [Local Authorities](#) at 31 March. It is completed annually and submitted by the end of the October following the end of the [REPORTING PERIOD](#) to which the data relates.

Submission

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) is submitted in csv file format.

NHS CONTINUING HEALTHCARE DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [NHS Continuing Healthcare Data Set](#) is transmitted at aggregate level to the [NHS Digital Strategic Data Collection Service \(SDCS\)](#) with publication outputs available on the [NHS England](#) website at: [NHS Continuing Healthcare and NHS-funded Nursing Care](#). The [NHS Continuing Healthcare Data Set](#) is transmitted at aggregate level to the [NHS England Strategic Data Collection Service \(SDCS\)](#) with publication outputs available on the [NHS England](#) website at: [NHS Continuing Healthcare and NHS-funded Nursing Care](#).

The [Department of Health and Social Care](#) introduced the [National framework for NHS continuing healthcare and NHS-funded nursing care](#) in 2007 to establish a consistent and standardised guide to implementing the delivery of [NHS Continuing Healthcare \(NHS CHC\)](#). This was last revised in March 2018 and replaces the previous 2012 version. The National Framework sets out [NHS Continuing Healthcare](#) and assessment processes. The latest version places a strong focus on moving assessments outside of an acute setting.

[NHS Continuing Healthcare](#) is a package of ongoing care that is 100% funded solely by the NHS where the [PERSON](#) has been found to have a 'primary health need' as set out in the [National framework for NHS continuing healthcare and NHS funded nursing care](#). Such care is provided to a [PERSON](#) aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

In order to monitor the implementation and effectiveness of the Framework, a mandatory collection requires the submission of quarterly figures on [NHS Continuing Healthcare](#) and [NHS-funded Nursing Care](#) activity.

The collection includes

- [PERSONS](#) aged 18 or over eligible for [NHS Continuing Healthcare](#) as defined by the [National framework for NHS continuing healthcare and NHS-funded nursing care](#).
- [PERSONS](#) still recognised as eligible under the former [Strategic Health Authorities](#)' eligibility criteria.
- [PERSONS](#) identified as eligible for [NHS Continuing Healthcare](#) following assessment of eligibility for [Previously Unassessed Period of Care \(PUPoC\)](#). This includes [Previously Unassessed Periods of Care](#) related to the 'closedown' announcement made by the [Department of Health and Social Care](#) in 2012 in which deadlines were introduced for requesting assessments of eligibility for past periods of care falling between 1st April 2004 and 31st March 2012. This also includes non-closedown [Previously Unassessed Periods of Care](#) relating to assessments of eligibility for past periods of care falling after 31st March 2012.

The collection excludes:

- [PERSONS](#) funded through other NHS funding streams which are not [NHS Continuing Healthcare](#) or [NHS-funded Nursing Care](#)
- [PERSONS](#) funded under any section of the Mental Health Act. The exception to this is if an individual is funded under a Mental Health Section and eligible for [NHS Continuing Healthcare](#) under the National Framework eligibility criteria. In these instances the activity related to the [NHS Continuing Healthcare](#) package is still included but any activity covered by the Mental Health section should be excluded
- Interim Cases - [PERSONS](#) receiving temporary [NHS Continuing Healthcare](#) funding pending eligibility decision or [PERSONS](#) who have ceased being eligible but are still being funded
- [PERSONS](#) under 18 years of age. [NHS Continuing Healthcare](#) packages are funded for individuals aged 18 and over only therefore only individuals aged 18 years or over are included in this return.

For further information on the [NHS Continuing Healthcare Data Set](#), see the [Department of Health and Social Care](#) part of the gov.uk website at: [National framework for NHS continuing healthcare and NHS-funded nursing care](#).

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.

NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET OVERVIEW

Change to Supporting Information: Changed Description

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 responsible commissioners (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](#), 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 by [Sub Integrated Care Board Locations](#) from the [NHS Continuing Healthcare](#) management systems used by responsible commissioners ([Integrated Care Boards](#)) 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](#). The [NHS Continuing Healthcare Patient Level Data Set](#) is submitted to [NHS England](#) 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 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. For enquiries regarding the XML Schema, please contact [NHS England](#) at enquiries@nhsdigital.nhs.uk.

Further Guidance

Further information and implementation guidance has been produced by [NHS Digital](#) and is available at: [NHS Continuing Health Care \(CHC\) Data Set](#). Further information and implementation guidance has been produced by [NHS England](#) and is available at: [NHS Continuing Health Care \(CHC\) Data Set](#).

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.

Change to Supporting Information: Changed Description

The [NHS Data Model and Dictionary Service](#) is provided by [NHS Digital](#). The [NHS Data Model and Dictionary Service](#) is provided by [NHS England](#).

The [NHS Data Model and Dictionary Service](#) provides the development, maintenance and support of NHS Information Standards, contained in the [NHS Data Model and Dictionary](#).

The [NHS Data Model and Dictionary Service](#) provides the following products and information to help users understand and navigate the [NHS Data Model and Dictionary](#):

- **Mailing List:**
 - The [NHS Data Model and Dictionary Service](#) operates a Mailing List service, which is specifically designed to make users aware of [NHS Data Model and Dictionary Service](#) products, such as:
 - New NHS Data Model and Dictionary releases
 - Proposed changes to the NHS Data Model and Dictionary.
 - To subscribe to the mailing list, please send an email to information.standards@nhs.net, with 'NHS Data Model and Dictionary Mailing List' in the subject field.
- **Mailing List:**
 - The [NHS Data Model and Dictionary Service](#) operates a Mailing List service, which is specifically designed to make users aware of NHS Data Model and Dictionary Service products, such as:
 - New NHS Data Model and Dictionary releases
 - Proposed changes to the NHS Data Model and Dictionary.
 - To subscribe to or unsubscribe from the mailing list, please submit your preferences on the: [Programme bulletins page](#).
- **Submitting A Query:**
 - For queries submitted to the Information Standards Service Desk, please email information.standards@nhs.net.
 - The subject of the email should read 'NHS Data Model and Dictionary Query'. Please include your:
 - Full name
 - Job title
 - Telephone number
 - Organisation
 - A full description of your query with a suggested resolution.
 - You should expect to receive a response within 6 working days from the day when your request was originally received by the [NHS Data Model and Dictionary Service](#).
 - After receiving a response you will be asked to complete a customer satisfaction survey, this is your opportunity to rate the quality of the [NHS Data Model and Dictionary Service](#) and the quality of the response you received.
- [Frequently Asked Questions](#)
- [Policies](#).

For further information on the [NHS Data Model and Dictionary Service](#), see the [NHS Data Model and Dictionary Service web pages](#) on the [NHS Digital](#) website. For further information on the [NHS Data Model and Dictionary Service](#), see the [NHS Data Model and Dictionary Service web pages](#) on the [NHS England](#) website.

NHS DICTIONARY OF MEDICINES AND DEVICES

Change to Supporting Information: Changed Description

The [NHS dictionary of medicines and devices \(dm+d\)](#) is a dictionary containing unique identifiers and associated textual descriptions for medicines and medical devices. It has been developed for use throughout the NHS as a means of uniquely identifying the specific medicines and devices used in the diagnosis and treatment of [PATIENTS](#).

Data within [dm+d](#) is also used to populate the UK Drug Extension; the drug extension then includes relationships into the full UK Edition of [SNOMED CT®](#) to items such as products and substances. ~~Further details on these two products can be found on the [NHS Digital](#) website at: [Terminology and Classifications](#).~~ Further details on these two products can be found on the [NHS England](#) website at: [Terminology and Classifications](#).

The codes used to identify [dm+d](#) concepts are of the same form as those used in [SNOMED CT®](#) and thus conform to the same specification.

For further information on the [NHS dictionary of medicines and devices](#), see the [NHS Business Services Authority](#) website at: [Dictionary of Medicines and Devices](#).

NHS DIGITAL (RETIRED), renamed from NHS DIGITAL

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

[NHS Digital](#) is an [ORGANISATION](#). **This item has been retired from the NHS Data Model and Dictionary.**

[NHS Digital](#), the new trading name for [Health and Social Care Information Centre \(HSCIC\)](#), was set up as an Executive Non-Departmental Public Body (ENDPB) in April 2013. **The last live version of this item is available in the December 2022 release of the NHS Data Model and Dictionary.**

The Health and Social Care Act 2012 sets out [NHS Digital](#)'s responsibilities, which include: **Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.**

- Collecting, analysing and presenting national health and social care data
- Setting up and managing national IT systems for transferring, collecting and analysing information
- Publishing a set of rules to set out how the personal confidential information of [PATIENTS](#) should be handled and managed by health and care staff and [ORGANISATIONS](#)
- Building up a library of 'indicators' that can be used to measure the quality of health and care services provided to the public
- Acting to reduce how much paperwork doctors, nurses and care workers have to complete by ensuring that only essential data is collected
- Helping health and care [ORGANISATIONS](#) improve the quality of the data they collect and send to [NHS Digital](#) by setting standards and guidelines to help them assess how well they are doing
- Creating a register of all the information that [NHS Digital](#) collect and produce, and publishing that information in a range of different formats so that it will be useful to as many people as possible while safeguarding the personal confidential data of individuals.

Further information on [NHS Digital](#) can be found on the:

- [NHS Digital](#) website at: [About NHS Digital](#)
- [NHS Digital](#) part of the gov.uk website at: [About us](#).

NHS DIGITAL (RETIRED), renamed from NHS DIGITAL

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

- Retired NHS Digital
- Changed Name from Data_Dictionary.NHS_Business_Definitions.N.NHS_Digital to Retired.Data_Dictionary.NHS_Business_Definitions.N.NHS_Digital
- Changed Description

NHS-LED PROVIDER COLLABORATIVE

Change to Supporting Information: Changed Description

An [NHS-led Provider Collaborative](#) is an [ORGANISATION](#).

An [NHS-led Provider Collaborative](#) is a group of specialised [Mental Health Services](#) who have agreed to work together to improve the care pathway for their local population.

For further information on [NHS-led Provider Collaboratives](#), see the [NHS England](#) website at: [NHS-led Provider Collaboratives: specialised mental health, learning disability and autism services](#).

For further information relating to the reporting of [NHS-led Provider Collaboratives](#) in the [Mental Health Services Data Set](#), see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#). For further information relating to the reporting of NHS-led Provider Collaboratives in the Mental Health Services Data Set, see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

NHS POSTCODE DIRECTORY

Change to Supporting Information: Changed Description

- The [NHS Postcode Directory \(NHSPD\)](#) relates both current and terminated [POSTCODES](#) in the United Kingdom to a range of current statutory administrative, electoral, health and other area geographies. It also links [POSTCODES](#) to pre-2002 health areas, 1991 Census enumeration districts (for England and Wales) and both 2001 Census and 2011 Census output areas and super output areas. It helps support the production of area based statistics from postcoded data.
- The [NHS Postcode Directory](#) is produced by ONS Geography, who provide geographic support to the [Office for National Statistics \(ONS\)](#) and geographic services used by other organisations.
- The [NHS Postcode Directory](#) is issued quarterly.
- The [NHS Postcode Directory](#) User Guide contains information about the [NHS Postcode Directory](#) including:
 - directory content

- data currency
 - the methodology for assigning areas to [POSTCODES](#)
 - standard names and codes and
 - data quality and limitations.
- A set of Version Notes accompanies each quarterly release of the [NHS Postcode Directory](#). These contain a range of summary statistics and highlight important issues that may affect customers. The Version Notes provide information about postcode reorganisations, administrative and electoral area changes, the introduction of new methodologies and/or geographies and limitations that are specific to a particular release of the [NHS Postcode Directory](#).
 - The "NHS Postcode Directory User Guide" can be downloaded from:
 - [Technology Reference Update Distribution \(TRUD\)](#) and
 - ~~The [Organisation Data Service](#) pages on the [NHS Digital](#) website at: [Office of National Statistics data: Complete Gridlink NHS Postcode](#).~~
 - The "NHS Postcode Directory User Guide" can be downloaded from:
 - [Technology Reference Update Distribution \(TRUD\)](#) and
 - [The Organisation Data Service](#) pages on the [NHS England](#) website at: [Office of National Statistics data: Complete Gridlink NHS Postcode](#).

OPCS CLASSIFICATION OF INTERVENTIONS AND PROCEDURES

Change to Supporting Information: Changed Description

The OPCS Classification of Interventions and Procedures ([OPCS-4](#)) is a Fundamental Information Standard which is revised periodically. The classification is used by [Health Care Providers](#) and national and regional [ORGANISATIONS](#).

[OPCS-4](#) is used to support operational and strategic planning, resource utilisation, performance management, reimbursement, research and epidemiology. It is used by NHS suppliers to build/update software to support NHS business functions and interoperability.

The classification is published in two volumes. The Tabular List and Alphabetical Index are available from The Stationery Office at www.tsoshop.co.uk

National information standards and data collections, such as Commissioning Data Sets requiring [OPCS-4](#) coding should use the latest mandated version of the [OPCS-4](#) as given in the table below:

Year	Version of OPCS-4*
Up to 31 March 2006	OPCS-4.2
01-Apr-2006 to 31-Mar-2007	OPCS-4.3
01-Apr-2007 to 31-Mar-2009	OPCS-4.4
01-Apr-2009 to 31-Mar-2011	OPCS-4.5
01-Apr-2011 to 31-Mar-2014	OPCS-4.6
01-Apr-2014 to 31-Mar-2017	OPCS-4.7
01-Apr-2017 to 31-Mar-2020	OPCS-4.8
01-Apr-2020 until further notification	OPCS-4.9

*Tables of Coding Equivalences are issued for mapping back to previous versions and are available from [Technology Reference Update Distribution \(TRUD\)](#).

~~For further information see the [NHS Digital](#) website at: [Terminology and Classifications](#).~~ For further information see the [NHS England](#) website at: [Terminology and Classifications](#).

OPCS-4 Requests Portal

The [OPCS-4 Requests Portal](#) allows stakeholders to submit change requests to the [Terminology and Classifications Delivery Service](#) all year round. A cut-off date for receipt of change requests for consideration in the next release is published on the Requests Portal. Requests received after the cut-off date will be considered in a subsequent release.

~~For further information and access to the OPCS 4 Requests Portal, see the [NHS Digital](#) website at: [Clinical Classifications](#). For further information and access to the OPCS-4 Requests Portal, see the [NHS England](#) website at: [Clinical Classifications](#).~~

High Cost Drugs and Chemotherapy Regimens

The listings of High Cost Drugs and Chemotherapy Regimens which are mapped to OPCS-4 codes are provided as look-up tables downloadable from [Delen](#) at [Delen: Popular Publications](#).

ORGANISATION DATA SERVICE

Change to Supporting Information: Changed Description

~~The [Organisation Data Service \(ODS\)](#) is provided by [NHS Digital](#). The [Organisation Data Service \(ODS\)](#) is provided by [NHS England](#).~~

~~[NHS Digital](#) is responsible for the day-to-day operation of the [Organisation Data Service](#) and for its overall development. [NHS England](#) is responsible for the day-to-day operation of the [Organisation Data Service](#) and for its overall development.~~

The [Organisation Data Service](#) is responsible for:

- [Health and Social Care Organisation Reference Data](#)
- Reference data for healthcare practitioners and
- A range of associated data and supporting products.

~~[NHS Digital](#) is responsible for the day-to-day operation of the [Organisation Data Service](#) and for its overall development.~~

The [Organisation Data Service](#) provides:

- Central allocation of new or revised [ORGANISATION IDENTIFIERS](#) and [ORGANISATION SITE IDENTIFIERS](#).
- Help, advice and query resolution on the content and use of the national reference data
- Development of the Information Standards in this area
- Further development of the range of national reference data.

~~For further information on the [Organisation Data Service](#), see the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [Organisation Data Service](#). For further information on the [Organisation Data Service](#), see the [Organisation Data Service](#) pages of the [NHS England](#) website at: [Organisation Data Service](#).~~

For enquiries, email the [Organisation Data Service](#) Helpdesk at: exeter.helpdesk@nhs.net.

ORGANISATION MERGERS

Change to Supporting Information: Changed Description

This guidance explains the circumstances under which [Hospital Provider Spells](#) should close and reopen as a result of a merger or demerger, in terms of NHS Information Standards.

It specifies which [ORGANISATION CODES](#) / [ORGANISATION IDENTIFIERS](#) should be used for [Hospital Provider Spells](#) which must be closed and reopened for:

- [DISCHARGE DESTINATION](#) etc, for the closing [Hospital Provider Spell](#) and
- [SOURCE OF ADMISSION](#) etc, for the new [Hospital Provider Spell](#).

When [Hospital Provider Spells](#) Should be Closed and Reopened

- A [Hospital Provider Spell](#) is provided by one [ORGANISATION](#) acting as a [Health Care Provider](#). This means that the [Hospital Provider Spell](#) is linked to the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) of the [Health Care Provider](#).
- If the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) changes, the spell must end and another begin with the new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#).
- If the [Hospital Provider Spell](#) does end, the [Care Professional Admitted Care Episode](#) within the [Hospital Provider Spell](#) must also end.

The following scenarios explain what this means in terms of [ORGANISATION](#) mergers or demergers. Note that these assume that nothing changes other than the fact that the [ORGANISATIONS](#) merge or demerge, e.g. the [CONSULTANT](#) stays the same, etc.

Mergers

- *Trust A merges with Trust B to produce Trust C, which has a new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#).*
 - The [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will change for both Trust A and B.

- Therefore [Hospital Provider Spells](#) in both Trust A and B should close, and new [Hospital Provider Spells](#) should be opened using the new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) for Trust C.
- *Trust A merges with Trust B to produce an [ORGANISATION](#) which uses Trust A's [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#).*
 - For those [Hospital Provider Spells](#) in Trust A, the [ORGANISATION CODE](#) will not change. Therefore Trust A's [Hospital Provider Spells](#) should not be closed just as a result of the merger. However, for Trust B the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will change.
 - Therefore [Hospital Provider Spells](#) in Trust B should close, and new [Hospital Provider Spells](#) should be opened using the new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) for Trust A.

Demergers

- *Trust A splits into Trust B and Trust C, both of which have a new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#).*
 - The [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will change for both Trust B and C.
 - Therefore all [Hospital Provider Spells](#) in Trust A should close, and new [Hospital Provider Spells](#) should be opened in Trust B and C using the new [ORGANISATION CODES](#) / [ORGANISATION IDENTIFIERS](#) for each.
- *Trust A splits into Trust B and C. Trust B retains Trust A's [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) and Trust C is issued with a new one.*
 - The [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) for [Hospital Provider Spells](#) in Trust A which are taken over by Trust B will not change.
 - Therefore they should not be closed just as a result of the merger.
 - However, Trust A's [Hospital Provider Spells](#) which are taken over by Trust C should close, and new [Hospital Provider Spells](#) should be opened using the new [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) for Trust C.

The National Codes Used when [Hospital Provider Spells](#) are Closed and Reopened

If [Hospital Provider Spells](#) are to be closed and reopened only as a result of [Organisation Mergers](#) or demergers, for most cases the codes below should be used.

- **The CLOSED [Hospital Provider Spell](#)**

[DESTINATION OF DISCHARGE](#)

This depends on the type of [WARD](#) the [PATIENT](#) is in, but will be either:

- 51 NHS other [Hospital Provider](#) - [WARD](#) for general [PATIENTS](#) or the younger physically disabled
- 52 NHS other [Hospital Provider](#) - [WARD](#) for maternity [PATIENTS](#) or [Neonates](#)
- 53 NHS other [Hospital Provider](#) - [WARD](#) for [PATIENTS](#) who are mentally ill or have [Learning Disabilities](#)

[METHOD OF DISCHARGE](#)

- 1 [PATIENT](#) discharged on clinical advice or with clinical consent

- **The REOPENED [Hospital Provider Spell](#)**

[METHOD OF ADMISSION](#)

- 81 Transfer of any admitted [PATIENT](#) from other [Hospital Provider](#) other than in an emergency

Note that this [ADMISSION METHOD](#) is classed under "Other Admission". It is not elective and the [PATIENT](#) does therefore not have an entry on an [Elective Admission List](#).

[ADMISSION SOURCE](#)

Again, this depends on the type of [WARD](#) the [PATIENT](#) is in, but will be either:

- 51 NHS other [Hospital Provider](#) - [WARD](#) for general [PATIENTS](#) or the younger physically disabled or [Emergency Care Department](#)
- 52 NHS other [Hospital Provider](#) - [WARD](#) for maternity [PATIENTS](#) or [Neonates](#)
- 53 NHS other [Hospital Provider](#) - [WARD](#) for [PATIENTS](#) who are mentally ill or have [Learning Disabilities](#)

[REFERRER CODE](#)

This will be the referrer to the [Hospital Provider Spell](#) within which the [PATIENT](#) was receiving care before the merger, i.e. the "original" [Hospital Provider Spell](#).

Guidance for Merging Organisations to support Sending of Commissioning Data Sets to the [Secondary Uses Service](#)

- The [Secondary Uses Service](#) have published information regarding issues that may affect the approach to submitting data to the [Secondary Uses Service](#).
- The guidance is available on the [NHS Digital](#) website at: [SUS Guidance: "How do I send data to SUS?"](#).
- The guidance is available on the [NHS England](#) website at: [SUS Guidance: "How do I send data to SUS?"](#).

Change to Supporting Information: Changed Description

Introduction

The [Paediatric Critical Care Minimum Data Set \(PCCMDS\)](#) provides a record of what happens to a [PATIENT](#) when they receive Paediatric Critical Care in a Paediatric Intensive Care Unit, or other critical care setting suitable for children.

The primary purpose of the [Paediatric Critical Care Minimum Data Set](#) is to allow the operation of the [National Tariff Payment System](#) within paediatric critical care. The [Paediatric Critical Care Minimum Data Set](#) supports the [National Tariff Payment System](#) by capturing the data needed to generate a [Healthcare Resource Group \(HRG\)](#) for each calendar day (or part thereof) of a period of paediatric critical care; these [Healthcare Resource Groups](#) are then used to inform the annual aggregate costing exercise, NHS Reference Costs.

Scope and Uses

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

- a) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) of National Code '04 - Paediatric Intensive Care Unit (Paediatric critical care patients predominate)'
- b) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) of National Code of either:
 - 16 - Ward for children and young people
 - 17 - High Dependency Unit for children and young people
 - 18 - Renal Unit for children and young people
 - 19 - Burns Unit for children and young people
 - 92 - Non standard location using the operating department for children and young people

to whom one or more of the following [CRITICAL CARE ACTIVITY CODES](#) applies for a period greater than 4 hours:

- 04 Exchange Transfusion ([PATIENT](#) received exchange transfusion)
- 05 Peritoneal dialysis (acute [PATIENTS](#) only i.e. excluding chronic) *
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin ([PATIENT](#) received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
- 09 [Oxygen Therapy](#) (supplementary [Oxygen Therapy](#), irrespective of ventilatory state) **
- 13 Tracheostomy cared for by nursing staff ([PATIENT](#) receiving care of tracheostomy cared for by nursing staff not by an external [Carer](#) (e.g. parent))
- 16 Haemofiltration ([PATIENT](#) received Haemofiltration)
- 50 Continuous electrocardiogram monitoring
- 51 Invasive ventilation via endotracheal tube
- 52 Invasive ventilation via tracheostomy tube
- 53 Non-invasive ventilatory support
- 55 Nasopharyngeal airway
- 56 Advanced ventilatory support (Jet or Oscillatory ventilation)
- 57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
- 58 Apnoea requiring intervention
- 59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
- 60 Arterial line monitoring
- 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
- 62 Central venous pressure monitoring
- 63 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
- 64 Cardio-pulmonary resuscitation (CPR)
- 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
- 66 Haemodialysis (acute [PATIENTS](#) only i.e. excluding chronic)
- 67 Plasma filtration or Plasma exchange
- 68 ICP-intracranial pressure monitoring
- 69 Intraventricular catheter or external ventricular drain
- 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
- 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
- 72 Extracorporeal liver support using Molecular Absorbent Liver Recirculating System (MARS)
- 73 Continuous pulse oximetry
- 74 [PATIENT](#) nursed in single occupancy cubicle
- 80 Heated Humidified High Flow Therapy (HHHFT) ([PATIENT](#) receiving HHHFT)
- 85 [PATIENT](#) has an epidural catheter in situ
- 94 [PATIENT](#) has arrhythmia requiring intravenous anti-arrhythmic therapy
- 95

- [PATIENT](#) has reduced conscious level (Glasgow Coma Score 12 or below) and hourly (or more frequent) Glasgow Coma Score monitoring
- 96 Intravenous infusion of sedative agent ([PATIENT](#) receiving continuous intravenous infusion of sedative agent)
- 97 [PATIENT](#) has status epilepticus requiring treatment with continuous intravenous infusion

Notes:

- * National Code 05 applies as an inclusion criterion for acute [PATIENTS](#) only: it does not apply with chronic [PATIENTS](#).
- ** National Code 09 applies as an inclusion criterion when the [PATIENT](#) receives supplementary [Oxygen Therapy](#), irrespective of their ventilatory state.

This data is captured and recorded locally and may be used for the purposes of direct care, clinical audit, Reference Costs, and other local uses. Any transmission of the [Paediatric Critical Care Minimum Data Set](#) must be covered by fair processing arrangements in accordance with information governance criteria and appropriate local arrangements.

Commissioning Data Set Transmission

Subject to the [Commissioning Data Set Version 6-2 XML Schema Constraints](#) and [Commissioning Data Set Version 6-3 XML Schema Constraints](#), the [Paediatric Critical Care Minimum Data Set](#) is sent to the [Secondary Uses Service \(SUS\)](#) as a part of the following Commissioning Data Set messages, [SCCI0076](#):

- [CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode Commissioning Data Set](#)
- [CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode Commissioning Data Set](#)
- [CDS V6-3 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set](#)
- [CDS V6-3 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-3 Type 140 - Admitted Patient Care - Finished Delivery Episode Commissioning Data Set](#)
- [CDS V6-3 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set](#)
- [CDS V6-3 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-3 Type 200 - Admitted Patient Care - Unfinished Delivery Episode Commissioning Data Set](#)

The [Secondary Uses Service](#) groups this data into paediatric critical care [Healthcare Resource Groups](#). Further guidance can be found on the [NHS Digital](#) website at: [SCCI0076](#). Further guidance can be found on the [NHS England](#) website at: [SCCI0076](#).

PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The purpose of the [Patient Level Contract Monitoring Data Set \(PLCM\)](#) is to enable the interchange, in a uniform format, of monthly [PATIENT](#) level [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](#).

The [Patient Level Contract Monitoring Data Set](#) is a [PATIENT](#) level report containing [PATIENT](#) identifiers. Its purpose is to substantiate and provide detail to the information contained within the [Aggregate Contract Monitoring Data Set \(ACM\)](#). It will contain details of [PATIENT](#) level clinical activities that are not found in flows of standard [Commissioning Data Sets](#) (CDS) submitted to the [Secondary Uses Service](#).

Scope

The scope of the [Patient Level Contract Monitoring Data Set](#) Information Standard is all NHS-funded acute and community clinical care (excluding 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 acute and community NHS and secondary care [Independent Sector Healthcare Providers](#), but not primary care, from whom the NHS commissions healthcare
- All NHS commissioners ([Integrated Care Boards](#) or their equivalents and [NHS England](#)).

Note that the totality of expenditure in the [Patient Level Contract Monitoring Data Set](#) must be equivalent to the monetary value (excluding drugs and [MEDICAL DEVICES](#) not covered by the [National Tariff Payment System](#)) shown in the [Aggregate Contract Monitoring Data Set](#).

Submission

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

For further information on the [Patient Level Contract Monitoring Data Set](#), see the [NHS England](#) 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 [Patient Level Contract Monitoring Data Set Constraints](#).

PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Please note that the NHS Data Model and Dictionary content relating to the Patient Level Information Costing System data sets has not been updated for the financial year 2021-2022. Please refer to the Information Standards pages at: [Patient Level Information and Costing Systems](#) for the latest specifications.

Introduction

The [Patient Level Information Costing System Ambulance Data Set](#) 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 Ambulance 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 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](#) have mandated all designated providers of [Ambulance Services](#) to record and report:

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

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](#) 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 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).~~ Patient Level Information Costing data will be submitted to NHS England using Secure Electronic File Transfer (SEFT). Secure Electronic File Transfer (SEFT) can only be accessed by registered and approved users and NHS England 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](#).

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Please note that the NHS Data Model and Dictionary content relating to the Patient Level Information Costing System data sets has not been updated for the financial year 2021-2022. Please refer to the Information Standards pages at: [Patient Level Information and Costing Systems](#) for the latest specifications.

Introduction

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

The [Patient Level Information Costing System Integrated 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 strategic objective of a 'single national cost collection'
- 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 has mandated designated [NHS Trusts](#) and [NHS Foundation Trusts](#) to record and report:

- [Patient Level Information Costing System Reconciliation Data Set](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Emergency Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Out-Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Specialist Ward Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Supplementary Information](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Care Contacts \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies](#)

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](#) 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 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 \(SEFT\)](#). [Patient Level Information Costing](#) data will be submitted to [NHS England](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS England](#) 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 Reconciliation Data Set Constraints](#)
- [PLICS Integrated Data Set Admitted Patient Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Emergency Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Out-Patient Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Specialist Ward Care \(Acute\) Constraints](#)
- [PLICS Acute Supplementary Information Data Set Constraints](#)
- [PLICS Integrated Data Set Mental Health Admitted Patient Care Constraints](#)
- [PLICS Mental Health Care Contacts Data Set Constraints](#)
- [PLICS Integrated Data Set Improving Access to Psychological Therapies Constraints](#)

PERSONAL DEMOGRAPHICS SERVICE

Change to Supporting Information: Changed Description

The [Personal Demographics Service \(PDS\)](#) is the national electronic database of NHS patient demographic details such as name, [ADDRESS](#), date of birth and [NHS NUMBER](#).

For further information on the [Personal Demographics Service](#), see the [NHS Digital](#) website at: [Demographics](#). For further information on the [Personal Demographics Service](#), see the [NHS England](#) website at: [Demographics](#).

PRIVACY NOTICE

Change to Supporting Information: Changed Description

~~This privacy notice tells you what to expect when [NHS Digital](#) collects personal information on this system.~~ This privacy notice tells you what to expect when [NHS England](#) collects personal information on this system.

Personal information

By providing us with your details, you are giving your consent that your personal information may be processed for the purposes necessary to conduct and improve our services. When collecting your personal information we will explain what we intend to do with it.

How we use your information

This information helps to improve our service. We do not know (and do not wish to know) the identities of the individuals who visit our website, unless it is via a specific login for subscribed services.

Receiving communications from NHS Digital

Receiving communications from NHS England

If you do not wish to receive any information from us please let us know at the point you first contact us or by emailing information.standards@nhs.net.

If you already receive correspondence from the website, and no longer want to, please email information.standards@nhs.net.

If you would like your account and details to be removed, email information.standards@nhs.net and we will remove your details from this website and, if applicable, cancel any subscriptions you have on this system. However, records of any downloads made by your account may be retained for logging and audit purposes.

Data Protection within NHS Digital

Data Protection within NHS England

~~In order to meet our public task as the national source of health and social care information, NHS Digital collects and process a range of information relating to individuals in their capacity as service users or patients.~~ In order to meet our public task as the national source of health and social care information, NHS England collects and process a range of information relating to individuals in their capacity as service users or patients. This includes information on:

- public health
- audits and performance
- mental health
- primary care
- hospital care
- adult social care
- the NHS workforce and estates.

~~In addition to the above, NHS Digital collects and processes information relating to its customers and stakeholders for business purposes.~~ In addition to the above, NHS England collects and processes information relating to its customers and stakeholders for business purposes. All personal information is handled with the utmost care and attention — whether on paper, electronically, or other means — and safeguards are in place to ensure that we adhere to the Data Protection Act 1998.

~~NHS Digital regards the fair and lawful processing of personal information as essential in order to successfully achieve its objectives and ensure the support and confidence of the general public and stakeholders.~~ NHS England regards the fair and lawful processing of personal information as essential in order to successfully achieve its objectives and ensure the support and confidence of the general public and stakeholders.

Notification is a statutory requirement and every organisation that processes personal information must notify the Information Commissioner's Office (ICO), unless they are exempt. Failure to notify is a criminal offence.

~~As a data controller, NHS Digital provides the ICO with details about their processing of personal information.~~ As a data controller, NHS England provides the ICO with details about their processing of personal information. The ICO publishes certain details in the register of data controllers, including the name and address of data controllers and a description of the kind of processing they do. You can read this register on the [ICO website](#).

~~The Principles of The Data Protection Act 1998, as set out below are fully endorsed by NHS Digital.~~ The Principles of The Data Protection Act 1998, as set out below are fully endorsed by NHS England. The eight principles require that personal information:

1. Shall be processed fairly and lawfully and, in particular, shall not be processed unless specific conditions are met.
2. Shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Shall be accurate and, where necessary, kept up to date.
5. Shall not be kept for longer than is necessary for the specified purpose or purposes.
6. Shall be processed in accordance with the rights of data subjects under the Act.
7. Should be subject to appropriate technical and organisational measures to prevent the unauthorised or unlawful processing of personal data, or the accidental loss, destruction, or damage to personal data.
8. Shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Access to your personal information

~~You are entitled to obtain a copy of the personal information held about you by NHS Digital.~~ You are entitled to obtain a copy of the personal information held about you by NHS England. Any request to access or obtain a copy of this information will be considered under Section 7 of the Data Protection Act.

~~To make a request for personal information, email enquiries@nhsdigital.nhs.uk or write to:~~ To make a request for personal information, email england.contactus@nhs.net or write to:

~~Information Governance Compliance Team~~

Information Governance Compliance Team
NHS Digital NHS England
4 Trevelyan Square PO Box 16738
Boar Lane Redditch
Leeds
LS1 6AE

Information security

B97 9PT

Information security

~~There are robust security measures in place for all personal information held by [NHS Digital](#) to protect against the loss or alteration of information under the organisation's control.~~ There are robust security measures in place for all personal information held by [NHS England](#) to protect against the loss or alteration of information under the organisation's control. If you have any questions about our privacy notice or the information we hold please contact us at the above address.

Other websites

This privacy notice only relates to information that we obtain from you on this website. If you visit a different website through a link included on this site, your information may be used differently by the operator of the linked website. When you are moving to another website you are advised to read the privacy notice on that website.

READ CODED CLINICAL TERMS

Change to Supporting Information: Changed Description

~~The last release of [Read Coded Clinical Terms](#) Version 2 was 1st April 2016.~~ The last updated release of [Read Coded Clinical Terms](#) Version 2 was 1st April 2016.

~~The last release of UK [Read Coded Clinical Terms](#) Version 3 was April 2018.~~ There will be no further update to [Read Coded Clinical Terms](#) following the April 2018 release.

~~Basic maintenance support will be provided until April 2020.~~ The final updates of Read v2 and CTV3, together with the UK Read Browser, will continue to be downloadable via [Technology Reference Update Distribution \(TRUD\)](#) until 2020.

~~Information on the withdrawal of [Read Coded Clinical Terms](#) Version 2 and CTV3 can be found on the [NHS Digital](#) website at: [Read Codes](#).~~ Information on the withdrawal of [Read Coded Clinical Terms](#) Version 2 and CTV3 can be found on the [NHS England](#) website at: [Read Codes](#).

The [Read Coded Clinical Terms](#) are a comprehensive computerised coded thesaurus for use by clinicians. They are available in two main formats, known as Version 2 and Clinical Terms Version 3 (CTV3). They are designed for use in the electronic health care record. Clinical Terms Version 3 (CTV3) of the Read Codes is a "Superset" of all the codes from the earlier versions.

[Read Coded Clinical Terms](#) are not acceptable directly for coding [Hospital Episode Statistics](#) which are extracted from the Admitted Patient Care Commissioning Data Sets. Version 2 and Clinical Terms Version 3 (CTV3) of the Read Codes contain mapping tables which can be used to generate [ICD-10](#) and [OPCS-4](#) codes.

~~For further information on [Read Coded Clinical Terms](#), see the [NHS Digital](#) website at: [Read Codes](#).~~ For further information on [Read Coded Clinical Terms](#), see the [NHS England](#) website at: [Read Codes](#).

REASONABLE ADJUSTMENT

Change to Supporting Information: Changed Description

Under the [Equality Act 2010](#), [ORGANISATIONS](#) have a legal duty to make changes in their approach or provision to ensure that [SERVICES](#) are as accessible to [PEOPLE](#) with [DISABILITIES](#) as they are for everybody else. These changes are called [Reasonable Adjustments](#).

~~For further information on [Reasonable Adjustments](#), see the [NHS Digital](#) website at: [Reasonable adjustments - an overview](#).~~ For further information on [Reasonable Adjustments](#), see the [NHS England](#) website at: [Reasonable adjustments - an overview](#).

SECONDARY USES SERVICE

Change to Supporting Information: Changed Description

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

~~The [NHS Digital](#) [Secondary Uses Service](#) has overall responsibility for delivering the [Secondary Uses Service](#) to users, Commissioners and Providers of NHS funded care.~~ The [NHS England](#) [Secondary Uses Service](#) has overall responsibility for delivering the [Secondary Uses Service](#) to users, Commissioners and Providers of NHS funded care.

The [Secondary Uses Service](#) provides a consistent environment for the management and linkage of data, allowing better comparison of data across the care sector, together with associated analysis and reporting tools.

Further information on the [Secondary Uses Service](#) can be found on the [NHS Digital](#) website at: [Secondary Uses Service \(SUS\)](#). Further information on the [Secondary Uses Service](#) can be found on the [NHS England](#) website at: [Secondary Uses Service \(SUS\)](#).

SECURE ELECTRONIC FILE TRANSFER

Change to Supporting Information: Changed Description

~~Secure Electronic File Transfer (SEFT) is a SERVICE provided by NHS Digital.~~ Secure Electronic File Transfer (SEFT) is a SERVICE provided by NHS England.

[Secure Electronic File Transfer \(SEFT\)](#) enables data to be transferred securely between health and care services and individuals, and works by providing a secure wrapper around any file, regardless of its size, structure or data content and provides data security during transmission (by using a 256-bit AES encryption mechanism). ~~Data is stored securely at NHS Digital and only people who are authorised to process the data are allowed access.~~ Data is stored securely at NHS England and only people who are authorised to process the data are allowed access.

~~For further information, see the NHS Digital website at [Transfer Data Securely](#).~~ For further information, see the [NHS England](#) website at [Transfer Data Securely](#).

SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Sexual and Reproductive Health Activity Data Set](#) covers [PATIENT](#) contact with the [Sexual and Reproductive Health Services](#) whether in a clinic setting, in the [PATIENT](#)'s home or at an alternative location.

[Public Health England](#) requires the mandatory collection of information on the [SERVICES](#) provided by [Sexual and Reproductive Health Services](#).

The [Sexual and Reproductive Health Activity Data Set](#) provides essential data to:

- Ensure a relevant collection of electronic data to support local service development
- Allow monitoring of key policy initiatives and indicators such as: The Public Health Outcome Framework Indicator on under 18 conceptions; increasing access to all methods of contraception, including Long Acting Reversible Contraceptions (LARC) methods and emergency contraception for women of all ages and their partners; reducing teenage conceptions; reducing the rate of unintended pregnancies and modernisation of [Sexual and Reproductive Health Services](#)
- Provide appropriate definitions and guidance material to enable a standardised data set from [Sexual and Reproductive Health Services](#)
- Support commissioners in understanding which population groups are accessing [Sexual and Reproductive Health Services](#) and which [SERVICES](#) they are receiving, including the LARC methods as recommended by [National Institute for Health and Care Excellence \(NICE\)](#), and therefore allowing for long-term commissioning of [SERVICES](#)
- Develop, over time, indicators of quality and outcome in [SERVICE](#) delivery (especially in comparative reports). For example the removal and length of use for LARC devices, provision of emergency [CONTRACEPTION](#), the provision of [CONTRACEPTION](#) post abortion and referrals to secondary care, the comparison of attendance rates for selected care and the diversity of young [PERSON](#) provision by [Sexual and Reproductive Health Services](#) including social referrals
- Aid the development of a benchmark measure to indicate how [SERVICES](#) compare in delivering the most appropriate and effective care to [PATIENTS](#)
- Reflect current data collection practices and requirements at [Sexual and Reproductive Health Services](#).

Data Extract Specification

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

Data collected will be used by the NHS, [Care Quality Commission](#), [Local Authorities](#), [Integrated Care Boards](#), [UK Health Security Agency](#) and other appropriate [ORGANISATIONS](#) to support the monitoring of the National Strategies on [Sexual and Reproductive Health Services](#), service provision, benchmarking and development of commissioning.

Time period: The extract will cover one financial year.

Frequency: Extracts run annually, six weeks after the end of the financial year.

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

~~Transmission: Data is submitted via an on-line process to NHS Digital.~~ **Transmission:** Data is submitted via an on-line process to NHS England.

~~For further information on the [Sexual and Reproductive Health Activity Data Set](#) see the [NHS Digital](#) website at: [Sexual and Reproductive Health Activity Data Set \(SRHAD\) Collection](#).~~ For further information on the [Sexual and Reproductive Health Activity Data Set](#) see the [NHS England](#) website at: [Sexual and Reproductive Health Activity Data Set \(SRHAD\) Collection](#).

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.

SNOMED CT

Change to Supporting Information: Changed Description

[SNOMED CT](#)® is the clinical terminology approved as an Information Standard.

Requirements for utilising [SNOMED CT](#)® are stated within the [National Information Board](#) document "[A Framework for Action](#)" and [SNOMED CT](#)® can be downloaded from [Technology Reference Update Distribution \(TRUD\)](#).

[SNOMED CT](#)® provides the clinical language that facilitates electronic communication between healthcare professionals in clear and unambiguous terms, and can be used to code, retrieve and analyse clinical data.

[SNOMED CT](#)® is comprehensive and provides clinical terms for all healthcare professions. Applications often use subsets of [SNOMED CT](#)®, known as [SNOMED CT Refsets](#), that have been developed to support specific requirements. The NHS Data Model and Dictionary references [SNOMED CT Refsets](#) to support data reporting for specific data items.

[SNOMED CT](#)® has been distributed in Release Format 2 (RF2) since 1 April 2018. [SNOMED CT](#)® contains [SNOMED CT Refsets](#) referenced by [SNOMED CT Refset](#) ID, which are listed in the [SNOMED CT Browser](#).

~~[SNOMED CT](#)® is managed and maintained internationally by [SNOMED International](#) and in the UK by [NHS Digital](#).~~ [SNOMED CT](#)® is managed and maintained internationally by [SNOMED International](#) and in the UK by [NHS England](#).

National and International arrangements have been established to ensure there is adequate and relevant governance of [SNOMED CT](#)®, to ensure it meets the needs of healthcare in the respective jurisdictions.

Note: previous versions of SNOMED (including SNOMED RT and SNOMED 3) ceased to be licensed after April 2017 other than for historical content.

Mapping tables and guidance to enable historical data previously captured using a previous version of SNOMED, can be found on the [Technology Reference Update Distribution \(TRUD\)](#) at: [SNOMED Antecedent Versions Data Migration](#).

For:

- Further information on [SNOMED CT](#)®, see the [NHS Digital](#) website at: [SNOMED CT](#)
- Further information on [SNOMED CT](#)®, see the [NHS England](#) website at: [SNOMED CT](#)
- An initial introduction to [SNOMED CT](#)®, see the [SNOMED CT Starter Guide](#)
- Those needing more comprehensive documentation, see the [Technical Implementation Guide](#)
- The [SNOMED CT](#)® Release Schedule, see [SNOMED CT Release Schedule](#).

SNOMED CT BROWSER

Change to Supporting Information: Changed Description

~~The [NHS Digital](#) [SNOMED CT Browser](#) is the preferred online browser for [SNOMED CT](#) content for the NHS to use.~~ The [NHS England](#) [SNOMED CT Browser](#) is the preferred online browser for [SNOMED CT](#) content for the NHS to use.

The [NHS Digital](#) [SNOMED CT Browser](#) contains the [SNOMED CT](#) International release, the UK Clinical Extensions and [SNOMED CT Refsets](#), and the UK Drug Extension. The [NHS England](#) [SNOMED CT Browser](#) contains the [SNOMED CT](#) International release, the UK Clinical Extensions and [SNOMED CT Refsets](#), and the UK Drug Extension.

For further information on the [SNOMED CT Browser](#), see: [The SNOMED CT Browser](#).

SNOMED CT REFSET

Change to Supporting Information: Changed Description

A [SNOMED CT Refset](#) is a data structure defined within [SNOMED CT](#)® Release Format 2 (RF2), which consists of a set of references to [SNOMED CT](#)® components, like concepts, descriptions or relationships.

In its simple form a [SNOMED CT Refset](#) is used to represent a subset of [SNOMED CT](#)® content.

[SNOMED CT Refsets](#):

- Usually represent groups of concepts that share specified characteristics (for example, a specific clinical domain)
- Support user interface development through the organisation of clinical display, creation of menus and pick-lists, or support of knowledge structures
- May be created as value sets for messaging or data entry.

Different types of [SNOMED CT Refsets](#) are used to represent:

- Descriptions or concepts for particular realms or specialties
- Suitability of particular concepts for use in a particular context in a record.

For further information on [SNOMED CT Refsets](#), see:

- The [SNOMED CT](#)® Glossary at: [SNOMED CT reference set](#)
- [Delen](#) at: [DD4C Migration to Delen](#).

Change requests for [SNOMED CT Refsets](#) released by [NHS Digital](#) should be made through the Request Submission Portal on the [NHS Digital](#) website at: [Welcome to the Request Submission Portal](#). Change requests for [SNOMED CT Refsets](#) released by [NHS England](#) should be made through the Request Submission Portal on the [NHS England](#) website at: [Welcome to the Request Submission Portal](#).

STOP SMOKING SERVICE QUARTERLY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Stop Smoking Services Quarterly Data Set](#) is used to monitor and evaluate the effectiveness and coverage of [Stop Smoking Services](#). It is designed to provide consistent information on people who have sought and received quitting help from an evidence-based service.

Collection and Submission

The [Stop Smoking Services Quarterly Data Set](#) is required by [Public Health England](#) and is collected from [Local Authorities](#).

The [Stop Smoking Services Quarterly Data Set](#) relates to [ACTIVITY](#) taking place over a 3 month period and should be submitted by the thirty second working day after the end of the quarter to which it relates.

~~The [Stop Smoking Services Quarterly Data Set](#) is transmitted at aggregate level to the [NHS Digital Strategic Data Collection Service \(SDCS\)](#) available at [NHS Stop Smoking Services Collection](#).~~ The [Stop Smoking Services Quarterly Data Set](#) is transmitted at aggregate level to the [NHS England Strategic Data Collection Service \(SDCS\)](#) available at [NHS Stop Smoking Services Collection](#).

Further guidance

Further information on the NHS [Stop Smoking Services](#) and the monitoring guidance can be found on the [National Centre for Smoking Cessation and Training](#) website at [Local Stop Smoking Services: Service and Delivery Guidance 2014](#).

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.

STRATEGIC DATA COLLECTION SERVICE

Change to Supporting Information: Changed Description

The [Strategic Data Collection Service \(SDCS\)](#) is a secure data collection system which accepts uploads of submissions in a variety of formats. ~~The system is under constant review and enables NHS Digital to customise bespoke data collections.~~ The system is under constant review and enables [NHS England](#) to customise bespoke data collections.

~~For further information on the [Strategic Data Collection Service](#), see the [NHS Digital](#) website at:~~ For further information on the [Strategic Data Collection Service](#), see the [NHS England](#) website at:

- [Strategic Data Collection Service \(SDCS\)](#)
- [Welcome to the Strategic Data Collection Service \(SDCS\): Sign in.](#)

STRATEGIC DATA COLLECTION SERVICE IN THE CLOUD

Change to Supporting Information: Changed Description

The [Strategic Data Collection Service in the Cloud \(SDCS Cloud\)](#) is a secure solution using the cloud technology.

The [Strategic Data Collection Service in the Cloud](#) is different from other existing [Strategic Data Collection Service](#) collection tools.

The [Strategic Data Collection Service in the Cloud](#) provides:

- improved user experience and faster data quality feedback
- a secure solution using the cloud technology which will integrate with improved [Data Processing Services](#).

~~For further information on the [Strategic Data Collection Service in the Cloud](#), see the [NHS Digital](#) website at: [Strategic Data Collection Service in the cloud \(SDCS Cloud\)](#).~~ For further information on the [Strategic Data Collection Service in the Cloud](#), see the [NHS England](#) website at: [Strategic Data Collection Service in the cloud \(SDCS Cloud\)](#).

TECHNOLOGY REFERENCE UPDATE DISTRIBUTION (TRUD)

Change to Supporting Information: Changed Description

~~[Technology Reference Update Distribution \(TRUD\)](#) is a website hosted by [NHS Digital](#).~~ [Technology Reference Update Distribution \(TRUD\)](#) is a website hosted by [NHS England](#).

~~[Technology Reference Update Distribution \(TRUD\)](#) provides a mechanism for [NHS Digital](#) to license and distribute reference data to interested parties. This is the preferred terminology distribution method of [NHS Digital](#).~~ [Technology Reference Update Distribution \(TRUD\)](#) provides a mechanism for [NHS England](#) to license and distribute reference data to interested parties. This is the preferred terminology distribution method of [NHS England](#).

For further information, see [Technology Reference Update Distribution \(TRUD\)](#) at: [Technology Reference Update Distribution](#).

TERMINOLOGY AND CLASSIFICATIONS DELIVERY SERVICE

Change to Supporting Information: Changed Description

~~The [Terminology and Classifications Delivery Service](#) is provided by [NHS Digital](#).~~ The [Terminology and Classifications Delivery Service](#) is provided by [NHS England](#).

The [Terminology and Classifications Delivery Service](#) is the definitive source of clinical coding guidance and sets the national standards used by the NHS in coding clinical data.

~~For further information on clinical information, see the [NHS Digital](#) website at: [Terminology and Classifications](#).~~ For further information on clinical information, see the [NHS England](#) website at: [Terminology and Classifications](#).

TERMS AND CONDITIONS

Change to Supporting Information: Changed Description

Use of this website is governed by these terms and conditions.

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- Software, source code and any technical documentation relating to software or source code except where released on the Health Developer Network, a public repository on GitHub, or any other platform we may specify from time to time.
- Information owned by third parties which we are not authorised to licence on to you. This information will be clearly marked. If in doubt, email information.standards@nhs.net.
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- Software, source code and any technical documentation relating to software or source code except where released on the Health Developer Network, a public repository on GitHub, or any other platform we may specify from time-to-time.
- Information owned by third parties which we are not authorised to licence on to you. This information will be clearly marked. If in doubt, email information.standards@nhs.net.
- Information gained through any services or sections on this website (or linked websites) which can only be accessed by logged-in users.
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 - If you do alter, adapt, edit or modify any NHS Digital Content in accordance with these terms and conditions, where possible, you should remove the NHS Digital branding.
 - You may not directly or indirectly suggest any endorsement or approval by NHS Digital of your website or any non-NHS Digital entity, product or content or any views expressed within your website or service.
 - NHS Digital has absolute editorial control over all NHS Digital Content and reserves the right to alter, adapt, edit, modify or restrict the availability of NHS Digital Content without prior notice.
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- You may not directly or indirectly suggest any endorsement or approval by [NHS England](#) of your website or any non-NHS England entity, product or content or any views expressed within your website or service.
- [NHS England](#) has absolute editorial control over all [NHS England](#) Content and reserves the right to alter, adapt, edit, modify or restrict the availability of [NHS England](#) Content without prior notice.
- You should refresh cached content every 24 hours to ensure you have the most up-to-date version.

XML SCHEMA TRUD DOWNLOAD

Change to Supporting Information: Changed Description

XML Schemas and Release Notes can be downloaded from [Technology Reference Update Distribution \(TRUD\)](#).

Background:

In order to access the XML Schemas and Release Notes on [Technology Reference Update Distribution \(TRUD\)](#), users will be required to:

- Create a [TRUD](#) account at: [TRUD: Account Creation](#) (if an account does not currently exist. This only has to be done once to access any XML Schema)
- Log into [TRUD](#) at: [TRUD: Log in](#)
- Access [NHS Data Model and Dictionary: DD XML Schemas](#) and subscribe to the XML Schema to be downloaded
- Accept the licence and request the subscription (an email will be sent immediately to confirm that the request has been accepted and the files can be downloaded, which avoids any delays)
- Once the "Subscription accepted" email has been received, download the zip file from [NHS Data Model and Dictionary: DD XML Schemas](#).

Once an XML Schema has been added to [TRUD](#), users who have subscribed to that item will be automatically notified by email of any updates to that area, for example, new versions, retirements etc.

XML Schema Download:

XML Schemas and Release Notes for the following Data Sets in the NHS Data Model and Dictionary can be downloaded from [Technology Reference Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Community Services Data Set \(CSDS\)](#)
- [Commissioning Data Set \(CDS\) V6-2](#) and [V6-2-0](#)
- [Commissioning Data Set \(CDS\) V6-2-2](#)
- [Commissioning Data Set \(CDS\) V6-2-3](#)
- [Commissioning Data Set \(CDS\) V6-3](#)
- [Diagnostic Imaging Data Set \(DIDS\)](#)
- [Electronic Prescribing and Medicines Administration Data Sets \(EPMA\)](#)
- [HIV and AIDS Reporting Data Set \(HARS\)](#)
- [Maternity Services Data Set \(MSDS\)](#)
- [National Cancer Waiting Times Monitoring Data Set \(NCWTMDS\)](#)

For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary Service](#) part of the [NHS Digital](#) website at: [Policies: XML Schema Publication and Download guidance](#). For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary Service](#) part of the [NHS England](#) website at: [Policies: XML Schema Publication and Download guidance](#).

APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR

Change to Attribute: Changed Description

An indication of whether the [APPOINTMENT SLOT](#) could be reallocated, where the [ATTENDED OR DID NOT ATTEND](#) National Code is '[APPOINTMENT](#) cancelled by, or on behalf of, the [PATIENT](#)', where the [APPOINTMENT](#) was cancelled at short notice.

Note: For the [Improving Access to Psychological Therapies Data Set](#), short notice is determined locally. See the [NHS Digital](#) website at: [Improving Access to Psychological Therapies Data Set](#) for further guidance. See the [NHS England](#) website at: [Improving Access to Psychological Therapies Data Set](#) for further guidance.

National Codes:

- Y Yes - [APPOINTMENT SLOT](#) could be reallocated
- N No - [APPOINTMENT SLOT](#) could not be reallocated

CANCER CARE SPELL DELAY REASON COMMENT

Change to Attribute: Changed Description

A comment why a [CANCER CARE SPELL DELAY REASON](#) was experienced.

This can be recorded for each breach of service standards after any patient pauses have been taken into account. ~~The standards for which a [CANCER CARE SPELL DELAY REASON COMMENT](#) can be given are defined on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).~~ The standards for which a [CANCER CARE SPELL DELAY REASON COMMENT](#) can be given are defined on the [NHS England](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).

Time Period	Number of Calendar Days
Two Weeks	14
Twenty Eight Days	28
One Month	31
Two Months	62

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Attribute: Changed Description

The status of a [REFERRAL REQUEST](#) for a [PATIENT](#) referred with a suspected cancer, or referred with breast symptoms with cancer not originally suspected.

For the [Cancer Outcomes and Services Data Set](#), [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) can be recorded for all [PATIENTS](#) (regardless of the referral route).

- For the [National Cancer Waiting Times Monitoring Data Set](#),
 - ~~[CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is the status of a [REFERRAL REQUEST](#) for a [PATIENT](#):
 - referred with a suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#), [OPTOMETRIST](#) or [NHS Screening Service](#)
 - referred from any [CARE PROFESSIONAL](#) with breast symptoms where cancer was not originally suspected or upgraded onto the 62 day period.~~
 - Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving NHS funded treatment in England.
 - NHS funded treatment in England refers to [Health Care Provider ORGANISATIONS](#) within England who are treating [PATIENTS](#) with cancer who may have been referred from outside England (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the [Personal Demographics Service](#) and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes).
 - Where [PATIENTS](#) with a diagnosis of cancer do NOT receive NHS funded treatment in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions, further data need not be collected. The full list of conditions can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).
- For the [National Cancer Waiting Times Monitoring Data Set](#),
 - [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is the status of a [REFERRAL REQUEST](#) for a [PATIENT](#):
 - referred with a suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#), [OPTOMETRIST](#) or [NHS Screening Service](#)
 - referred from any [CARE PROFESSIONAL](#) with breast symptoms where cancer was not originally suspected or upgraded onto the 62 day period.
 - Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving NHS funded treatment in England.
 - NHS funded treatment in England refers to [Health Care Provider ORGANISATIONS](#) within England who are treating [PATIENTS](#) with cancer who may have been referred from outside England (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the [Personal Demographics Service](#) and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes).
 - Where [PATIENTS](#) with a diagnosis of cancer do NOT receive NHS funded treatment in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions, further data need not be collected. The full list of conditions can be found on the [NHS England](#) website at: [Cancer Waiting Times](#).

National Codes:

- | | |
|----|--|
| 14 | Suspected Primary Cancer |
| 09 | Under investigation following symptomatic referral, cancer not suspected (breast referrals only). This National Code should only be used when the TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE is National Code 'Exhibited (non-cancer) breast symptoms - cancer not initially suspected.' |
| 03 | No new cancer diagnosis identified by the Health Care Provider |

- 10 Diagnosis of new cancer confirmed - NHS funded first treatment not yet planned
- 11 Diagnosis of new cancer confirmed - NHS funded first treatment planned
- 07 Diagnosis of new cancer confirmed - no NHS funded treatment planned
- 08 First NHS funded treatment commenced
- 12 Diagnosis of new cancer confirmed - subsequent NHS funded treatment not yet planned
- 13 Diagnosis of new cancer confirmed - subsequent NHS funded treatment planned
- 21 Subsequent NHS funded treatment commenced
- 15 Suspected [Recurrent Cancer](#)
- 16 Diagnosis of [Recurrent Cancer](#) confirmed - first NHS funded treatment not yet planned
- 17 Diagnosis of [Recurrent Cancer](#) confirmed - NHS funded first treatment planned
- 18 Diagnosis of [Recurrent Cancer](#) confirmed - no NHS funded treatment planned
- 19 Diagnosis of [Recurrent Cancer](#) confirmed - subsequent NHS funded treatment not yet planned
- 20 Diagnosis of [Recurrent Cancer](#) confirmed - subsequent NHS funded treatment planned
- 22 [Recurrent Cancer](#) NHS funded treatment commenced
- 23 Suspected [Cancer Transformation](#)
- 24 Diagnosis of [Cancer Transformation](#) confirmed - NHS funded first treatment not yet planned
- 25 Diagnosis of [Cancer Transformation](#) confirmed - NHS funded first treatment planned
- 26 Diagnosis of [Cancer Transformation](#) confirmed - no NHS funded treatment planned
- 27 Diagnosis of [Cancer Transformation](#) confirmed - subsequent NHS funded treatment not yet planned
- 28 Diagnosis of [Cancer Transformation](#) confirmed - subsequent NHS funded treatment planned
- 29 [Cancer Transformation](#) NHS funded treatment commenced
- 30 Suspected [Cancer Progression](#)
- 31 Diagnosis of [Cancer Progression](#) confirmed - NHS funded first treatment not yet planned
- 32 Diagnosis of [Cancer Progression](#) confirmed - NHS funded first treatment planned
- 33 Diagnosis of [Cancer Progression](#) confirmed - no NHS funded treatment planned
- 34 Diagnosis of [Cancer Progression](#) confirmed - subsequent NHS funded treatment not yet planned
- 35 Diagnosis of [Cancer Progression](#) confirmed - subsequent NHS funded treatment planned
- 36 [Cancer Progression](#) NHS funded treatment commenced

CLINICAL RESPONSE PRIORITY TYPE

Change to Attribute: Changed Description

The clinical response priority of a [SERVICE REQUEST](#).

For an explanation of the National Code descriptions, see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#). For an explanation of the National Code descriptions, see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

National Codes:

- 1 Emergency
- 2 Urgent/serious
- 3 Routine
- 4 Very Urgent

CONSULTANT CODE

Change to Attribute: Changed Description

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

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

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

For [GENERAL DENTAL PRACTITIONERS](#) working as a:

- Hospital [CONSULTANT](#), the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) should be used, prefixed with "C"
- Dental [CONSULTANT](#):

- Who does not have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#), the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) should be used, prefixed with "CD".
- Where the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) or [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) is not known, the default code should be used, see [CONSULTANT CODE](#) or [Organisation Data Service Default Codes](#).

For further information, see the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [Organisation Data Service](#) pages of the [NHS England](#) website at:

- [Technical guides: Standards repository guide](#)
- [Miscellaneous](#).

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

For [Commissioning Data Set](#) version 6-2, default [CONSULTANT CODES](#) are used to identify [ACTIVITY](#) which is led by a [NURSE](#), [MIDWIFE](#) or [ALLIED HEALTH PROFESSIONAL](#). See [CONSULTANT CODE](#) for the default codes.

For [Commissioning Data Set](#) version 6-3 onwards, [CONSULTANT CODE](#) is replaced by [PROFESSIONAL REGISTRATION ENTRY IDENTIFIER](#), which allows submission of the actual [PROFESSIONAL REGISTRATION](#) code for [NURSES](#), [MIDWIVES](#) and [ALLIED HEALTH PROFESSIONALS](#), as well as [CONSULTANTS](#).

CRITICAL CARE ACTIVITY CODE

Change to Attribute: Changed Description

A type of [CRITICAL CARE ACTIVITY](#) provided to a [PATIENT](#) during a [CRITICAL CARE PERIOD](#).

Note:

- National Codes 80-97 cannot be reported nationally in [Commissioning Data Sets](#) version 6-2. Users of this [Commissioning Data Set](#) release must record these codes locally. Further guidance can be found on the [NHS Digital](#) website at: [SCCI0075](#) and [SCCI0076](#).
- National Codes 80-97 cannot be reported nationally in [Commissioning Data Sets](#) version 6-2. Users of this [Commissioning Data Set](#) release must record these codes locally. Further guidance can be found on the [NHS England](#) website at: [SCCI0075](#) and [SCCI0076](#).
- User of [Commissioning Data Sets](#) version 6-3 are able to submit all National Codes.

National Codes:

- 01 Respiratory support via a tracheal tube (Respiratory support via a tracheal tube provided)
- 02 Nasal Continuous Positive Airway Pressure (nCPAP) ([PATIENT](#) receiving nCPAP for any part of the day)
- 03 Surgery ([PATIENT](#) received surgery)
- 04 Exchange Transfusion ([PATIENT](#) received exchange transfusion)
- 05 Peritoneal Dialysis ([PATIENT](#) received Peritoneal Dialysis)
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin ([PATIENT](#) received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
- 07 Parenteral Nutrition ([PATIENT](#) receiving Parenteral Nutrition (amino acids +/- lipids))
- 08 Convulsions ([PATIENT](#) having convulsions requiring treatment)
- 09 [Oxygen Therapy](#) ([PATIENT](#) receiving additional oxygen)
- 10 Neonatal abstinence syndrome ([PATIENT](#) receiving drug treatment for neonatal abstinence (withdrawal) syndrome)
- 11 Care of an intra-arterial catheter or chest drain ([PATIENT](#) receiving care of an intra-arterial catheter or chest drain)
- 12 Dilution Exchange Transfusion ([PATIENT](#) received Dilution Exchange Transfusion)
- 13 Tracheostomy cared for by nursing staff ([PATIENT](#) receiving care of tracheostomy cared for by nursing staff not by an external [Carer](#) (e.g. parent))
- 14 Tracheostomy cared for by external [Carer](#) ([PATIENT](#) receiving care of tracheostomy cared for by an external [Carer](#) (e.g. parent) not by a [NURSE](#))
- 15 Recurrent apnoea ([PATIENT](#) has recurrent apnoea needing frequent intervention, i.e. over 5 stimulations in 8 hours, or resuscitation with IPPV two or more times in 24 hours)
- 16 Haemofiltration ([PATIENT](#) received Haemofiltration)
- 21 [Carer](#) Resident - Caring for Baby (External [Carer](#) (for example, parent) resident with the baby and reducing nursing required by caring for the baby)
- 22 Continuous monitoring ([PATIENT](#) requiring continuous monitoring (by mechanical monitoring equipment) of respiration or heart rate, or by transcutaneous transducers or by Saturation Monitors. Note: apnoea alarms and monitors are *excluded* as forms of continuous monitoring)
- 23 Intravenous glucose and electrolyte solutions ([PATIENT](#) being given intravenous glucose and electrolyte solutions)

- 24 Tube-fed ([PATIENT](#) being tube-fed)
- 25 Barrier nursed ([PATIENT](#) being barrier nursed)
- 26 Phototherapy ([PATIENT](#) receiving phototherapy)
- 27 Special monitoring ([PATIENT](#) receiving special monitoring of blood glucose or serum bilirubin measurement at a minimum frequency of more than one per calendar day)
- 28 Observations at regular intervals ([PATIENT](#) requiring recorded observations for [Temperature](#), [Heart Rate](#), [Respiratory Rate](#), [Blood Pressure](#) or scoring for neonatal abstinence syndrome. Recorded observations must be at a minimum frequency of 4 hourly)
- 29 Intravenous medication ([PATIENT](#) receiving intravenous medication)
- 50 Continuous electrocardiogram monitoring
- 51 Invasive ventilation via endotracheal tube
- 52 Invasive ventilation via tracheostomy tube
- 53 Non-invasive ventilatory support
- 55 Nasopharyngeal airway
- 56 Advanced ventilatory support (Jet or Oscillatory ventilation)
- 57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
- 58 Apnoea requiring intervention
- 59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
- 60 Arterial line monitoring
- 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
- 62 Central venous pressure monitoring
- 63 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
- 64 Cardio-pulmonary resuscitation (CPR)
- 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
- 66 [Haemodialysis](#) (acute [PATIENTS](#) only i.e. excluding chronic)
- 67 Plasma filtration or Plasma exchange
- 68 ICP-intracranial pressure monitoring
- 69 Intraventricular catheter or external ventricular drain
- 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
- 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
- 72 Extracorporeal liver support using Molecular Absorbent Liver Recirculating System (MARS)
- 73 Continuous pulse oximetry
- 74 [PATIENT](#) nursed in single occupancy cubicle
- 80 Heated Humidified High Flow Therapy (HHHFT) ([PATIENT](#) receiving HHHFT)
- 81 Presence of an umbilical venous line
- 82 Continuous infusion of insulin ([PATIENT](#) receiving a continuous infusion of insulin)
- 83 Therapeutic hypothermia ([PATIENT](#) receiving therapeutic hypothermia)
- 84 [PATIENT](#) has a Replegle tube in situ
- 85 [PATIENT](#) has an epidural catheter in situ
- 86 [PATIENT](#) has an abdominal silo
- 87 Administration of intravenous (IV) blood products
- 88 [PATIENT](#) has a central venous or long line (Peripherally Inserted Central Catheter line) in situ
- 89 [PATIENT](#) has an indwelling urinary or suprapubic catheter in situ
- 90 [PATIENT](#) has a trans-anastomotic tube in situ following oesophageal atresia repair
- 91 [PATIENT](#) has confirmed clinical seizure(s) today and/or continuous cerebral function monitoring (CFM)
- 92 [PATIENT](#) has a ventricular tap via needle or reservoir today
- 93 [PATIENT](#) has a stoma
- 94 [PATIENT](#) has arrhythmia requiring intravenous anti-arrhythmic therapy
- 95 [PATIENT](#) has reduced conscious level (Glasgow Coma Score 12 or below) and hourly (or more frequent) Glasgow Coma Score monitoring
- 96 Intravenous infusion of sedative agent ([PATIENT](#) receiving continuous intravenous infusion of sedative agent)
- 97 [PATIENT](#) has status epilepticus requiring treatment with continuous intravenous infusion
- 99 No Defined Critical Care Activity ([PATIENT](#) is not receiving any of the critical care interventions listed above (Excluding code 21). For example, [PATIENT](#) is on the Intensive Care Unit ready for discharge and is receiving normal care. This is the default code.

DOCTOR INDEX NUMBER

Change to Attribute: Changed Description

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

- If a doctor chooses to enter general practice in England or Wales, a further number is allocated by the [NHS Business Services Authority](#). This number is referred to as the [DOCTOR INDEX NUMBER](#).

- The [DOCTOR INDEX NUMBER](#) is used as the prescribing code on [PRESCRIPTIONS](#).

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

For further information, see the:

- [NHS Business Services Authority](#) website at: [NHS Prescription Services](#)
- [Organisation Data Service](#) pages of the [NHS Digital](#) website at:
 - [Technical guides: Standards repository guide](#)
 - [GP and GP practice related data](#)
- [Organisation Data Service](#) pages of the [NHS England](#) website at:
 - [Technical guides: Standards repository guide](#)
 - [GP and GP practice related data](#)

ETHNIC CATEGORY 2021

Change to Attribute: Changed Description

The ethnicity of a [PERSON](#), as specified by the [PERSON](#).

[ETHNIC CATEGORY 2021](#) is the classification used for the 2021 census.

Note: This item has not been approved by the [Data Alliance Partnership Board](#). It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. ~~This item should not be submitted until further development by [NHS Digital](#) has been undertaken.~~ This item should not be submitted until further development by [NHS England](#) has been undertaken.

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE

Change to Attribute: Changed Description

The Forensic Learning Disabilities Care Cluster assigned to a [PATIENT](#).

Note: ~~This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.~~ Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.

GENERAL DENTAL COUNCIL REGISTRATION NUMBER

Change to Attribute: Changed Description

A [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) is allocated to a [GENERAL DENTAL PRACTITIONER](#) by the [General Dental Council](#).

All [GENERAL DENTAL PRACTITIONERS](#) and [Dental Care Professionals](#) who practise in the United Kingdom must be registered with the [General Dental Council](#).

This includes, all [Dentists](#), [Dental Nurses](#), [Dental Technicians](#), [Dental Hygienists](#), [Dental Therapists](#), [Clinical Dental Technicians](#) and [Orthodontic Therapists](#)

The [General Dental Council Dentists Register](#) lists all [Dentists](#) registered with the [General Dental Council](#).

Note: The [General Dental Council](#) also maintains the [General Dental Council Dental Care Professionals Register](#) and the [General Dental Council Specialist Lists in Distinctive Branches of Dentistry](#).

For further information on [Dentist](#) registration, see the [General Dental Council](#) website at: [Search the registers](#).

For [Commissioning Data Set](#) version 6-2, for [GENERAL DENTAL PRACTITIONERS](#) working as a dental [CONSULTANT](#) who do not have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#), the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) should be used to derive the [CONSULTANT CODE](#), prefixed with "CD".

Note: [GENERAL DENTAL COUNCIL REGISTRATION NUMBERS](#) vary in length. Filling zeros are used between the prefix and [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#), where required, to maintain total length of eight characters.

For further information, see the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [English Dental Consultants](#). For further information, see the [Organisation Data Service](#) pages of the [NHS England](#) website at: [English Dental Consultants](#).

GENERAL MEDICAL PRACTITIONER PPD CODE

Change to Attribute: Changed Description

The [NHS Prescription Services](#) code to identify a [GENERAL MEDICAL PRACTITIONER](#).

The [GENERAL MEDICAL PRACTITIONER PPD CODE](#) is based on the [NHS Digital](#) issued [DOCTOR INDEX NUMBER](#) and is issued by the [NHS Prescription Services](#). The [GENERAL MEDICAL PRACTITIONER PPD CODE](#) is based on the [NHS England](#) issued [DOCTOR INDEX NUMBER](#) and is issued by the [NHS Prescription Services](#). The [GENERAL MEDICAL PRACTITIONER PPD CODE](#) is the [DOCTOR INDEX NUMBER](#) prefixed with a leading character and with a check digit added.

For England and Wales, in addition to a [GENERAL MEDICAL PRACTITIONER PPD CODE](#), a [GENERAL MEDICAL PRACTITIONER](#) may have one or more 'spurious' [GENERAL MEDICAL PRACTITIONER](#) Code(s).

- These are allocated if a [GENERAL MEDICAL PRACTITIONER](#) works in additional [General Medical Practitioner Practice](#). The 'spurious' [GENERAL MEDICAL PRACTITIONER](#) Codes are not derived from the [DOCTOR INDEX NUMBER](#), but do follow the same format as the [GENERAL MEDICAL PRACTITIONER PPD CODE](#), and are allocated by the [NHS Prescription Services](#). All 'spurious' [GENERAL MEDICAL PRACTITIONER](#) Codes begin with either 'G6' or 'G7'.
- For further information on 'spurious' codes, see the [NHS Business Services Authority](#) website at: [Information on spurious codes](#).

For further information, see the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [English Dental Consultants](#). For further information, see the [Organisation Data Service](#) pages of the [NHS England](#) website at:

- [Technical guides: Standards repository guide](#)
- [GP and GP practice related data](#).

GS1 APPLICATION IDENTIFIER (INTERNAL)

Change to Attribute: Changed Description

A number used to identify the meaning (or status) of the data which immediately follows the [GS1 Application Identifier \(Internal\)](#).

National Codes:

- 91 Hospital Identifiers: identifies that the data immediately following the [GS1 Application Identifier \(Internal\)](#) relates to local hospital identifiers, typically [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) and the [ORGANISATION GS1 GLOBAL LOCATION NUMBER](#).
- 92 Baby Details: identifies that the data immediately following the [GS1 Application Identifier \(Internal\)](#) relates to baby details, typically [NUMBER OF BABIES IDENTIFICATION CODE \(PATIENT IDENTIFICATION\)](#), [PERSON FAMILY NAME \(MOTHER OF BABY\)](#) and [PERSON GIVEN NAME \(MOTHER OF BABY\)](#).
- 93 [PATIENT](#) Descriptive Data: identifies that the data immediately following the [GS1 Application Identifier \(Internal\)](#) relates to [PATIENT](#) descriptive data, typically [PERSON FAMILY NAME](#), [PERSON GIVEN NAME](#), [DATE OF BIRTH \(PATIENT IDENTIFICATION\)](#) and [TIME OF BIRTH \(PATIENT IDENTIFICATION\)](#).
- 94 General Data: identifies that the data immediately following the [GS1 Application Identifier \(Internal\)](#) is the 2 character code '00' followed by a [PATIENT GS1 Global Service Relation Number](#). Note this Code is **NOT** valid for the [AIDC for Patient Identification Data Set](#). All other uses of [GS1 Application Identifier \(Internal\)](#) '94' are reserved for future use.

Notes:

Codes 95-97 have been reserved for national use only, and are not to be allocated by the NHS locally. Codes 98 and 99 can be allocated by the NHS for local use.

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

GS1 GLOBAL LOCATION NUMBER

Change to Attribute: Changed Description

A unique number which identifies a [LOCATION](#) within an [ORGANISATION](#), for the purposes of [GS1](#) Standards.

The [GS1 GLOBAL LOCATION NUMBER](#) is allocated by the [Health Care Provider](#) from the [GS1 UNIQUE ORGANISATION PREFIX NUMBER](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT

Change to Attribute: Changed Description

A check digit, using the Modulo-10 algorithm, to validate the [GS1 Global Service Relation Number](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

GS1 SERVICE RELATION INSTANCE NUMBER

Change to Attribute: Changed Description

A unique number to identify each [ACTIVITY](#) within the [Health Care Provider](#) episode of care for the purposes of [GS1](#) Standards.

The [GS1 SERVICE RELATION INSTANCE NUMBER](#) is allocated by the [Health Care Provider](#).

A [GS1 SERVICE RELATION INSTANCE NUMBER](#) **must** occur in combination with:

- [GS1 Global Service Relation Number](#)
- [GS1 APPLICATION IDENTIFIER \(GLOBAL\)](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

GS1 UNIQUE ORGANISATION PREFIX NUMBER

Change to Attribute: Changed Description

A unique number which forms the basis of an identification key, for the purposes of [GS1](#) Standards.

The [GS1 UNIQUE ORGANISATION PREFIX NUMBER](#) is assigned to an [ORGANISATION](#) by [GS1](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

LEARNING DISABILITIES CARE CLUSTER CODE

Change to Attribute: Changed Description

The Learning Disabilities Care Cluster assigned to a [PATIENT](#).

Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken. Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.

MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION

Change to Attribute: Changed Description

The classification of the admitted [PATIENT](#) during a [Ward Stay](#) for the [Mental Health Services Data Set](#).

[MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION](#) is derived from the attributes [WARD SETTING TYPE FOR MENTAL HEALTH](#), [WARD SECURITY LEVEL](#), [AGE GROUP INTENDED FOR MENTAL HEALTH](#), [CLINICAL CARE INTENSITY](#) and [TREATMENT FUNCTION CODE](#).

For further information relating to the [MENTAL HEALTH ADMITTED PATIENT CLASSIFICATIONS](#), see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#). For further information relating to the [MENTAL HEALTH ADMITTED PATIENT CLASSIFICATIONS](#), see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

National Codes:

- 10 Acute adult mental health care
- 11 Acute older adult mental health care (organic and functional)
- 12 Adult Psychiatric Intensive Care Unit (acute mental health care)
- 13 Adult Eating Disorders
- 14 Mother and baby
- 15 Adult [Learning Disabilities](#)
- 16 Adult Low secure/locked rehabilitation (Retired 1 October 2021)
- 17 Adult High dependency rehabilitation
- 18 Adult Long term complex rehabilitation/ Continuing Care (Retired 1 October 2021)
- 19 Adult Low secure
- 20 Adult Medium secure
- 21 Adult High secure
- 22 Adult Neuro-psychiatry / Acquired Brain Injury
- 23 General child and young [PERSON](#) admitted [PATIENT](#) - Child (including High Dependency)
- 24 General child and young [PERSON](#) admitted [PATIENT](#) - Young [PERSON](#) (including High Dependency)
- 25 Eating Disorders admitted [PATIENT](#) - Young [PERSON](#) (13 years and over)
- 26 Eating Disorders admitted [PATIENT](#) - Child (12 years and under)
- 27 Child and Young [PERSON](#) Low Secure Mental Illness
- 28 Child and Young [PERSON](#) Medium Secure Mental Illness
- 29 Child Mental Health admitted [PATIENT SERVICES](#) for the deaf
- 30 Child and Young [PERSON Learning Disabilities / Autism](#) admitted [PATIENT](#)
- 31 Child and Young [PERSON](#) Low Secure [Learning Disabilities](#)
- 32 Child and Young [PERSON](#) Medium Secure [Learning Disabilities](#)
- 33 Severe Obsessive Compulsive Disorder and Body Dysmorphic Disorder - Young [PERSON](#)
- 34 Child and Young [PERSON](#) Psychiatric Intensive Care Unit
- 35 Adult admitted [PATIENT](#) continuing care
- 36 Adult community rehabilitation unit
- 37 Adult highly specialist high dependency rehabilitation unit
- 38 Adult longer term high dependency rehabilitation unit
- 39 Adult mental health admitted [PATIENT SERVICES](#) for the deaf
- 40 Adult personality disorder

MENTAL HEALTH DELAYED DISCHARGE REASON

Change to Attribute: Changed Description

The reason that a [Mental Health Delayed Discharge Period](#) was initiated for a [PATIENT](#).

For further information relating to the [MENTAL HEALTH DELAYED DISCHARGE REASONS](#), see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#). For further information relating to the [MENTAL HEALTH DELAYED DISCHARGE REASONS](#), see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

National Codes:

- A1 Awaiting completion of assessment (Retired 01 April 2017)
- A2 Awaiting care coordinator allocation
- B1 Awaiting public funding
- C1 Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)
- D1 Awaiting [Care Home Without Nursing](#) placement or availability
- D2 Awaiting [Care Home With Nursing](#) placement or availability
- E1 Awaiting care package in own home
- F1 Awaiting community equipment and adaptations (Retired 01 April 2017)

- F2 Awaiting community equipment, telecare and/or adaptations
- G1 PATIENT or family choice (Retired 01 April 2017)
- G2 PATIENT or family choice (Reason not stated by PATIENT or family)
- G3 PATIENT or family choice - Non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)
- G4 PATIENT or family choice - Care Home Without Nursing placement
- G5 PATIENT or family choice - Care Home With Nursing placement
- G6 PATIENT or family choice - Care package in own home
- G7 PATIENT or family choice - Community equipment, telecare and/or adaptations
- G8 PATIENT or Family Choice - general needs housing/private landlord acceptance as patient NOT covered by Housing Act/Care Act
- G9 PATIENT or family choice - Supported accommodation
- G10 PATIENT or family choice - Emergency accommodation from the Local Authority under the Housing Act
- G11 PATIENT or family choice - Child or young person awaiting social care or family placement
- G12 PATIENT or family choice - Ministry of Justice agreement/permission of proposed placement
- H1 Disputes
 - I1 Housing - PATIENT not covered by NHS and Community Care Act (Retired 01 April 2017)
 - I2 Housing - Awaiting availability of general needs housing/private landlord accommodation acceptance as PATIENT NOT covered by Housing Act and/or Care Act
 - I3 Housing - Single homeless PATIENTS or asylum seekers NOT covered by Care Act
- J1 Awaiting availability of social care support (Retired 01 April 2017)
- J2 Housing - Awaiting supported accommodation
- K1 Awaiting availability of local health service provision (Retired 01 April 2017)
- K2 Housing - Awaiting emergency accommodation from the Local Authority under the Housing Act
- L1 Child or young person awaiting social care or family placement
- M1 Awaiting Ministry of Justice agreement/permission of proposed placement
- N1 Awaiting outcome of legal requirements (mental capacity/mental health legislation)
- P1 Awaiting residential special school or college placement or availability
- Q1 Lack of local education support
- R1 Public safety concern unrelated to clinical treatment need (care team)
- R2 Public safety concern unrelated to clinical treatment need (Ministry of Justice)
- S1 No lawful community care package available
- T1 Lack of health care service provision
- T2 Lack of social care support
- Z1 Other Reason (Retired 01 April 2017)
- 98 No reason given

NHS NUMBER

Change to Attribute: Changed Description

The [NHS NUMBER](#), the primary identifier of a [PERSON](#), is a unique identifier for a [PATIENT](#) within the NHS in England and Wales.

This will not vary by any [ORGANISATION](#) of which a [PERSON](#) is a [PATIENT](#).

It is mandatory to record the [NHS NUMBER](#). There are exceptions, such as emergency care, sexual health and major incidents, as defined in existing national policies.

The [NHS NUMBER](#) is 10 numeric digits in length. The tenth digit is a check digit used to confirm its validity. The check digit is validated using the Modulus 11 algorithm and the use of this algorithm is mandatory. There are 5 steps in the validation of the check digit:

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position

(starting from the left) Factor:

1	10
2	9
3	8
4	7
5	6
6	5

7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

Step 3 Divide the total by 11 and establish the remainder.

Step 4 Subtract the remainder from 11 to give the check digit.

If the result is 11 then a check digit of 0 is used. If the result is 10 then the [NHS NUMBER](#) is invalid and not used.

Step 5 Check the remainder matches the check digit. If it does not, the [NHS NUMBER](#) is invalid.

Further guidance is available from the [NHS Digital](#) website at: [NHS Number](#). Further guidance is available from the [NHS England](#) website at: [NHS Number](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

NHS OCCUPATION CODE

Change to Attribute: Changed Description

An [NHS OCCUPATION CODE](#) for an [EMPLOYEE](#) filling a [POSITION](#).

The [NHS OCCUPATION CODES](#) are maintained by [NHS Digital](#), on behalf of the [Department of Health and Social Care](#) and can be viewed in the [NHS Occupation Code Manual](#). The [NHS OCCUPATION CODES](#) are maintained by [NHS England](#), on behalf of the [Department of Health and Social Care](#) and can be viewed in the [NHS Occupation Code Manual](#).

NUMBER OF BABIES IDENTIFICATION CODE

Change to Attribute: Changed Description

A code to identify the number of babies born and their rank (birth order).

National Codes:

- 1/1 One baby
- 1/2 First of two babies (twin 1)
- 2/2 Second of two babies (twin 2)
- 1/3 First of three babies (triplet 1)
- 2/3 Second of three babies (triplet 2)
- 3/3 Third of three babies triplet 3)
- 1/4 First of four babies (quadruplet 1)
- 2/4 Second of four babies (quadruplet 2)
- 3/4 Third of four babies (quadruplet 3)
- 4/4 Fourth of four babies (quadruplet 4)
- 1/5 First of five babies (quintuplet 1)
- 2/5 Second of five babies (quintuplet 2)
- 3/5 Third of five babies (quintuplet 3)
- 4/5 Fourth of five babies (quintuplet 4)
- 5/5 Fifth of five babies (quintuplet 5)
- 1/6 First of six babies (sextuplet 1)
- 2/6 Second of six babies (sextuplet 2)
- 3/6 Third of six babies (sextuplet 3)
- 4/6 Fourth of six babies (sextuplet 4)
- 5/6 Fifth of six babies (sextuplet 5)
- 6/6 Sixth of six babies (sextuplet 6)
- 1/7 First of seven babies (septuplet 1)
- 2/7 Second of seven babies (septuplet 2)

- 3/7 Third of seven babies (septuplet 3)
- 4/7 Fourth of seven babies (septuplet 4)
- 5/7 Fifth of seven babies (septuplet 5)
- 6/7 Sixth of seven babies (septuplet 6)
- 7/7 Seventh of seven babies (septuplet 7)
- 1/8 First of eight babies (octuplet 1)
- 2/8 Second of eight babies (octuplet 2)
- 3/8 Third of eight babies (octuplet 3)
- 4/8 Fourth of eight babies (octuplet 4)
- 5/8 Fifth of eight babies (octuplet 5)
- 6/8 Sixth of eight babies (octuplet 6)
- 7/8 Seventh of eight babies (octuplet 7)
- 8/8 Eighth of eight babies (octuplet 8)
- 1/9 First of nine babies (nontuplet 1)
- 2/9 Second of nine babies (nontuplet 2)
- 3/9 Third of nine babies (nontuplet 3)
- 4/9 Fourth of nine babies (nontuplet 4)
- 5/9 Fifth of nine babies (nontuplet 5)
- 6/9 Sixth of nine babies (nontuplet 6)
- 7/9 Seventh of nine babies (nontuplet 7)
- 8/9 Eighth of nine babies (nontuplet 8)
- 9/9 Ninth of nine babies (nontuplet 9)

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

PERSON STATED NATIONALITY

Change to Attribute: Changed Description

The [NATIONALITY](#) of a [PERSON](#), as specified by a [PERSON](#).

For the [National Workforce Data Set](#), the codes are provided by [NHS Digital](#) and can be found in the [National Workforce Data Set v3.3 Data Set Specification](#) document on the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) and NHS occupation codes](#). For the [National Workforce Data Set](#), the codes are provided by [NHS England](#) and can be found in the [National Workforce Data Set v3.3 Data Set Specification](#) document on the [NHS England](#) website at: [National Workforce Data Set \(NWD\) and NHS occupation codes](#).

PRIVATE CONTROLLED DRUG PRESCRIBER CODE

Change to Attribute: Changed Description

A [PRIVATE CONTROLLED DRUG PRESCRIBER CODE](#) is allocated by the [NHS Prescription Services](#) to private prescribers who prescribe schedule 2 and 3 controlled drugs that are intended to be dispensed by registered pharmacies.

Note: A registered pharmacy means [Pharmacy Premises](#) registered with the [General Pharmaceutical Council](#) and listed on the [General Pharmaceutical Council Register](#).

For information on Controlled Drugs, see the [NHS Business Services Authority Prescription Pricing Division website](#).

Private Controlled Drug Prescribers fall into one of the following types:

- Private General Practitioners
- Private Nurses
- Private Pharmacists
- Private Optometrists
- Private Physiotherapists
- Private Radiographers
- Private Podiatrists.

Each Private Controlled Drug Prescriber is linked to one [Integrated Care Board](#). This is the [Integrated Care Board](#) that is responsible for the Private Controlled Drug Prescriber and may not necessarily be the geographic [Integrated Care Board](#).

For further information, see the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [Organisation Data Service](#) pages of the [NHS England](#) website at:

- [Technical guides: Standards repository guide](#)
- [GP and GP practice related data.](#)

REFERRAL TO TREATMENT PERIOD START DATE

Change to Attribute: Changed Description

The start date of a [REFERRAL TO TREATMENT PERIOD](#).

This is a specific type of the attribute [ACTIVITY DATE](#).

A [REFERRAL TO TREATMENT PERIOD START DATE](#) will be one of the following:

- **Initial Referral:**
 - the [REFERRAL REQUEST RECEIVED DATE](#) of a [SERVICE REQUEST](#) for a particular condition.
 - This will include a [PATIENT](#) being re-referred in to a [Consultant Led Service](#) or an [Interface Service](#) or an [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) as a new referral including after a [Discharge After Patient Did Not Attend](#). The [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 10 - first activity'
- **Following an [APPOINTMENT](#) that the [PATIENT](#) did not attend:**
 - the [APPOINTMENT ACCEPTED DATE](#) (or the [INVITATION OFFER DATE SENT](#) of the first [APPOINTMENT OFFER](#) where the [APPOINTMENT OFFER](#) is sent) for the first [APPOINTMENT](#) following the [PATIENT](#) not attending an [APPOINTMENT](#) or elective admission. See [REFERRAL TO TREATMENT PERIOD](#) and [Discharge After Patient Did Not Attend](#) for guidance on [PATIENTS](#) who do not attend
 - The [APPOINTMENT DATE](#) of the [APPOINTMENT](#) that the [PATIENT](#) did not attend should be used where it is not possible to identify the [APPOINTMENT ACCEPTED DATE](#) or the [INVITATION OFFER DATE SENT](#). The [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 10 - first activity'
- **Following active monitoring:**
 - the [ACTIVITY DATE](#) of a [CARE ACTIVITY](#) when a decision to treat was made following [Active Monitoring](#) and the [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 11 - active monitoring end'
 - This will include a decision to start a substantively new or different treatment that does not already form part of that [PATIENT](#)'s agreed [CARE PLAN](#).
- **On identifying a separate condition:**
 - the [REFERRAL REQUEST RECEIVED DATE](#) of a [SERVICE REQUEST](#) when a decision has been made to refer the [PATIENT](#) directly to a [Consultant Led Service](#) or an [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) for a separate condition (the [REFERRAL TO TREATMENT PERIOD STATUS](#) for the first [CARE ACTIVITY](#) with the new [CONSULTANT](#) or [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) is 'National Code 12 - consultant or NHS Allied Health Professional Service (Referral To Treatment) referral').

Referral To Treatment Consultant Led Waiting Times:

For most [PATIENTS](#), the start of the [REFERRAL TO TREATMENT PERIOD](#) begins with a [SERVICE REQUEST](#) from a [GENERAL MEDICAL PRACTITIONER](#) to a [CONSULTANT](#).

[SERVICE REQUESTS](#) to [CONSULTANTS](#) who provide care [SERVICES](#) in community settings also start [REFERRAL TO TREATMENT PERIODS](#) and the [REFERRAL REQUEST RECEIVED DATE](#) will be the start of the [REFERRAL TO TREATMENT PERIOD](#).

A [REFERRAL TO TREATMENT PERIOD](#) may also start from [SERVICE REQUESTS](#) to [CONSULTANTS](#) from [GENERAL DENTAL PRACTITIONERS](#), [General Practitioners with Extended Roles](#), [OPTOMETRISTS](#) and [Orthoptists](#), National [Screening Programmes](#), Specialist [NURSES](#), other [CARE PROFESSIONALS](#) where commissioning [ORGANISATIONS](#) have approved these mechanisms locally.

An 18-week clock also starts upon a self referral by a [PATIENT](#) to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a [CARE PROFESSIONAL](#).

A [REFERRAL TO TREATMENT PERIOD](#) will also start where [PATIENTS](#) are transferred to an elective [Consultant Led Service](#) through [SERVICE REQUESTS](#) from [Emergency Care Departments](#) including Minor injuries units, Walk In Centres and [Urgent Treatment Centres](#).

Allied Health Professional Referral To Treatment Measurement:

Further guidance relating to the Allied Health Professional Referral To Treatment can be found on the [Department of Health and Social Care](#) part of the gov.uk website at: [Allied health professional referral to treatment revised guide](#).

Intermediate Care Measurement:

Further guidance relating to the [Intermediate Care](#) Waiting Time Measurements can be found on the [NHS Digital](#) website at: [Community Services Data Set user guidance](#). Further guidance relating to the [Intermediate Care](#) Waiting Time Measurements can be found on the [NHS England](#) website at: [Community Services Data Set user guidance](#).

REGION OF COUNTRY CODE FOR FEMALE GENITAL MUTILATION DATA SET

Change to Attribute: Changed Description

The code for the region of the country as specified for the [Female Genital Mutilation Data Set](#). The code for the region of the [COUNTRY](#) as specified for the [Female Genital Mutilation Data Set](#).

Details of the National Codes for use in the [Female Genital Mutilation Data Set](#), which are allocated to the regions can be found in the [Female Genital Mutilation Data Set Information Standards Notice \(ISN\)](#) on the [NHS Digital](#) website at: [SCCI2026: Female Genital Mutilation Enhanced Dataset](#). Details of the National Codes for use in the [Female Genital Mutilation Data Set](#), which are allocated to the regions can be found in the [Female Genital Mutilation Data Set Information Standards Notice \(ISN\)](#) on the [NHS England](#) website at: [SCCI2026: Female Genital Mutilation Enhanced Dataset](#).

SERVICE OR TEAM TYPE FOR MENTAL HEALTH

Change to Attribute: Changed Description

The type of [SERVICE](#) or team within a [Mental Health Service](#).

~~For further information relating to the [SERVICE OR TEAM TYPES FOR MENTAL HEALTH](#), see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).~~ For further information relating to the [SERVICE OR TEAM TYPES FOR MENTAL HEALTH](#), see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

National Codes:

A01	Day Care Service
A02	Crisis Resolution Team/Home Treatment Service
A03	Crisis Resolution Team (Retired 1 October 2021)
A04	Home Treatment Service (Retired 1 October 2021)
A05	Primary Care Mental Health Service
A06	Community Mental Health Team - Functional
A07	Community Mental Health Team - Organic
A08	Assertive Outreach Team
A09	Community Rehabilitation Service
A10	General Psychiatry Service
A11	Psychiatric Liaison Service
A12	Psychotherapy Service
A13	Psychological Therapy Service (non IAPT)
A14	Early Intervention Team for Psychosis
A15	Young Onset Dementia Team
A16	Personality Disorder Service
A17	Memory Services/Clinic/Drop in service
A18	Single Point of Access Service
A19	24/7 Crisis Response Line
A20	Health Based Place of Safety Service
A21	Crisis Café/Safe Haven/Sanctuary Service
A22	Walk-in Crisis Assessment Unit Service
A23	Psychiatric Decision Unit Service
A24	Acute Day Service
A25	Crisis House Service
B01	Forensic Mental Health Service
B02	Forensic Learning Disability Service
C01	Autism Service
C02	Specialist Perinatal Mental Health Community Service
C03	Eating Disorders/Dietetics Service (Retired 1 April 2020)
C04	Neurodevelopment Team
C05	Paediatric Liaison Service
C06	Looked After Children Service
C07	Youth Offending Service
C08	Acquired Brain Injury Service
C09	Community Eating Disorder Service (CEDS) for Children and Young People (Retired 1 April 2020)
C10	Community Eating Disorder Service
D01	Substance Misuse Team
D02	Criminal Justice Liaison and Diversion Service

- D03 [Prison](#) Psychiatric Inreach Service
- D04 Asylum Service
- D05 Individual Placement and Support Service
- D06 Mental Health In Education Service
- D07 Problem Gambling Service
- D08 Rough Sleeping Service
- E01 Community Team for [Learning Disabilities](#)
- E02 Epilepsy/Neurological Service
- E03 Specialist Parenting Service
- E04 Enhanced/Intensive Support Service
- F01 Mental Health Support Team
- F02 Maternal [Mental Health Service](#)
- F03 [Mental Health Services](#) for deaf people
- F04 Veterans Complex Treatment Service
- F05 Enhanced care in [Care Homes](#) teams
- F06 Mental Health and Wellbeing Hubs
- Z01 Other [Mental Health Service](#) - in scope of [National Tariff Payment System](#)
- Z02 Other [Mental Health Service](#) - out of scope of [National Tariff Payment System](#)

SERVICE OR TEAM TYPE REFERRED TO FOR COMMUNITY CARE

Change to Attribute: Changed Description

The type of [SERVICE](#) or [Multidisciplinary Team](#) within a [Community Health Service](#) that a [PATIENT](#) was referred to.

~~For further information relating to the [SERVICE OR TEAM TYPES REFERRED TO FOR COMMUNITY CARE](#), see the [NHS Digital](#) website at: [Community Services Data Set user guidance](#).~~ For further information relating to the [SERVICE OR TEAM TYPES REFERRED TO FOR COMMUNITY CARE](#), see the NHS England website at: [Community Services Data Set user guidance](#).

National Codes:

- 01 Appliances Service
- 02 Arts Therapy Service
- 03 [Cancer Service](#)
- 04 Cardiac Service
- 05 Community Dental Service
- 06 Community Paediatrics Service
- 07 Continence Service
- 08 Contraception and Sexual Health Service (Retired 01 September 2015)
- 09 Counselling Service
- 10 Dermatology Service
- 11 Diabetes Service
- 12 District Nursing Service
- 13 Ear, Nose and Throat Service
- 14 End of Life Care Service
- 15 Gastrointestinal Service
- 16 Health Visiting Service
- 17 Hearing Service
- 18 Intermediate Care Service (Retired 01 April 2020)
- 19 Long Term Conditions Case Management Service
- 20 Musculoskeletal Service
- 21 Neurology Service
- 22 Nutrition and Dietetics Service (Retired 01 January 2023)
- 23 Occupational Therapy Service
- 24 Orthoptist Service
- 25 Pain Management Service
- 26 Physiotherapy Service
- 27 Podiatry Service
- 28 Public Health and Lifestyle Service (Retired 01 January 2023)
- 29 Rehabilitation Service
- 30 Respiratory Service
- 31 Rheumatology Service
- 32 School Nursing Service
- 33 Speech and Language Therapy Service

- 34 Vulnerable Children's Service
- 35 Vulnerable Adult's Service
- 36 Respite Care Service
- 37 Clinical Psychology Service
- 38 Children's Community Nursing Service
- 39 Diagnostic Service
- 40 Treatment Room Nursing Service
- 41 Haematology Service
- 42 Phlebotomy Service
- 43 Tissue Viability Service
- 44 Family Support Service
- 45 Integrated [Multidisciplinary Team](#) (jointly commissioned)
- 46 Prosthetic Service
- 47 [Specialist Palliative Care](#) Service
- 48 Enablement Service
- 49 Urgent Care Service
- 50 Wheelchair Service
- 51 [Crisis Response Intermediate Care Service](#)
- 52 [Reablement Intermediate Care Service](#)
- 53 [Home-based Intermediate Care Service](#)
- 54 [Community Bed-based Intermediate Care Service](#)
- 55 Children's Weight Management Service
- 56 Adult's Weight Management Service
- 57 Public Health and Lifestyle Service (Excluding Weight Management)
- 58 Nutrition and Dietetics Service (Excluding Weight Management)

SOURCE OF REFERRAL FOR NHS CONTINUING HEALTHCARE

Change to Attribute: Changed Description

The source of a [REFERRAL REQUEST](#) for an [NHS Continuing Healthcare](#) assessment.

This includes a positive or negative [NHS Continuing Healthcare Checklist](#).

For further information relating to the [SOURCES OF REFERRAL FOR NHS CONTINUING HEALTHCARE](#), see the [NHS Digital](#) website at: [NHS Continuing Health Care \(CHC\) Data Set](#). For further information relating to the [SOURCES OF REFERRAL FOR NHS CONTINUING HEALTHCARE](#), see the [NHS England](#) website at: [NHS Continuing Health Care \(CHC\) Data Set](#).

National Codes:

- 01 [General Medical Practitioner Practice](#)
- 02 Acute Hospital Inpatient/Outpatient Department
- 03 [Community Health Service](#) (same or other [Health Care Provider](#))
- 04 [Local Authority](#) Social Services
- 05 [Hospice](#)
- 06 [Care Home](#)
- 07 [Mental Health Service](#)
- 98 Other (not listed)

ACTIVITY TREATMENT FUNCTION CODE

Change to Data Element: Changed Description

Format/Length:	an3
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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Further information on the groupings and scope of each [TREATMENT FUNCTION CODE](#) is provided at: [Main Specialty and Treatment Function Codes Table](#).

ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See ADMISSION METHOD
Default Codes:	98 - Not applicable
	99 - ADMISSION METHOD not known

Notes:

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

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

For specific National Code usage in different data sets, see [ADMISSION METHOD](#).

Note: the Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [METHOD OF ADMISSION \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

ADMISSION SOURCE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See ADMISSION SOURCE
Default Codes:	98 - Not applicable
	99 - ADMISSION SOURCE not known

Notes:

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

[ADMISSION SOURCE \(HOSPITAL PROVIDER SPELL\)](#) is the source of admission to a [Hospital Provider Spell](#) in a [Hospital Site](#).

[ADMISSION SOURCE \(HOSPITAL PROVIDER SPELL\)](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [ADMISSION SOURCE \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

ADVANCED CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 0 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

ADVANCED RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 0 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

AGE AT CDS ACTIVITY DATE

Change to Data Element: Changed Description

Format/Length:	max an3
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 the same as attribute [PERSON AGE](#).

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

AGE ON ADMISSION

Change to Data Element: Changed Description

Format/Length:	max an3
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE ON ADMISSION](#) is the same as attribute [PERSON AGE](#).

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

ASSIGNMENT CONTRACTED FTE

Change to Data Element: Changed Description

Format/Length:	n1.n2
NWDS ID:	SCON
NWDS Field Name:	Contracted Whole Time Equivalent (WTE) for an Assignment (Derived)
ESR Field Name:	Assignment Budget Value
National Codes:	
Default Codes:	

Notes:

[ASSIGNMENT CONTRACTED FTE](#) is the same as attribute [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

BASIC CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 0 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

BASIC RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[BASIC RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 0 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

CARE PROFESSIONAL MAIN SPECIALTY CODE

Change to Data Element: Changed Description

Format/Length:	an3
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
- 950 - [Non-Consultant Led Activity](#) - Nursing
- 960 - [Non-Consultant Led Activity](#) - Allied Health Professional.

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

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Further information on the groupings and each [MAIN SPECIALTY CODE](#) is provided at: [Main Specialty and Treatment Function Codes Table](#).

CDS COPY RECIPIENT IDENTITY

Change to Data Element: Changed Description

Format/Length:	an3 or an5
National Codes:	
Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charges YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

[CDS COPY RECIPIENT IDENTITY](#) is the same as attribute [ORGANISATION CODE](#).

[CDS COPY RECIPIENT IDENTITY](#) is the NHS [ORGANISATION CODE](#) (or valid [Organisation Data Service Default Code](#)) for an [ORGANISATION](#) indicated as a [CDS COPY RECIPIENT IDENTITY](#) of the Commissioning data.

Usage:

A Recipient may be an agency or [SERVICE](#) provider that carries out the receiving (and perhaps other) processes on behalf of the NHS [ORGANISATION](#) that ultimately uses the data. There may be multiple recipients for Commissioning data.

[Organisation Data Service Default Codes](#) for [CDS COPY RECIPIENT IDENTITIES](#) are detailed in the [Commissioning Data Set Addressing Grid](#).

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION CODES](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The [NHS England](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

[CDS COPY RECIPIENT IDENTITY](#) will be replaced with [ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#), which is the most recent approved national information standard to describe the required definition.

CRITICAL CARE DISCHARGE DATE

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	

Default Codes:

Notes:

[CRITICAL CARE DISCHARGE DATE](#) is the same as attribute [ACTIVITY DATE](#).

[CRITICAL CARE DISCHARGE DATE](#) is the [End Date](#) of 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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

CRITICAL CARE LEVEL 2 DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[CRITICAL CARE LEVEL 2 DAYS](#) is the total number of days a [PATIENT](#) received level 2 care during a [CRITICAL CARE PERIOD](#), ranging from 0 to 997 days.

[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 '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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

CRITICAL CARE LEVEL 3 DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[CRITICAL CARE LEVEL 3 DAYS](#) is the total number of days a [PATIENT](#) received level 3 care during a [CRITICAL CARE PERIOD](#), ranging from 0 to 997 days.

[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 '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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

CRITICAL CARE START DATE

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE START DATE](#) is the same as attribute [ACTIVITY DATE](#).

[CRITICAL CARE START DATE](#) is the [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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

DATE OF BIRTH (PATIENT IDENTIFICATION)

Change to Data Element: Changed Description

Format/Length:	an11 (DD-Mmm-CCYY)
National Codes:	
Default Codes:	

Notes:

[DATE OF BIRTH \(PATIENT IDENTIFICATION\)](#) is the [PERSON BIRTH DATE](#) of the [PATIENT](#), for the purposes of the [AIDC for Patient Identification Data Set](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

DERMATOLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
National Codes:	
Default Codes:	998 - 998 or more days of dermatological support 999 - Occurred but day count not known

Notes:

[DERMATOLOGICAL SUPPORT DAYS](#) is the same as attribute [ACTIVITY DURATION](#).

[DERMATOLOGICAL SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received dermatological system support during a [CRITICAL CARE PERIOD](#), ranging from 0 to 997 days.

[DERMATOLOGICAL 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 '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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

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

Notes:

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

[DESTINATION OF DISCHARGE \(HOSPITAL PROVIDER SPELL\)](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [DESTINATION OF DISCHARGE \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
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

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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [DESTINATION OF DISCHARGE \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an1
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 - DISCHARGE METHOD not known

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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

For specific National Code usage in different data sets, see [DISCHARGE METHOD](#).

Note: the Default Code description for 9 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

EMPLOYEE ABSENCE DURATION

Change to Data Element: Changed Description

Format/Length:	max n3
NWDS ID:	ADCD
NWDS Field Name:	Absence Duration In Calendar Days (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE ABSENCE DURATION](#) is the same as attribute [EMPLOYEE ABSENCE DURATION](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE ABSENCE WORKING HOURS LOST (REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n4
NWDS ID:	AWHL
NWDS Field Name:	Working Hours Lost due to Absence
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE ABSENCE WORKING HOURS LOST \(REPORTING PERIOD\)](#) is the same as attribute [EMPLOYEE ABSENCE WORKING HOURS LOST IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE LENGTH OF TIME IN POSITION

Change to Data Element: Changed Description

Format/Length:	max n3
NWDS ID:	STER
NWDS Field Name:	Time in Post (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE LENGTH OF TIME IN POSITION](#) is the same as attribute [EMPLOYEE LENGTH OF TIME IN POSITION](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE NHS LENGTH OF SERVICE

Change to Data Element: Changed Description

Format/Length:	max n2
NWDS ID:	SYRS
NWDS Field Name:	Length of Service with NHS (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE NHS LENGTH OF SERVICE](#) is the same as attribute [EMPLOYEE NHS LENGTH OF SERVICE](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

END DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[END DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#).

[END DATE \(EPISODE\)](#) is the [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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

EPISODE NUMBER

Change to Data Element: Changed Description

Format/Length:	max an2
National Codes:	
Default Codes:	98 - Not applicable 99 - EPISODE NUMBER not known

Notes:

[EPISODE NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

[EPISODE NUMBER](#) 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 1.

A known [EPISODE NUMBER](#) can be between 1 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](#).

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Notes:

- The Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
- Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

ETHNIC CATEGORY 2021

Change to Data Element: Changed Description

Format/Length:	max an3
National Codes:	
Default Codes:	

Notes:

[ETHNIC CATEGORY 2021](#) is the same as attribute [ETHNIC CATEGORY 2021](#).

Note: This item has not been approved by the [Data Alliance Partnership Board](#). It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. ~~This item should not be submitted until further development by [NHS Digital](#) has been undertaken.~~ This item should not be submitted until further development by [NHS England](#) has been undertaken.

ETHNIC CATEGORY 2021 (BABY)

Change to Data Element: Changed Description

Format/Length:	max an3
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National Codes:
Default Codes:

Notes:

[ETHNIC CATEGORY 2021 \(BABY\)](#) is the same as attribute [ETHNIC CATEGORY 2021](#) for the baby.

For the [National Neonatal Data Set](#), [ETHNIC CATEGORY 2021 \(BABY\)](#) is the ethnicity of the baby as specified by the mother in a [Maternity Episode](#).

Note: This item has not been approved by the [Data Alliance Partnership Board](#). It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. ~~This item should not be submitted until further development by NHS Digital has been undertaken.~~ This item should not be submitted until further development by [NHS England](#) has been undertaken.

ETHNIC CATEGORY 2021 (FATHER)

Change to Data Element: Changed Description

Format/Length: max an3
National Codes:
Default Codes:

Notes:

[ETHNIC CATEGORY 2021 \(FATHER\)](#) is the same as attribute [ETHNIC CATEGORY 2021](#) for the father.

For the [National Neonatal Data Set - Episodic and Daily Care](#), [ETHNIC CATEGORY 2021 \(FATHER\)](#):

- Is the ethnicity of the father in a [Maternity Episode](#)
- Refers to the genetic father of the baby. Where details of the genetic father are unknown, this field should be omitted.

Note: This item has not been approved by the [Data Alliance Partnership Board](#). It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. ~~This item should not be submitted until further development by NHS Digital has been undertaken.~~ This item should not be submitted until further development by [NHS England](#) has been undertaken.

ETHNIC CATEGORY 2021 (MOTHER)

Change to Data Element: Changed Description

Format/Length: max an3
National Codes:
Default Codes:

Notes:

[ETHNIC CATEGORY 2021 \(MOTHER\)](#) is the same as attribute [ETHNIC CATEGORY 2021](#) for the mother.

For the [National Neonatal Data Set - Episodic and Daily Care](#), [ETHNIC CATEGORY 2021 \(MOTHER\)](#) is the ethnicity of the mother in a [Maternity Episode](#).

Note: This item has not been approved by the [Data Alliance Partnership Board](#). It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. ~~This item should not be submitted until further development by NHS Digital has been undertaken.~~ This item should not be submitted until further development by [NHS England](#) has been undertaken.

FIRST ATTENDANCE CODE

Change to Data Element: Changed Description

Format/Length: an1
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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

For specific National Code usage, see [FIRST ATTENDANCE](#).

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	
Default Codes:	

Notes:

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the same as attribute [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#).

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the final [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS Digital](#) has been undertaken.**~~ **Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.**

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	
Default Codes:	

Notes:

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the same as attribute [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#).

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the initial [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.**~~ **Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.**

FTE STABILITY RATE (JOB ROLE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate - WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[FTE STABILITY RATE \(JOB ROLE IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within a job

role within the [ORGANISATION](#) within the [REPORTING PERIOD](#), based upon the [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#) of the assignments rather than just the headcount.

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

FTE STABILITY RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate - WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[FTE STABILITY RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within the [ORGANISATION](#) within the [REPORTING PERIOD](#), based upon the [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#) of the assignments rather than the headcount.

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

FTE STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate - WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[FTE STABILITY RATE \(STAFF GROUP IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within a [Staff Group](#) within the [ORGANISATION](#) within the [REPORTING PERIOD](#), based upon the [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#) of the assignments rather than the headcount.

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

GS1 APPLICATION IDENTIFIER (GLOBAL)

Change to Data Element: Changed Description

Format/Length:	an4
National Codes:	
Default Codes:	

Notes:

[GS1 APPLICATION IDENTIFIER \(GLOBAL\)](#) is the same as attribute [GS1 APPLICATION IDENTIFIER \(GLOBAL\)](#).

The two types of [GS1 APPLICATION IDENTIFIER \(GLOBAL\)](#) are Global Service Relation Number (8018) and Service Relation Instance Number (8019).

For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). For further information relating to format/length, see the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

GS1 APPLICATION IDENTIFIER (INTERNAL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	
Default Codes:	

Notes:

[GS1 APPLICATION IDENTIFIER \(INTERNAL\)](#) is the same as attribute [GS1 APPLICATION IDENTIFIER \(INTERNAL\)](#).

Permitted National Codes:

- 91 Hospital Identifiers
- 92 Baby Details
- 93 [PATIENT](#) Descriptive Data

~~For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).~~ For further information relating to format/length, see the NHS England website at: [DCB1077: AIDC for Patient Identification](#).

GS1 GLOBAL LOCATION NUMBER

Change to Data Element: Changed Description

Format/Length:	an13
National Codes:	
Default Codes:	

Notes:

[GS1 GLOBAL LOCATION NUMBER](#) is the same as attribute [GS1 GLOBAL LOCATION NUMBER](#).

~~For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).~~ For further information relating to format/length, see the NHS England website at: [DCB1077: AIDC for Patient Identification](#).

GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	
Default Codes:	

Notes:

[GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT](#) is the same as attribute [GS1 GLOBAL SERVICE RELATION NUMBER CHECK DIGIT](#).

~~For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).~~ For further information relating to format/length, see the NHS England website at: [DCB1077: AIDC for Patient Identification](#).

GS1 SERVICE RELATION INSTANCE NUMBER

Change to Data Element: Changed Description

Format/Length:	max an10
National Codes:	
Default Codes:	

Notes:

[GS1 SERVICE RELATION INSTANCE NUMBER](#) is the same as attribute [GS1 SERVICE RELATION INSTANCE NUMBER](#).

~~For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).~~ For further information relating to format/length, see the NHS England website at: [DCB1077: AIDC for Patient Identification](#).

GS1 UNIQUE ORGANISATION PREFIX NUMBER

Change to Data Element: Changed Description

Format/Length:	an7
National Codes:	
Default Codes:	

Notes:

[GS1 UNIQUE ORGANISATION PREFIX NUMBER](#) is the same as attribute [GS1 UNIQUE ORGANISATION PREFIX NUMBER](#).

The National Code value for [NHS Digital](#) is 5050898. The National Code value for NHS Digital is 5050898.

For further information relating to format/length, see the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). For further information relating to format/length, see the NHS England website at: [DCB1077: AIDC for Patient Identification](#).

HEADCOUNT (POSITION ASSIGNMENT CURRENT)

Change to Data Element: Changed Description

Format/Length:	max n6
NWDS ID:	SHED
NWDS Field Name:	Headcount
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT \(POSITION ASSIGNMENT CURRENT\)](#) is the same as attribute [HEADCOUNT POSITION ASSIGNMENT CURRENT](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the NHS England website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (JOB ROLE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT STABILITY RATE \(JOB ROLE IN REPORTING PERIOD\)](#) is the same as attribute [HEADCOUNT STABILITY RATE JOB ROLE IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the NHS England website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT STABILITY RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the same as attribute [HEADCOUNT STABILITY RATE ORGANISATION IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital website at: National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England website at: National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT STABILITY RATE \(STAFF GROUP IN REPORTING PERIOD\)](#) is the same as attribute [HEADCOUNT STABILITY RATE STAFF GROUP IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital website at: National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England website at: National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT TURNOVER RATE (FTE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	STOR
NWDS Field Name:	Turnover Rate- WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT TURNOVER RATE \(FTE IN REPORTING PERIOD\)](#) is the same as attribute [HEADCOUNT TURNOVER RATE FTE IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital website at: National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England website at: National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT TURNOVER RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	STUR
NWDS Field Name:	Turnover Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT TURNOVER RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the same as attribute [HEADCOUNT TURNOVER RATE ORGANISATION IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital website at: National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England website at: National Workforce Data Set \(NWD\) guidance documents](#).

HOSPITAL PROVIDER SPELL IDENTIFIER

Change to Data Element: Changed Description

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

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

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

Note that the [HOSPITAL PROVIDER SPELL IDENTIFIER](#) must be constructed without the use of [PATIENT](#) Confidential Information. This includes [PATIENT](#) Identifiers such as [NHS NUMBER](#) or [LOCAL PATIENT IDENTIFIER](#), as well as any text which may identify the [PATIENT DIAGNOSIS](#) of the [PATIENT](#) or any [PATIENT](#) procedures being undertaken.

[HOSPITAL PROVIDER SPELL IDENTIFIER](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[HOSPITAL PROVIDER SPELL NUMBER](#) will be replaced with [HOSPITAL PROVIDER SPELL IDENTIFIER](#), which is the most recent approved national information standard to describe the required definition.

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Description

Format/Length:	max an12
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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

[HOSPITAL PROVIDER SPELL NUMBER](#) will be replaced with [HOSPITAL PROVIDER SPELL IDENTIFIER](#), which is the most recent approved national information standard to describe the required definition.

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER

Change to Data Element: Changed Description

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER](#) is the same as attribute [ACTIVITY SUSPENSION IDENTIFIER](#) for the [Improving Access to Psychological Therapies Data Set](#).

[IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER](#) is used to uniquely identify the period of [PATIENT](#) initiated [ACTIVITY SUSPENSION](#).

[IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER](#) is locally generated and does not need to be sequential.

See the [NHS Digital](#) website at: [Improving Access to Psychological Therapies Data Set](#) for details of how this identifier is generated. See the [NHS England](#) website at: [Improving Access to Psychological Therapies Data Set](#) for details of how this identifier is generated.

LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	
Default Codes:	

Notes:

[LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the same as attribute [LEARNING DISABILITIES CARE CLUSTER CODE](#).

[LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the final [LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.~~ Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.

LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	
Default Codes:	

Notes:

[LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the same as attribute [LEARNING DISABILITIES CARE CLUSTER CODE](#).

[LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the initial [LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.~~ Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS England](#) has been undertaken.

LIVER SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
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 same as attribute [ACTIVITY DURATION](#).

[LIVER SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received liver support during a [CRITICAL CARE PERIOD](#), ranging from 0 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)

Change to Data Element: Changed Description

Format/Length:	max an9
National Codes:	
Default Codes:	X99999998 - Not Applicable (outside the United Kingdom) X99999999 - Not Known

Notes:

[LOWER LAYER SUPER OUTPUT AREA \(PERSON RESIDENCE\)](#) is the same as attribute [GEOGRAPHIC AREA CODE](#) for a [Lower Layer Super Output Area](#).

[LOWER LAYER SUPER OUTPUT AREA \(PERSON RESIDENCE\)](#) is the [Lower Layer Super Output Area](#) for where the [PERSON](#) is resident.

For guidance on the [Lower Layer Super Output Area](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [NHS Postcode Directory User Guide](#). For guidance on the [Lower Layer Super Output Area](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) pages of the [NHS England](#) website at: [NHS Postcode Directory User Guide](#).

MENTAL HEALTH RESOURCE GROUP TYPE (SNOMED CT)

Change to Data Element: Changed Description

Format/Length:	See SNOMED CT EXPRESSION
National Codes:	
Default Codes:	

Notes:

[MENTAL HEALTH RESOURCE GROUP TYPE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[MENTAL HEALTH RESOURCE GROUP TYPE \(SNOMED CT\)](#) is a structured combination of one or more [SNOMED CT](#)® concept identifiers which are used to identify the [Mental Health Resource Group \(MHRG\)](#) type.

For further information relating to [MENTAL HEALTH RESOURCE GROUP TYPE \(SNOMED CT\)](#), see the [NHS Digital](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#). For further information relating to [MENTAL HEALTH RESOURCE GROUP TYPE \(SNOMED CT\)](#), see the [NHS England](#) website at: [Implementation tools and guidance: Mental Health Services Data Set \(MHSDS\)](#).

For further information on [SNOMED CT EXPRESSIONS](#), see the [SNOMED CT](#)® Glossary at: [Expression](#).

METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See METHOD OF ADMISSION

Default Codes:	98 - Not applicable
	99 - METHOD OF ADMISSION not known

Notes:

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

[METHOD OF ADMISSION \(HOSPITAL PROVIDER SPELL\)](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [METHOD OF ADMISSION \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

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

Notes:

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

[METHOD OF DISCHARGE \(HOSPITAL PROVIDER SPELL\)](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[DISCHARGE METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) will be replaced with [METHOD OF DISCHARGE \(HOSPITAL PROVIDER SPELL\)](#), which is the most recent approved national information standard to describe the required definition.

NEONATAL LEVEL OF CARE CODE

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See NEONATAL LEVEL OF CARE
Default Codes:	8 - Not applicable
	9 - Not known

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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

For the [Commissioning Data Sets](#):

- Not applicable means "stillbirth or the episode of care does not involve a [Neonate](#) during all, or part, of the duration of the episode"

- Not known means "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".

NEUROLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	max an3
National Codes:	
Default Codes:	998 - 998 or more days of neurological support 999 - Occurred but day count not known

Notes:

[NEUROLOGICAL SUPPORT DAYS](#) is the same as attribute [ACTIVITY DURATION](#).

[NEUROLOGICAL SUPPORT DAYS](#) is total number of days that the [PATIENT](#) received neurological system support during a [CRITICAL CARE PERIOD](#), ranging from 0 to 997 days.

[NEUROLOGICAL 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 '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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

NHS NUMBER

Change to Data Element: Changed Description

Format/Length:	n10
National Codes:	
Default Codes:	

Notes:

[NHS NUMBER](#) is the same as attribute [NHS NUMBER](#).

For the [AIDC for Patient Identification Data Set](#) further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). For the [AIDC for Patient Identification Data Set](#) further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

NUMBER OF BABIES IDENTIFICATION CODE (PATIENT IDENTIFICATION)

Change to Data Element: Changed Description

Format/Length:	n1/n1
National Codes:	See NUMBER OF BABIES IDENTIFICATION CODE
Default Codes:	

Notes:

[NUMBER OF BABIES IDENTIFICATION CODE \(PATIENT IDENTIFICATION\)](#) is the same as attribute [NUMBER OF BABIES IDENTIFICATION CODE](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE (LOCAL AUTHORITY DISTRICT)

Change to Data Element: Changed Description

Format/Length:	max an9
National Codes:	
Default Codes:	X99999998 - Not Applicable (outside the United Kingdom) X99999999 - Not Known

Notes:

[ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE \(LOCAL AUTHORITY DISTRICT\)](#) is the same as attribute [GEOGRAPHIC AREA CODE](#) for a [Local Authority District](#).

For guidance on [Local Authority District](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [NHS Postcode Directory User Guide](#). For guidance on [Local Authority District](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) pages of the [NHS England](#) website at: [NHS Postcode Directory User Guide](#).

ORGANISATION CODE (CODE OF COMMISSIONER)

Change to Data Element: Changed Description

Format/Length:	an3 or an5
National Codes:	
Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charge XMD00 - Commissioner Code for Ministry of Defence (MoD) Healthcare YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

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

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the [ORGANISATION CODE](#) of the [ORGANISATION](#) commissioning health care.

For [Commissioning Data Sets](#), the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) should always be the [ORGANISATION CODE](#) of the original commissioner to support the [National Tariff Payment System](#).

The [NHS England](#) document "[Who Pays? Determining responsibility for NHS payments to providers](#)" sets out a framework for establishing responsibility for commissioning and paying for a [PATIENT](#)'s care within the NHS.

The document includes information on the following:

- General Rules
- Applying the rules to [Integrated Care Board](#) and [NHS England](#) commissioned [SERVICES](#)
- Exceptions to the general rules
- Examples to help clarify the boundaries of responsibility between commissioning [ORGANISATIONS](#).

For further information on this document contact: england.responsiblecommissioner@nhs.net.

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION CODES](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The [NHS England](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION CODE (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/Length:	an3, an5 or an6
National Codes:	
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 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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (CDS RECIPIENT)

Change to Data Element: Changed Description

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	TDH00 - Overseas Visitor exempt from charges VPP00 - Private PATIENTS / Overseas Visitor liable for charges

Notes:

[ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#) is the NHS [ORGANISATION IDENTIFIER](#) (or valid [Organisation Data Service Default Code](#)) for an [ORGANISATION](#) identified as a recipient of the commissioning data set data.

Usage:

A maximum of 7 [ORGANISATION IDENTIFIERS \(CDS RECIPIENT\)](#) may be submitted. The submission order does not infer the primacy of one recipient over another.

A Recipient may be an agency or [SERVICE](#) provider that carries out the receiving (and perhaps other) processes on behalf of the NHS [ORGANISATION](#) that ultimately uses the data.

Where [NHS England](#) is the responsible Commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION IDENTIFIERS](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

~~The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#).~~ The [NHS England](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

Please note that the following [Organisation Data Service Default Codes](#) must not be used in the Commissioning Data Set (CDS) header because they are not default Commissioner codes:

- Q99 - High Level Health Geography/Primary Care Organisation of Residence Not Known
 - a valid [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#) must be reported where a recipient of commissioning data is specified
- X98 - Primary Care Organisation Not Applicable ([Overseas Visitors](#)).

[CDS PRIME RECIPIENT IDENTITY](#) and [CDS COPY RECIPIENT IDENTITY](#) will be replaced with [ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)

Change to Data Element: Changed Description

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charge XMD00 - Commissioner Code for Ministry of Defence (MoD) Healthcare YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

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

[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [ORGANISATION](#) commissioning health care.

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) should always be the [ORGANISATION IDENTIFIER](#) of the original commissioner to support the [National Tariff Payment System](#).

The [NHS England](#) document "[Who Pays? Determining responsibility for NHS payments to providers](#)" sets out a framework for establishing responsibility for commissioning and paying for a [PATIENT](#)'s care within the NHS.

The document includes information on the following:

- General Rules
- Applying the rules to [Integrated Care Board](#) and [NHS England](#) commissioned [SERVICES](#)
- Exceptions to the general rules
- Examples to help clarify the boundaries of responsibility between commissioning [ORGANISATIONS](#).

For further information on this document contact: england.responsiblecommissioner@nhs.net.

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION IDENTIFIERS](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

~~The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The [NHS England](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).~~

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/Length:	min an3 max an6
National Codes:	
Default Codes:	89997 - Non-UK provider where no ORGANISATION IDENTIFIER has been issued 89999 - Non-NHS UK provider where no ORGANISATION IDENTIFIER has been issued

Notes:

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

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

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) should always be the [ORGANISATION IDENTIFIER](#) 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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).~~

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), which is the most recent approved national information standard to describe the required definition.

PATIENT CLASSIFICATION CODE

Change to Data Element: Changed Description

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

Notes:

[PATIENT CLASSIFICATION CODE](#) is the same as attribute [PATIENT CLASSIFICATION](#).

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

PERSON AGE IN YEARS (REPORTING PERIOD END DATE)

Change to Data Element: Changed Description

Format/Length:	n2
NWDS ID:	PEAG
NWDS Field Name:	Age in Years
ESR Field Name:	Age
National Codes:	
Default Codes:	

Notes:

[PERSON AGE IN YEARS \(REPORTING PERIOD END DATE\)](#) is the same as attribute [PERSON AGE](#).

[PERSON AGE IN YEARS \(REPORTING PERIOD END DATE\)](#) is the age in years of the [PERSON](#) of working age for the purpose of the [National Workforce Data Set](#) as at the [REPORTING PERIOD END DATE](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

PERSON FAMILY NAME (MOTHER OF BABY)

Change to Data Element: Changed Description

Format/Length:	max an35
National Codes:	
Default Codes:	

Notes:

[PERSON FAMILY NAME \(MOTHER OF BABY\)](#) is the same as attribute [PERSON NAME WORD TEXT](#) where the [PERSON NAME WORD TYPE](#) is National Code 'Person Family Name'.

[PERSON FAMILY NAME \(MOTHER OF BABY\)](#) is [PERSON FAMILY NAME](#) of the mother of the baby.

For the [AIDC for Patient Identification Data Set](#), further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). For the AIDC for Patient Identification Data Set, further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

PERSON GENDER CODE CURRENT

Change to Data Element: Changed Description

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

Notes:

[PERSON GENDER CODE CURRENT](#) is the same as attribute [PERSON GENDER CODE](#).

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

[PERSON GENDER CODE CURRENT](#) will be replaced with [PERSON STATED GENDER CODE](#) or [PERSON PHENOTYPIC SEX](#), which are the most recent approved national information standards to describe the required definition.

For specific National Code usage, see [PERSON GENDER CODE](#).

PERSON GIVEN NAME (MOTHER OF BABY)

Change to Data Element: Changed Description

Format/Length:	max an35
National Codes:	
Default Codes:	

Notes:

[PERSON GIVEN NAME \(MOTHER OF BABY\)](#) is the same as attribute [PERSON NAME WORD TEXT](#) where the [PERSON NAME WORD TYPE](#) is National Code 'Person Given Name'.

[PERSON GIVEN NAME \(MOTHER OF BABY\)](#) is the [PERSON GIVEN NAME](#) of the mother of the baby.

For the [AIDC for Patient Identification Data Set](#), further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). For the AIDC for Patient Identification Data Set, further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

POSITION FTE VARIANCE

Change to Data Element: Changed Description

Format/Length:	n3.n2
NWDS ID:	SVAR
NWDS Field Name:	WTE Variance (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION FTE VARIANCE](#) is the same as attribute [POSITION FTE VARIANCE](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSITION VACANCY LENGTH OF TIME UNFILLED

Change to Data Element: Changed Description

Format/Length:	max n4
NWDS ID:	SVLN
NWDS Field Name:	Length of Time Vacancy Unfilled (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION VACANCY LENGTH OF TIME UNFILLED](#) is the number of days of a [POSITION VACANCY](#) was unfilled in an [ORGANISATION](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSITION WORKED FTE (REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	n3.n2
NWDS ID:	SAHR
NWDS Field Name:	Worked Whole Time Equivalent (WTE) for Position (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION WORKED FTE \(REPORTING PERIOD\)](#) is the same as attribute [POSITION WORKED FTE IN REPORTING PERIOD](#).

For further guidance, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#). For further guidance, see the [NHS England](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSTCODE

Change to Data Element: Changed Description

Format/Length:	max an8
NWDS ID:	SPOC
NWDS Field Name:	Post Code
National Codes:	
Default Codes:	

Notes:

[POSTCODE](#) is the same as attribute [POSTCODE](#).

If a [POSTCODE](#) is not known, (for example, the [PATIENT](#) has no fixed abode, the [PATIENT](#) is an [Overseas Visitor](#) etc.) the appropriate [Organisation Data Service](#) pseudo [POSTCODE](#) should be used.

The pseudo [POSTCODES](#) can be found on the [Organisation Data Service](#) pages of the [NHS Digital](#) website at: [Office for National Statistics data](#). The pseudo [POSTCODES](#) can be found on the [Organisation Data Service](#) pages of the [NHS England](#) website at: [Office for National Statistics data](#). The look_ups file contains the Pseudo Country Postcode files.

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

- [NHS Postcode Directory](#)
- [Contact Details](#)
- [Office for National Statistics website: Postal geography](#)
- [NHS Digital](#) website at: [ODS postcode files](#).
- [NHS England](#) website at: [ODS postcode files](#).

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

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:	max an3
National Codes:	
Default Codes:	998 - 998 or more days of renal support 999 - Occurred but day count not known

Notes:

[RENAL SUPPORT DAYS](#) is the same as attribute [ACTIVITY DURATION](#).

[RENAL SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received renal system support during a [CRITICAL CARE PERIOD](#), ranging from 0 to 997 days.

[RENAL 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 '*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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

SECONDARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
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 Schema (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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

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
National Codes:	See SOURCE OF ADMISSION
Default Codes:	98 - Not applicable
	99 - SOURCE OF ADMISSION not known

Notes:

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

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) is the source of admission to a [Hospital Provider Spell](#) in a Hospital Site.

[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 [NHS Digital](#) website at: [Payment by Results Guidance](#).~~ For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

Note: the Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

For specific National Code usage in different data sets, see [SOURCE OF ADMISSION](#).

START DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[START DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#).

[START DATE \(EPISODE\)](#) is the [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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#).

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is the [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 [NHS Digital](#) website at: [Payment by Results Guidance](#). For further information, please refer to the [NHS England](#) website at: [Payment by Results Guidance](#).

STOP SMOKING SERVICE CUMULATIVE SPEND

Change to Data Element: Changed Description

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

Notes:

[STOP SMOKING SERVICE CUMULATIVE SPEND](#) is the same as attribute [FINANCIAL AMOUNT](#), where the [FINANCIAL ALLOCATION OR SPEND TYPE FOR STOP SMOKING](#) is National Code '*Cumulative spend for the financial year (excluding pharmacotherapies)*'.

For further guidance, see the [NHS Digital](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#). For further guidance, see the [NHS England](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#).

STOP SMOKING SERVICE LOCAL AUTHORITY FINANCIAL ALLOCATION

Change to Data Element: Changed Description

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

Notes:

[STOP SMOKING SERVICE LOCAL AUTHORITY FINANCIAL ALLOCATION](#) is the same as attribute [FINANCIAL AMOUNT](#), where the [FINANCIAL ALLOCATION OR SPEND TYPE FOR STOP SMOKING](#) is National Code '*Total financial allocation to [Local Authorities](#) for the financial year (excluding pharmacotherapies)*'.

For further guidance, see the [NHS Digital](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#). For further guidance, see the [NHS England](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#).

STOP SMOKING SERVICE OTHER FINANCIAL ALLOCATION

Change to Data Element: Changed Description

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

Notes:

[STOP SMOKING SERVICE OTHER FINANCIAL ALLOCATION](#) is the same as attribute [FINANCIAL AMOUNT](#), where the [FINANCIAL ALLOCATION OR SPEND TYPE FOR STOP SMOKING](#) is National Code 'Other financial allocation including any underspend carried over from the previous financial year'.

For further guidance, see the [NHS Digital](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#). For further guidance, see the [NHS England](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#).

STOP SMOKING SERVICE PHARMACOTHERAPY SPEND

Change to Data Element: Changed Description

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

Notes:

[STOP SMOKING SERVICE PHARMACOTHERAPY SPEND](#) is the same as attribute [FINANCIAL AMOUNT](#), where the [FINANCIAL ALLOCATION OR SPEND TYPE FOR STOP SMOKING](#) is National Code 'Total cost of pharmacotherapies for the financial year'.

For further guidance, see the [NHS Digital](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#). For further guidance, see the [NHS England](#) website at: [NHS Stop Smoking Services Guidance Part 2 2016-17](#).

TIME OF BIRTH (PATIENT IDENTIFICATION)

Change to Data Element: Changed Description

Format/Length:	an5 (HH:mm)
National Codes:	
Default Codes:	

Notes:

[TIME OF BIRTH \(PATIENT IDENTIFICATION\)](#) is the same as attribute [PERSON BIRTH TIME](#).

[TIME OF BIRTH \(PATIENT IDENTIFICATION\)](#) is the [PERSON BIRTH TIME](#) of the [PATIENT](#), where the [PATIENT](#) is a [Neonate](#), for the purposes of the [AIDC for Patient Identification Data Set](#).

Further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#). Further guidance can be found on the [NHS England](#) website at: [DCB1077: AIDC for Patient Identification](#).

TREATMENT START DATE (CANCER)

Change to Data Element: Changed Description

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[TREATMENT START DATE \(CANCER\)](#) is the same as attribute [ACTIVITY DATE](#).

[TREATMENT START DATE \(CANCER\)](#) is the [Start Date](#) of the first, second or subsequent cancer treatment given to a [PATIENT](#) who is receiving care for a cancer condition.

If the [CANCER TREATMENT MODALITY](#) is recorded as National Code 'Surgery', the [TREATMENT START DATE \(CANCER\)](#) is the same as [START DATE \(HOSPITAL PROVIDER SPELL\)](#) of the related admission.

[TREATMENT START DATE \(CANCER\)](#) is also the [End Date](#) of a [Cancer Referral To Treatment Period](#).

A [Cancer Referral To Treatment Period](#) will end on the same date as the [TREATMENT START DATE \(CANCER\)](#) where [First Definitive Treatment](#) is given, unless cancer was discounted when the [PATIENT](#) was first seen (in which case the [Cancer Referral To Treatment Period](#) is ended at [DATE FIRST SEEN](#)).

If a [PATIENT](#) declines all treatment and the [CANCER TREATMENT MODALITY](#) is recorded as National Code 'All treatment declined', then the [TREATMENT START DATE \(CANCER\)](#) should be recorded as the date upon which the [PATIENT](#) made this decision.

For the [National Cancer Waiting Times Monitoring Data Set](#), [TREATMENT START DATE \(CANCER\)](#) is for a cancer condition with a [PRIMARY DIAGNOSIS \(ICD\)](#) code defined by [NHS England](#). ~~The full list of diagnosis codes can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).~~ The full list of diagnosis codes can be found on the [NHS England](#) website at: [Cancer Waiting Times](#).

WAITING TIME ADJUSTMENT (FIRST SEEN)

Change to Data Element: Changed Description

Format/Length:	max n3
National Codes:	
Default Codes:	

Notes:

[WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) is the same as attribute [ACTIVITY DURATION](#).

[WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) records the number of days that should be removed from the calculated waiting time for the two week wait period, the 28 day period and potentially the 62 day period (if cancer is confirmed), i.e. between receipt of the referral or decision of [Consultant Upgrade](#) (recorded as [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) or [CONSULTANT UPGRADE DATE](#)) and the [DATE FIRST SEEN](#).

Adjustments are only permissible when a [PATIENT](#) does not attend an [APPOINTMENT](#) or arrives late and could not be seen.

~~Guidance on calculating the number of days which may be deducted from the waiting time is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).~~ Guidance on calculating the number of days which may be deducted from the waiting time is available on the [NHS England](#) website at: [Cancer Waiting Times](#).

WAITING TIME ADJUSTMENT (TREATMENT)

Change to Data Element: Changed Description

Format/Length:	max n3
National Codes:	
Default Codes:	

Notes:

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) as the same as attribute [ACTIVITY DURATION](#).

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) records the number of days that should be removed from the derived waiting time between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE \(CANCER\)](#).

The recording of this data item is mandatory for all [Tumours](#), regardless of whether a national service standard is in place.

Adjustments are allowed in the following circumstances:

- When a patient pause is initiated because the [PATIENT](#) is unavailable for treatment for a specified period because of family commitments, holidays, or other (non-clinical) reasons

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) should only be recorded where [CANCER CARE SETTING FOR TREATMENT](#) is:

- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission') or
- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').

Guidance on calculating the number of days which may be removed from the waiting time is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#). Guidance on calculating the number of days which may be removed from the waiting time is available on the NHS England website at: [Cancer Waiting Times](#).

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

