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# Requirements Specification for Booking and Referral Standard

# Document management

## Revision History

Version	Date	Summary of Changes
0.1	11/08/2021	Initial draft for review
0.2	11/08/2021	Updated following review by IG
0.3	11/08/2021	Updated following further internal review
0.4	12/08/2021	Updated following review by BaRS Team
0.5	26/08/2021	Updated following review with IG
0.6	30/09/2021	Updated following review by DPO
0.7	05/10/2021	Updated to remove references to NRL (National Record Locator)
0.8	21/10/2021	Updated following further review by DPO
0.9	04/11/2021	Updated following further review by DPO
0.10	18/11/2021	Updated following further review by DPO and the BARS Team
0.11	23/11/2021	Updated following further review by DPO
0.12	02/02/2022	Updated following further review by DPO
1.0	23/02/2022	Updated following review by (IAO)
1.1	06/09/2023	Updated to include the GP to Pharmacy (CPCS) use case and to reflect update to legal bases for system delivery
2.0	31/10/2023	Redacted Version for publication
2.1	11/05/2025	Updated following review by IG of DPIA and ISN by IG and the Directions panel
3.0	17/07/2025	Final signed version of 2.1 draft redacted and non-redacted for publication.

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
[REDACTED]	Booking and Referrals Lead Delivery Manager	17/07/2025	0.3, 0.8, 3.0
[REDACTED]	Senior IG Manager	17/07/2025	0.5, 0.7, 0.8, 3.0
[REDACTED]	Product Head	17/07/2025	3.0
[REDACTED]	Clinical Lead	17/07/2025	3.0
[REDACTED]	Interim DPO	17/07/2025	3.0
[REDACTED]	Business Analyst	17/07/2025	3.0

## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
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[REDACTED]	Director/IAO	<i>approved by team and under review by IAO</i>	3.0
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## Glossary of Terms

Term / Abbreviation	What it stands for
API-M	API Management
API	Application Programming Interface
BaRS	Booking and Referral Service
CAS	Clinical Assessment Service
Care Connect	The current NHS booking standard
CPCS	Common Pharmacy Conditions Service
DoS	Directory of Services
DPIA	Data Protection Impact Assessment
DNA	Did Not Attend
EDDI	Emergency Department Digital Integration
ED	Emergency Department
e-RS	E-Referral Service
FHIR	Fast Healthcare Interoperability Resource ( <a href="https://digital.nhs.uk/services/fhir-uk-core">https://digital.nhs.uk/services/fhir-uk-core</a> )
ITK	Interoperability Toolkit
IUC	Integrated Urgent Care
MI	Management Information
MVP	Minimum Viable Product
NHSE	NHS England
OOH	Out of Hours
Payload	The contextual information relating to the actual booking or referral that is carried from the sender to the receiver and is separate from the information required by the transport layer for routing, authentication, authorisation and access control.
PDS	Patient Demographic Service
Pointer	<p>A pointer in the context of BaRS is a set of information that enables discovery of where to find specific information. This is a combination of:</p> <ul style="list-style-type: none"> <li>a reference to the location of the information of interest (known as an endpoint), typically in the form of a URL to an API</li> <li>meta data to enable contextual searching on the pointer (e.g. things like Patient Identifier)</li> </ul> <p>meta data referencing the author, owner and curator/maintainer (if different) of the pointer to enable access control for create, read, update and delete operations</p>

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PRSB	Professional Records Standard Body
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre

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## Purpose of document

This document sets out the requirements for the Booking and Referral Standard and should be read alongside the

- Booking and Referral Standard Directions 2022.

The statutory functions of NHS Digital transferred to NHS England under the Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (Transfer Regulations) with effect from 1st February 2023 (Transfer Date).

Under the Transfer Regulations, all directions by either the Secretary of State or NHS England to NHS Digital are now treated as directions made by the Secretary of State to NHS England except for system delivery directions issued by NHS England to NHS Digital, which come to an end. NHS England in directing NHS Digital to deliver systems was doing so in order for NHS Digital (with its technological capabilities) to provide systems that supported NHS England in the exercise of its functions. Therefore, on the abolition of NHS England, these Regulation 32 Directions from NHS England to NHS Digital are no longer required because NHSE could rely on its own functions. Therefore, the Regulation 32 system delivery elements within these Directions in relation to the system delivery of the Booking and Referral Service are considered to be revoked.

## Introduction / Purpose of data collection

### Background

The Booking and Referral Standard (BaRS) delivers a service which enables a booking to be made and associated referral information to be shared between a sending organisation e.g. NHS 111 Provider and a receiving organisation e.g. Emergency Department. The Booking and Referral Standard is an interoperability standard for patient record systems that enables booking and referral information to be sent between NHS service providers quickly, safely and in a format that is useful to clinicians integrated into their existing healthcare IT systems. BaRS includes an API which uses Fast Healthcare Interoperability Resources (FHIR) UK Core 4 replacing other depreciated standards such as ITK. The current work is part of the overarching programme to update and modernise all bookings, referrals and appointments management in the NHS, and the new standard being developed will be capable of being adapted and implemented for a range of use cases.

BaRS consists of BaRS Core that provides a core set of functionality and BaRS Applications that provide distinct functionality for each use case.

This version of the Direction Specification covers the following use cases.

Application	Use Case	Status	DPIA version	Planned BaRS go-live date
n/a	BaRS Core	Live	1.5	Live

Booking and Referrals into UEC (App 1)	NHS 111 (telephony) to emergency departments (ED)	Live	1.0	Live
Booking and Referrals into UEC (App 1)	NHS 111 (telephony) to Urgent Treatment Centres (UTC)	Live	1.0	Live
Booking and Referrals into UEC (App 1)	Clinical Assessment Service (CAS) to ED	Live	1.0	Live
Booking and Referrals into UEC (App 1)	CAS to UTC	Live	1.0	Live
Booking and Referrals into UEC (App 1)	111 and CAS to SDEC	Live	1.5	Spring 2024
Booking and Referrals into UEC (App 1)	CAS to SDEC	Live	1.5	Spring 2024
Booking and Referrals into UEC (App 1)	999 to SDEC (Pathways only)	Live	1.5	Spring 2024
Booking and Referrals into UEC (App 1)	999 – ED	Live	1.5	Spring 2024
Booking and Referrals into UEC (App 1)	999 – UTC	Live	1.5	Spring 2024
Booking and Referrals into UEC (App 2)	111 online to ED	Live	1.0	Live
Booking and Referrals into UEC (App 2)	111 online to UTC	Live	1.0	Live
Booking and Referrals into UEC (App 2)	S&R to ED	Live	1.5	Live
Booking and Referrals into UEC (App 2)	S&R to UTC	Live	1.5	Live
Referral into UEC (App 3)	999 to CAS for referral	Live	1.5	Live
Referral into UEC for validation (App 4)	999 to CAS for ambulance validation	Live	1.5	Live

Referral into UEC for validation (App 4)	999 to Falls Service	Live	1.6	
Referral into UEC for validation (App 4)	999 to Community Services	Live	1.6	
Referral into Pharmacy (App 5)	Primary Care to Community Pharmacy (Pharmacy First)	Live	1.3	Live
Referral into Pharmacy (App 5)	Online Consultation to Pharmacy	Alpha	1.6	2024
Referrals into an Ambulance Trust (AST) Emergency Operation Centre (EOC) (App 6)	CAD to CAD Out of area referral	Beta	1.5	Autumn 2024
Referrals into an Ambulance Trust (AST) Emergency Operation Centre (EOC) (App 6)	CAD to CAD Call assist request	Beta	1.5	2025
Referrals into an Ambulance Trust (AST) Emergency Operation Centre (EOC) (App 6)	CAD to CAD mutual aid request	Beta	1.5	2025
Booking and Referrals into Primary Care (App 7)	GP Patient Facing Services (PFS) Booking	MVP Alpha	1.6	n/a for review only

NHS England will store very little data details of which will be provided further in the document. The service NHS England will deliver allows a large amount of data to be shared from one care provider to another. NHS England will be able to provide a minimal amount of management information if directed by its commissioners.

## Programme Purpose

The Booking and Referral Standard programme aims to improve health outcomes as well as enhancing the patient experience, by simplifying the transfer of important clinical information

and easing patient flow through services at times where onward care is needed. The programme will deliver this:

- By providing a standard that allows multiple systems to communicate with each other in a simple and logical way.
- Publishing a standard that supports the administrative task of booking a patient into their next care setting, as well as providing the correct and relevant clinical referral information to care givers so that they can make or accept a patient referral.
- The production of a standard that is accepted, agreed and adopted by health care system providers and rolled out across the health system to improve patient experience and care outcomes.

The delivery of the above will introduce the following improvements for different stakeholders:

- **For the Patient** – The aim is to make the process simpler and more efficient, so patients do not have to repeatedly provide the same or similar information and that this information is then used appropriately throughout in their care journey.
- **For the Healthcare professionals** – The aim is to provide staff with relevant patient booking and referral information that is easy to understand and with sufficient detail so that they can accept the patient, prepare for their arrival and support the onward management of their care.
- **For the System** – The aim is to provide information/data that is easy to digest and integrate into workflows without the need for manual intervention across different scenarios and/or care settings.
- **For Suppliers and Providers** – The aim is to provide a national standard that removes the need to support multiple and varied standards.

The longer-term aim of the Booking and Referral Standard is to enable consistent booking and referrals between any type of NHS organisation within England. The development of the standard is being done in such a way that it can be used by system suppliers to enable booking and referrals between any NHS organisations in various care settings. Further use cases for the standard are being prioritised into a backlog; it is anticipated that this list of care settings will be progressed once the current use cases have been completed. Information about use cases and their status can be located on the [BaRS webpage](#).

The Standard will include the passing of personal data about patients which includes special category data (clinical data) via an Application Programming Interface (API) between the sending and receiving organisations to enable the appropriate booking and referral information to be shared. NHS England will only collect audit and monitoring data for the Booking and Referral Standard. All other data purely traverses NHS England architecture via the API from a sending organisation to the recipient. As the use cases for the Standard are expanded over time, the DPIA and the Direction Specification will be updated to reflect these changes. The Booking and Referral Standard and associated architecture will remain the same for all use cases.

The NHS Booking and Referral Standard Programme is a development programme and is not linked to e-RS which focuses on elective care.

## Recipients

The Booking and Referral Standard is being developed to enable booking and referral information to be shared between any NHS organisations across a variety of care settings e.g. NHS 111, Emergency Department, Dental.

## Data collection

### Scope

The Booking and Referral Standard will be used across England 24hours/day x 7days/week x 365 days a year. It has the potential to be used for over 2.5 million bookings and referrals across the current use cases per year, split as follows:

- 1.8m 111 to ED use case.
- 250k to 500k 999 to 111/CAS use case
- 500k 111 to UTC use case
- 400k GP to Pharmacy (CPCS)

### Source

NHS England is delivering the Booking and Referral Service; it will not directly collect confidential patient information. The only personal data collected by NHS England is limited to the NHS Number and IP information of the sending organisation, this is held solely for system audit purposes for 90 days as detailed below. Otherwise personal data being sent is fully encrypted and not accessible to NHS England.

The information is a combination of personal data and special category data. Alongside the Standard, information models are developed with the NHSE England policy teams that define the booking and service request and confirm the data items that will travel with the request. These information models are typically endorsed by an appropriate body e.g. PRSB for 111 – ED and the Clinical Reference Group (CRG) for GP-Pharmacy. The list below includes all the mandatory data items that have been agreed with for the Booking and Referral Standard.

- Name
- Address
- Date of Birth
- Referrer Details
- Referrer organisation
- Referrer to
- Presenting complaint or issues
- Chief complaint and code value

- Causative agent
- Medication name (Novel only)

The source of all the data used by BaRS will be the sending and receiving systems that the providers use. For example, a 111-telephony provider will collect the information about the patient and their condition which will enable the booking and referral to be made. The system developed by the BaRS Programme at NHS England does not directly collect any information except in the case of 111 online, which is a sending system in its own right but for which NHS England is the Data Controller as well as the Directory of Services which NHS England owns. The patient personal data will be provided by the data subject (which may be the patient or someone acting on their behalf) when they contact the service e.g. 111 telephony. The patient's personal and special category data will be transferred between the Sender and Receiver systems only. NHS England does not store any personal data except for audit purposes in Splunk (See Appendix A for details of data NHS England stores for audit purposes). NHS England will not store any information on the users of the receiving and sending systems. Information will be stored about the name / location of the sending and receiving systems instead. The sending and receiving systems will determine who has access to the patient information.

The information model for the Booking and Referral Standard is published alongside this Specification as Annex B to the Directions. The data model is a list of data items that the sending and receiving system suppliers can choose to use as they develop their systems to use the Booking and Referrals Standard. These data items are not stored by the BaRS system.

## Category

The table below confirms the data categories that will be used to enable the Booking and Referral. The BaRS system does not store any data items; the API-M stores the NHS Number and online identifiers for audit purposes only. Data items are collected by sending and receiving systems when a sending organisation makes the booking and referral request; they use the API to send the payload to the receiving organisation.

The BaRS system does not store the data in the payload; it purely traverses the NHS England network via the API. The only information that will be stored, will be stored by the API-M in Splunk for audit purposes. Full details of the data items that will be stored in Splunk are in Appendix A – this information is stored for 90 days.

Data Categories	Yes	Justify
<b>Personal Data</b>		
Name	Y	Payload Collected by the Service Providers on the sending system. Used by the receiving system to verify the patient's details. Carried in the payload. <b>The BaRS system will not store this data.</b>

Data Categories	Yes	Justify
		Audit purpose – Not collected
Address	Y	<p>Payload</p> <p>Collected by the Service Providers on the sending system. Used by the receiving system to verify the patient's details. Carried in the payload. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose – Not collected</p>
Postcode	Possible	<p>Payload</p> <p>Dependent upon the system configuration. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose – Not collected</p>
DOB	Y	<p>Payload</p> <p>Collected by the Service Providers on the sending system. Used by the receiving system to verify the patient's details. Carried in the payload. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose – Not collected</p>
Sex	Possible	<p>Payload</p> <p>A recommended data item for system suppliers that they can choose to use dependent upon their system configuration. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose – Not collected</p>
Gender	Possible	<p>Payload</p> <p>A recommended data item for system suppliers that they can choose to use dependent upon their system configuration. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose – Not collected</p>
General Identifier e.g. NHS No	Y	<p>Payload</p> <p>NHS Number can be collected by the sending and receiving organisation.</p> <p>Audit purpose – Will be stored in Splunk by API-M for audit purposes when it is included in a BaRS API request (this is independent of the Registry).</p>
Home Phone Number	Possible	<p>Payload</p> <p>A recommended data item for system suppliers that they can choose to use dependent upon their system configuration. <b>The BaRS system will not store this data.</b></p> <p>Audit purpose - Not collected</p>
Online Identifier e.g. IP Address/Event Logs	Y	<p>Payload</p> <p>Not included in payload</p> <p>Audit purpose - Stored in Splunk by API-M for audit purposes.</p>
Mobile Phone / Device No / IMEI No	Possible	<p>Payload</p> <p>A recommended data item for system suppliers that they can choose to use dependent upon their system configuration. <b>The</b></p>

Data Categories	Yes	Justify
		<p><b>BaRS system will not store this data.</b></p> <p>Audit purpose - Not collected</p>
<b>Special Category Data</b>		
Physical / Mental Health or Condition	Y	<p>Payload</p> <p><b>The clinical referral information will be transported via the BaRS API across the NHS England network, but it is not stored as an asset by the BaRS system</b></p> <p>Audit purpose - Not collected</p>

## Analysis

### Internal processing

There is no planned publication of any data (e.g. Management Information) for this release. NHS England may publish information in line with its legal duty under section 260 of the Health and Social Care Act 2012. In the future we could provide a minimal amount of management information if directed by our commissioners.

## Consultation

The programme has adopted an agile development approach and has consulted with various Stakeholders to develop the Booking and Referral Standard. The work was originally driven by the [Integrated Urgent Care Service Specification Addendum](#) which mandated that patients who have contacted NHS 111, who are then directed to an Emergency Department should be booked an arrival slot (appointment) at the Emergency Department. Any booking to the ED should be accompanied by a referral, which will include demographics and triage completed. To support the delivery of the Booking and Referral Standard, the consultation has taken place with the following Stakeholders:

- Providers including 111, Ambulance Trusts, Integrated Urgent Care, ED, GP and Pharmacy
- Commissioners, covering the requirements for the various use cases
- System suppliers as the approach to the development of the Booking and Referral Standard is through co-creation with the system suppliers.
- Professional Records Standard Board (PRSB) who have approved the information model through extensive consultation with the Royal Colleges.
- Within NHS England as the development of the Booking and Referral Standard has followed the assurance processes as set out by NHS England for a new National Live Service.

The GP to Pharmacy (CPCS) use case has been driven by the [Delivery Plan for Recovering Access to Primary Care](#), in particular Pharmacy First.

**Governance:**

Governance for BaRS is via various groups including the Technical Delivery Group, E-Referral Service (eRS) Programme Board, Digital Urgent and Emergency Care (DUEC) Board and Pharmacy First Board

Clinical oversight has been provided by the Clinical Lead for BaRS, responsible for clinical safety, assurance and governance

## Dissemination/Sharing

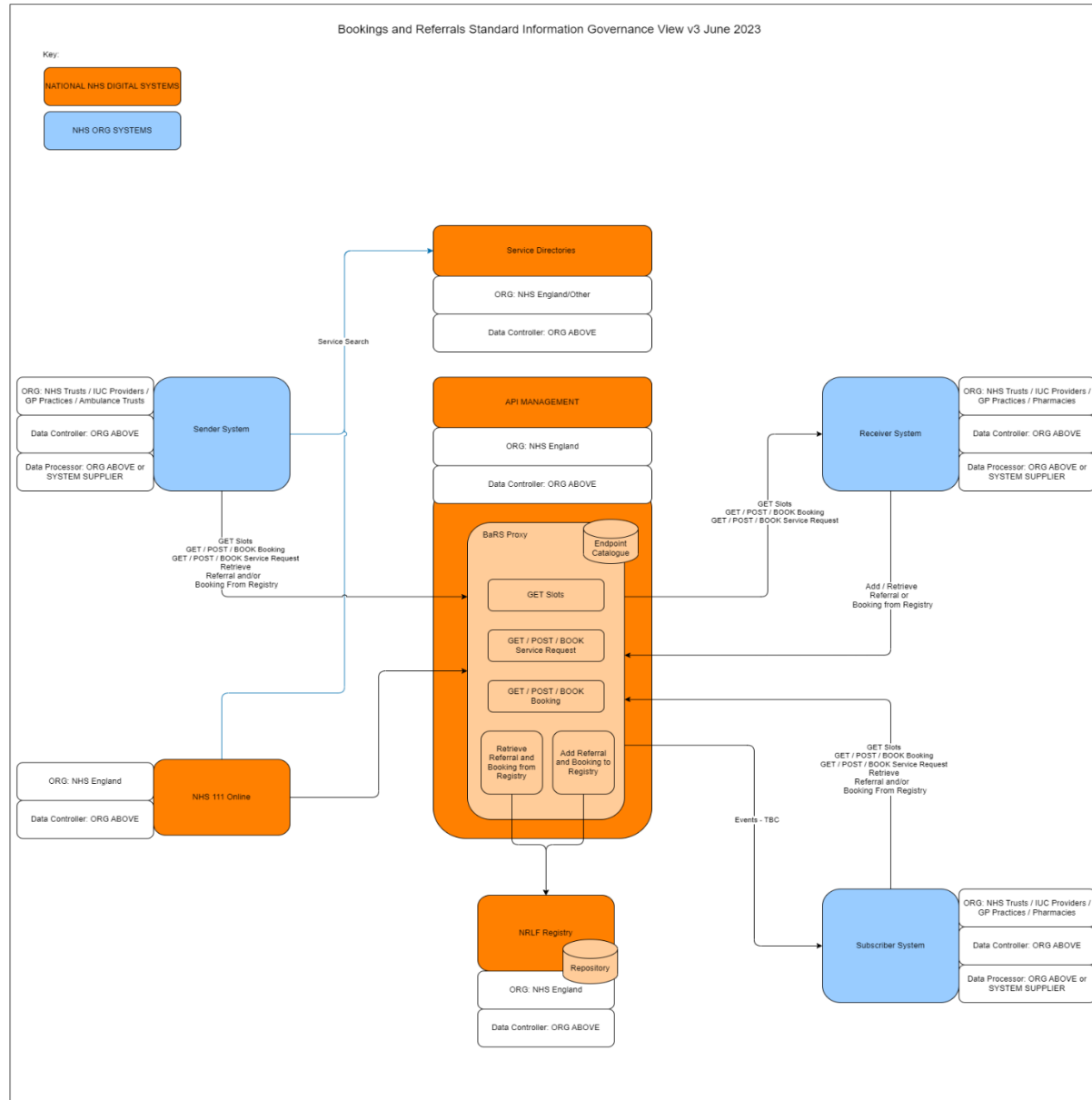
### Regular Dissemination/Sharing

In the future we could provide a minimal amount of management information if directed by our commissioners.

## System Delivery Function

The systems involved using the NHS Booking and Referral Standard

- Sender systems – the organisations e.g. Integrated Urgent Care (IUC) Providers and General Practices who are requesting a booking and service request;
- 111 online (NHS England service) – the public will be able to request a booking and service request via 111 online;
- Receiving system – the organisations who receive the booking and service request;
- Subscribing system – the organisations who may receive an update to know that a booking and referral has been made e.g. GP Practice.



## Data flow diagram explanation

Below is a diagram that depicts the technical architecture and data flows for the Booking and Referral standard v1.0. The diagram can be summarised (in this example, a booking flow) as follows:

1. Sender gets a list of services from a Service Directory
2. A service is selected
3. Sender invokes the Get Slots resource on the Booking and Referral Service (BaRS) proxy passing the service identifier as a parameter
4. The BaRS proxy calls out to the Endpoint Catalogue on the NHS England API-Management to get the endpoint associated with the service identifier
5. BaRS Proxy routes the Get Slots request to the Receiver defined in the endpoint
6. Receiver responds with a list of slots
7. Sender selects a slot
8. Sender invokes the Create Booking on the BaRS proxy, passing the slot and the service identifier as parameters
9. The BaRS proxy calls out to the Endpoint Catalogue to get the endpoint associated with the service identifier
10. BaRS Proxy routes the Create Booking Request to the Receiver defined in the endpoint
11. Receiver creates a booking based on the selected slot
12. Receiver creates an entry in the NRLF Registry via the BaRS proxy (Suppliers will need to complete development to enable this)

[FHIR UK Core 4 profiles](#) are a set of rules used to develop the payload between the different systems. Payload here, refers to the contextual information relating to the actual booking or referral that is carried from the sender to the receiver and is separate from the information required by the transport layer for routing, authentication, authorisation and access control.

## BaRS Registry

The BaRS Registry will be a repository of pointers to Booking and Referral records that reside in external systems. This Direction Specification will be updated in line with the [Change Control process](#) when the BaRS Registry is developed further. The NRLF has a DPIA and the asset number is IAR0000561.

## API Management (API-M)

NHS Digital API Management will host the BaRS API and BaRS Proxy and the Endpoint Catalogue API. Any data that will traverse API-M will be based on the BaRS Information Model (See attached). NHS England maintains a register of APIs in use and under development. API Management is an infrastructure service and a DPIA is available.

## Change control process

Changes to this Specification will be managed by NHS England in conjunction with the Department of Health and Social Care to ensure such changes are aligned with the Booking and Referral Standard Directions 2022.

NHS England will consult with the following groups as part of the review of the Requirements Specification including the Technical Delivery Group, E-Referral Service (eRS) Programme Board, Clinical Safety Group, Digital Urgent and Emergency Care (DUEC) Board and Pharmacy First Board,

## Appendix A Splunk Audit Logging

Name	Example	Usage	Logged every time?
Log TimeStamp	10/19/2021 10:13:06 +0000	This is the time the event was logged	Y
auth.meta.auth_type	app	This indicates whether access is for application-restricted or user-restricted APIs.	N
auth.meta.level	open	This is the authorization level	N
auth.meta.provider	apim	What granted access.	N
client.location.city	Maidstone	Location of the client application making the request (city)	Y
client.location.country	United Kingdom	Location of the client application making the request (country)	Y
client.location.lat	51.25390	Location of the client application making the request (latitude)	Y
client.location.lon	0.53270	Location of the client application making the request (longitude)	Y
client.location.region	Kent	Location of the client application making the request (county)	Y
client.received_end	1634638356751	The timestamp value specifying when the proxy finished receiving the request.	Y
client.received_start	1634638356751	The timestamp value specifying when the proxy began receiving the request.	Y
client.sent_end	1634638356837	When the proxy began finished the response	Y
client.sent_start	1634638356837	When the proxy began sending the response	Y
client.user_agent	PostmanRuntime/7.2 6.1	Software agent acting on behalf of the user.	Y
data_set_redact	apm-ptl-redact- populate-sandbox		Y
data_set	apm-ptl-update- summary-apm-ptl,		Y
error.error	com.apigee.flow.mes sage.MessageImpl@ 655c488c	Apigee error code.	N
error.is_error	true	Is this entry an error?	Y
error.is_policy_error	0	Is this entry a policy error?	Y
error.is_target_error	1	Is this entry a target error?	Y
error.reason_phrase	Bad Request	Human readable error code, usually inline with the HTTP status code.	N

error.state	TARGET_RESP_FLOW	A representation of where in the flow the error occurred.	N
info_max_time	1634638620.000		Y
info_min_time	1634638320.000		Y
info_search_time	1634639149.317		Y
messageID	rrt-3215872640296518210-b-geu2-23909-7990639-1	Apigee generated messageID	Y
meta.application	unknown	Name of the application	N
meta.api_guid	c7f450fb-ae5b-402b-9640-7adf22770108	Identifier for the API	Y
meta.api_spec_guid	a302b2a5-5c98-4fab-bd84-b32a437ccd1e	Identifier for the API specification.	Y
meta.env	sandbox	The environment of the API.	Y
meta.organization	nhsd-prod	The organisation.	Y
orig_host	sh-i-059a6fd3273d28283.nhsdigital.splunkcloud.com		Y
orig_source	apim-ptl-redact-populate-sandbox		Y
proxy.basepath	booking-and-referral	Proxy endpoint basepath.	Y
proxy.name	booking-and-referral-sandbox	Proxy name.	Y
proxy.revision	31		Y
proxy.suffix	/Appointment	Proxy endpoint suffix.	Y
request.content_length	0	Length of the request body.	Y
request.host	sandbox.api.service.nhs.uk	Hostname.	Y
request.port	443	Port request was received on.	Y
request.uri.params.patientIdentifier	%3Cstring%3E	Header parameter, in this instance Patient NHS number.	N
request.verb	GET	HTTP Verb the request used.	Y
response.content_length	384	Length of the response body.	Y
response.content_type	application/json	The content data type.	Y
search_name	apim-ptl-update-summary-apm-ptl		Y
search_now	1634639100.000		Y
status_code_returned	200	HTTP status code returned.	Y
target.content_length	133	Length of the response from the TargetEndpoint.	Y
target.host	sandbox.apis.ptl.api.platform.nhs.uk	TargetEndpoint hostname.	Y
target.port	443	Port used.	Y

target.received_end	1634638356836	When TargetEndpoint finished receiving a response from the target.	Y
target.received_start	1634638356836	When TargetEndpoint started receiving a response from the target.	Y
target.sent_end	1634638356826	When TargetEndpoint finished receiving a response from the target.	Y
target.sent_start	1634638356759	When TargetEndpoint started receiving a response from the target.	Y