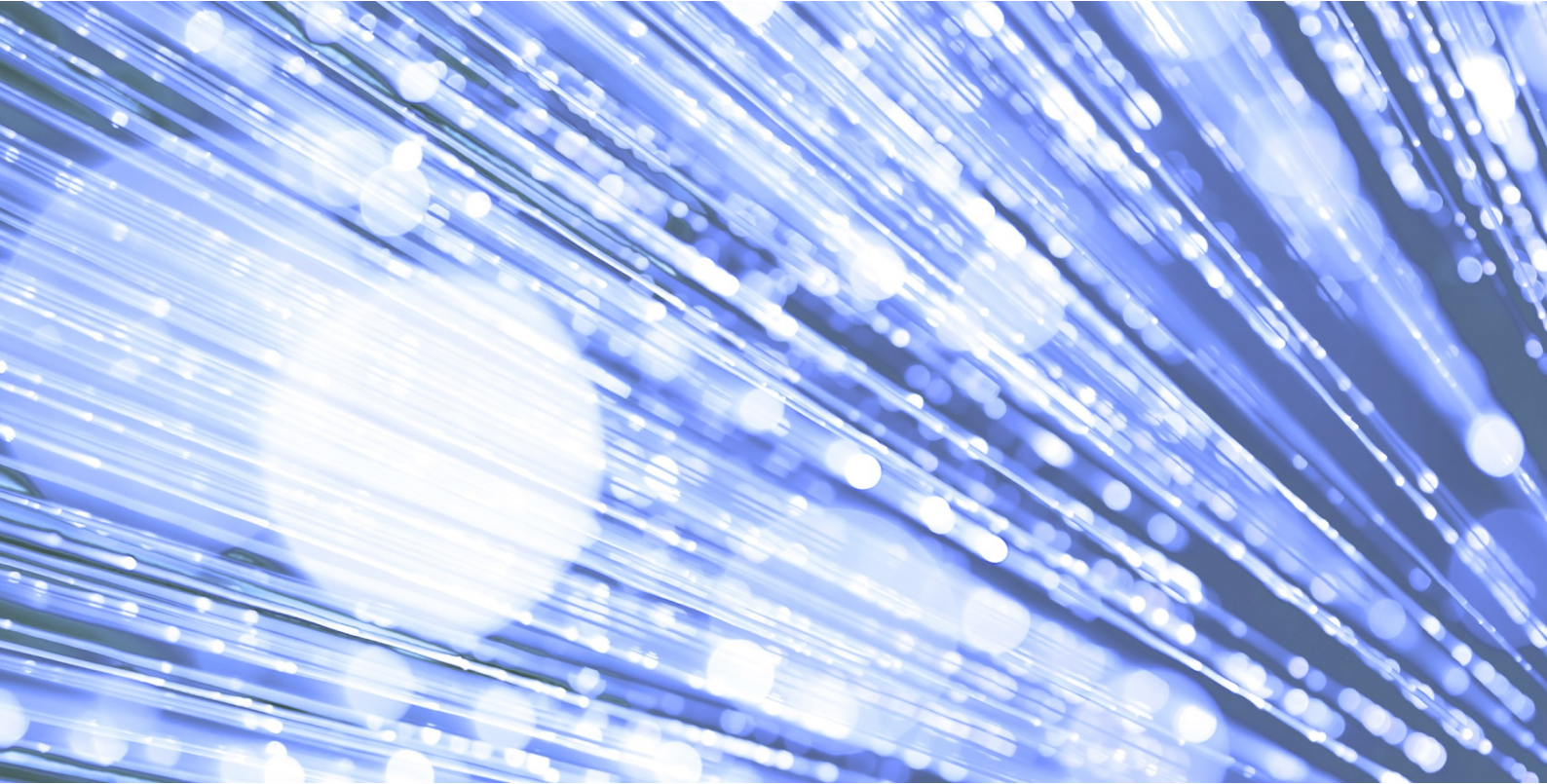


DAPB0092 Amd 64/2020

Commissioning Data Sets v6.3 Change Specification

Published 15 June 2021



Information and technology
for better health and care

Data Alliance Partnership Board

Acting on behalf of the Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, the Data Alliance Partnership Sub Board (DAPSB) has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Technical Output Specification
- Implementation Guidance.

An Information Standards Notice (DAPB0092 Amd 64/2020) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 15 June 2021



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Glossary of Terms

A full Glossary of Terms for the CDS Information Standard can be found within the CDS Requirements Specification.

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1. Overview

1.1. Summary

Standard	
Standard Number	DAPB0092
Standard Title	Commissioning Data Sets (CDS) v6.3
Description	<p>The Commissioning Data Sets (CDS) are patient level, secondary uses data sets providing information about NHS provided secondary care activity. CDS is used for a variety of purposes, including national reporting through Hospital Episode Statistics (HES), the allocation of payments through the National Tariff Payment System and measurement of waiting times through Referral to Treatment (RTT). The data is submitted through the Secondary Uses Service (SUS) in an XML format on a weekly, monthly or annual basis, depending on the CDS type (see Appendix A of the CDS v6.3 Requirements Specification).</p> <p>As a secondary uses data set, CDS 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.</p> <p>The CDS v6.3 changes are mainly designed to update CDS in line with current clinical and data recording practices, as well as to support recent policy initiatives and enable conformance with other information standards and legislation introduced since CDS v6.2 went live in 2012.</p> <p><u>In Scope</u></p> <p>This standard mandates the central flow of administrative and clinical information for secondary uses purposes. The standard defines a 'data set specification' for extract from Patient Administration Systems (PAS) and clinical systems.</p> <p>The scope of CDS includes secondary care activity undertaken by NHS Hospital Providers in England, including patients receiving private treatment within an NHS Trust (i.e. within a Private Patient Unit (PPU)), and NHS commissioned elective activity carried out elsewhere, including in the independent sector (including Any Qualified Providers) and overseas.</p> <p>Patient activity in the form of Outpatient Appointments (including Did Not Attends) and Admitted Patient Care (Hospital Admissions) is included.</p> <p><u>Out of Scope</u></p> <p>The following areas are exceptions to the scope of the DAPB0092 information standard:</p> <ul style="list-style-type: none"> • Emergency Care activity – Type 011 is the CDS Type for emergency care services. This is covered by the separate information standard DCB0092-2062: Commissioning Data Sets: Emergency Care Data Set. • Local system functionality or design: whilst the standard provides details of 'what' and 'how' data should be submitted, it does not stipulate any standard for the functionality or design of local clinical and operational systems, although as a general principle if data is easy to collect and synchronise with care pathways it will improve the quality of the data provided.

	<ul style="list-style-type: none"> • Non-NHS funded services provided by independent organisations, i.e. activity relating to private patients treated within private hospitals, which are not required to make submissions except for activity commissioned by the NHS. • Activity carried out by other care services, e.g. by GPs. • Non-contract services rendered outside England. <p><u>Future scope</u></p> <p>Please note that the scope of CDS will be refined further as part of a future ISN release. The intention is for mental health data to be removed from the scope, as this is collected in the Mental Health Services Data Set (MHSDS). Maternity data will also be removed from the scope, as this is collected in the Maternity Services Data Set (MSDS). However, both mental health and maternity data remain in scope of CDS v6.3.</p>
Applies to	<p><u>Organisation Types</u></p> <p>CDS will be used in all NHS organisations providing secondary care, including foundation and non-foundation Trusts. This also includes services commissioned by the NHS but provided by independent organisations.</p> <p><u>Professionals</u></p> <p>The standard applies to both care professionals and other staff working in secondary care organisations. This could include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • clinicians, in particular consultants working in various specialties and specialist staff working in specific care areas, for example obstetricians and midwives working in maternity care • information and IT professionals • administrative personnel • staff working in support organisations such as XML middleware suppliers, who may be involved in submitting data on behalf of NHS organisations <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to the following electronic information systems:</p> <ul style="list-style-type: none"> • Patient Administration Systems (PAS) • Electronic Patient Records (EPR) • Clinical and operational systems used in secondary care hospitals, such as dedicated maternity systems, radiology systems, pathology systems etc <p><u>Data Subjects</u></p> <p>The standard primarily aims to capture information on patients of all ages, including newborn babies, children and adults, who are in contact with secondary care providers.</p> <p>In addition, limited information about clinicians is captured, such as their professional registration details and main specialty.</p>

Release	
Release Number	Amd 64/2020
Release Title	Version 6.3
Description	<p>CDS v6.3 is an interim update to the existing CDS v6.2. The 'tactical release' of CDS v6.3 is designed to rapidly introduce a number of high priority changes so that SNOMED CT codes (including recently authored codes that relate to COVID-19) can be submitted to CDS as soon as possible.</p> <p>In summary, the high-level changes in v6.3 comprise:</p> <ul style="list-style-type: none"> • Introduction of SNOMED CT, as per the SCCI0034 information standard • Removal of Read Version 2/Clinical Terms Version 3 (CTV-3) structures • Changes to conform with other information standards, such as: <ul style="list-style-type: none"> ○ DCB0028 Treatment Function and Main Specialty Standard ○ DCB3017 Overseas Visitor Charging Category (OVCC) ○ DCB0090 Health and Social Care Organisation Reference Data ○ DCB2094 Sexual Orientation Monitoring Standard • Removal of enumerated value lists from the submission XML schema for some data items • Various updates to NHS Data Model and Dictionary data items to reflect changes since the CDS was last updated • Retirement of redundant CDS types which are no longer utilised or represent duplication, such as types 021, 030-110 and 170 • Introduction of the ability to submit multiple commissioners and the SPECIALISED SERVICE CODE data item, to support specialised commissioning requirements • Minor changes to support NHS England and NHS Improvement Outpatient Transformation Programme requirements • Acute Data Alignment Programme (ADAPt) changes to support alignment with the Private Healthcare Information Network (PHIN) submissions of data for private patients • Additional data items to match and enable linkage with the forthcoming Ambulance Data Set • Changes to enable the capture of risk assessments completed for ophthalmology patients and an associated 'latest clinically appropriate date' for treatment • Enabling the reporting of digitalised fit notes issued in secondary care within CDS, in support of the forthcoming DAPB4011 eMED3 (Fit Notes) in Secondary Care information standard <p>CDS v6.3 will ultimately replace CDS v6.2 (ISB 0092 Amd 16/2010), which was published in September 2012.</p>
Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 April 2022 systems used by secondary care providers SHOULD be fully conformant with this standard.</p> <p>From 1 April 2023 systems used by secondary care providers MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 April 2022, providers of NHS-funded secondary care activity, as defined in this Information Standard, SHOULD be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1 April 2022, providers of NHS-funded secondary care activity (or their nominated middleware supplier) SHOULD start making CDS v6.3 submissions in accordance with this standard.</p>

	<p>By 1 April 2023, providers of NHS-funded secondary care activity MUST be fully conformant with CDS v6.3, including the capture and submission of any new mandatory or required data items.</p> <p>Providers of NHS-funded secondary care activity may also volunteer to participate in pilot trials ahead of the official start of submissions to test the process ahead of full data collection, upon discussion and agreement with NHS Digital. Pilot data MAY be provided ahead of 1 April 2022.</p>
Full Conformance Date	1 April 2023 - this allows a year from the start of CDS v6.3 submissions for providers of NHS-funded secondary care activity to transition from CDS v6.2 to CDS v6.3.

1.2. Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	CDS v6.3 Requirements Specification
2	CDS v6.3 Technical Output Specification
3	CDS v6.3 Implementation Guidance
4	CDS v6.3 User Guidance
5	NHS Data Model and Dictionary CDS v6.3 Change Request
6	CDS v6.3 XML Schema (hosted on TRUD – login required)

Please see the *Implementation Guidance* for a full list and descriptions of each related document.

1.3. Related standards

Reference	Title
DCB0092-2062	Commissioning Data Sets (CDS) Version 6.2.2: Emergency Care Data Set (ECDS)
DCB1069	Community Services Data Set (CSDS)
DCB0011	Mental Health Services Data Set (MHSDS)
DCB1513	Maternity Services Data Set (MSDS)
ISB 0149-02	NHS Number for Secondary Care
SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases and Health Related Problems (ICD-10)
DCB0084	OPCS Classification of Interventions and Procedures (OPCS-4)
DCB0090	Health and Social Care Organisation Reference Data
ISB 1553	Read Clinical Terms Version 2 (Deprecated)
ISB 1552	Read Clinical Terms Version 3 (Deprecated)
SCCI0075	Neonatal Critical Care Minimum Data Set

Reference	Title
SCCI0076	Paediatric Critical Care Minimum Data Set
ISB 0153	Critical Care Minimum Data Set
DCB3017	Overseas Visitor Charging Category (OVCC)
DCB0028	Treatment Function and Main Specialty Standard
DCB2094	Sexual Orientation Monitoring Standard
DCB2050	Aggregate Contract Monitoring
DCB3003	Patient Level Contract Monitoring
DCB3002	Devices Patient Level Contract Monitoring
DCB2212	Drugs Patient Level Contract Monitoring
DCB0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems
DCB0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

2. Change specification

2.1. Reason for release

The CDS applies to, and is used by, a wide range of stakeholders. The content of the data set is determined from consultation with these stakeholders which include various sections of Department of Health and Social Care (DHSC), NHS England and NHS Improvement, NHSX, the Treatment Function Maintenance Group, NHS Data Model and Dictionary, service providers, commissioners and data users.

This Change Specification is released in order to inform those stakeholders which have already implemented CDS, in particular data submitters, about the changes to the latest version and how to implement them.

The following documents/policies all contribute to setting the context for the changes required for CDS v6.3:

- [SCCI0034: SNOMED CT information standard](#)
- [DCB0090: Health and Social Care Organisation Reference Data information standard](#)
- [DCB0028: Treatment Function and Main Specialty information standard](#)
- [DCB3017: Overseas Visitor Charging Category \(OVCC\) information standard](#)
- [NHS Data Model and Dictionary](#), in particular:
 - [Commissioning Data Set Version 6-2 XML Schema Constraints](#)
 - [Data Dictionary Change Notices: CR1808 'Correction of Format/Length Data Elements'](#) and [CR1798 'Commissioning Data Set change to weekly submission'](#)

- [NHS Long Term Plan](#)
- [NHS England and NHS Improvement Outpatient Transformation Programme](#)
- [Ambulance Data Set Pilot \(ADS\) Data Provision Notice](#)
- [Healthcare Safety Investigation Branch report on 'Lack of timely monitoring of patients with glaucoma'](#), which sets out recommendations relating to CDS changes.

2.2. Detailed Change Specification

This Change Specification represents a high-level summary of and justification for the changes included in CDS v6.3. This should be read in conjunction with the separate CDS v6.3 Detailed Change Specification, which provides a more detailed view of the changes applied to individual CDS types, groups, and data items and is available on the [NHS Digital CDS webpage](#).

The Detailed Change Specification is presented in a similar format as the CDS v6.3 Enhanced Technical Output Specification, and shows the changes to data item names, formats, national codes and their descriptions, mandation levels, repeats and business rules.

2.3. Justification for changes

2.3.1. Replacement of PERSON GENDER CODE CURRENT item with updated data items

In line with a request raised by the NHS Data Model and Dictionary team, this change updates PERSON GENDER CODE CURRENT, the data item utilised in CDS v6.2, which is outdated due to being defined as the phenotypic (observed) gender rather than the patient's self-stated gender. This item has been replaced by PERSON STATED GENDER CODE (or PERSON PHENOTYPIC SEX for the baby in birth CDS types and delivery tails).

Aims: Ensure the latest data item is used in CDS to conform with other standards and national requirements, while still allowing matching with similar values used by the Personal Demographics Service (PDS).

Benefits: CDS is aligned with the latest standards and other data sets. This change will also potentially reduce burden for care providers and system suppliers who support multiple data sets through aligning this data item across data sets.

2.3.2. Update of all ORGANISATION CODE and ORGANISATION SITE CODE data items

This change is being introduced in line with the [DCB0090: Health and Social Care Organisation Reference Data](#) information standard, which provides reference data about the organisations that comprise the health and social care services in England.

All ORGANISATION CODE and ORGANISATION SITE CODE data items have been replaced with ORGANISATION IDENTIFIER equivalents.

These data items enable the submission of organisation codes using a single, unified standard structure of 5 alternating alphabetic and numeric characters ('ANANA' format). These codes were introduced from 1 October 2020.

Aims: This change will align CDS with the latest standard and other data sets.

Replacing ORGANISATION CODE and ORGANISATION SITE CODE data items with ORGANISATION IDENTIFIER equivalents ensures that data item formats allow the new 'ANANA' format to be supported.

The data items used in CDS v6.2 do not allow the flow of updated ODS organisation codes in the 'ANANA' format without workarounds.

Benefits: The change allows data providers to submit data including the new organisation codes without additional burden or the need for workarounds within SUS, and avoids valid data being rejected.

There are a number of benefits related to the introduction of 'ANANA' as a whole, including ensuring code structures are not exhausted.

2.3.3. Update of the Header and Trailer CDS Types

The focus of this change is on the CDS TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL and CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL, where a number of changes have been made in order to align the groups and selected data items with the rest of the CDS types as per the latest standards specified below.

Aims: The changes are as follows:

- Retire CDS SENDER IDENTITY data item and replace with ORGANISATION IDENTIFIER (CDS SENDER), as per [DCB0090](#) information standard and in line with similar changes implemented to other data items and described in section 2.3.2.
- Retire CDS PRIME RECIPIENT IDENTITY and CDS COPY RECIPIENT IDENTITY, replacing these data items with ORGANISATION IDENTIFIER (CDS RECIPIENT) to allow recipients of the CDS data to be specified.
- Relax mandation on the ORGANISATION IDENTIFIER (CDS RECIPIENT) field to make this optional, as it is not used as part of the 'key' for duplicates unlike the items it replaces.
- Update format of the CDS UNIQUE IDENTIFIER from 'an35' to 'min an1 max an35' in line with similar changes added to a number of data items, as per the [DDCN CR1808](#), described in 2.3.12.

Benefits: Implementing these changes will:

- Align CDS with the latest standards and allow data providers to submit data including the new organisation codes without additional burden and avoiding valid data being rejected.
- Align the CDS UNIQUE IDENTIFIER data item format described in the Data Dictionary with the actual XML schema format, as per the [Commissioning Data Set Version 6-2 XML Schema Constraints](#) information – this improves consistency across documentation, reducing confusion for data submitters as the formats used in the XML schema, Data Dictionary and the TOS all match.

2.3.4. Replacement of Overseas Visitor group with updated data items

We are introducing this change in line with the [DCB3017: Overseas Visitor Charging Category \(OVCC\)](#) information standard, which must be used to record the chargeable status of a patient using NHS services.

The OVCC information standard sets out the values which must be used in the recording of relevant information by providers of NHS-funded services in scope of the National Health Service (Charges to Overseas Visitors) Regulations 2015, most recently amended by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017. These Regulations mandate the identification, charging and recovery of costs from those patients who are not entitled to use the NHS for free.

In support of this requirement, the DCB3017 information standard states that the attribute OVERSEAS VISITOR CHARGING CATEGORY must be used to record the chargeable status of a patient using NHS services where this information is recorded.

The DCB3017 ISN sets out that CDS would be updated to reflect the new values in its next release, i.e. in CDS v6.3.

Aims: The outdated overseas visitor data items currently utilised in CDS v6.2 are to be replaced by new data items mandated by DCB3017. These include:

- OVERSEAS VISITOR STATUS CLASSIFICATION replaced with OVERSEAS VISITOR CHARGING CATEGORY (including changes to the national codes)
- OVERSEAS VISITOR STATUS CLASSIFICATION AT CDS ACTIVITY DATE replaced with OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE (including changes to the national codes)
- OVERSEAS VISITOR STATUS START DATE replaced with OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE FROM DATE
- OVERSEAS VISITOR STATUS END DATE replaced with OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE END DATE

Benefits: Replacing the OVERSEAS VISITOR STATUS group and items with OVERSEAS VISITOR CHARGING CATEGORY equivalents will align CDS with the latest standard, ensuring conformance with legal requirements and reduced burden for care providers and system suppliers who have already migrated to using the latest values locally.

2.3.5. Remove enumerated value lists from XML schema for some items

This change is introduced to support separate published ISNs, in particular [DCB0028: Treatment Function and Main Specialty Standard](#), defining the Treatment Function and Main Specialty classifications used to support the national reporting and analysis of clinical workforce activity throughout the NHS.

This change removes the enumerated national code lists from:

- ACTIVITY TREATMENT FUNCTION CODE
- CARE PROFESSIONAL MAIN SPECIALTY CODE
- CRITICAL CARE ACTIVITY CODE

- MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION)
- ACTIVITY LOCATION TYPE CODE

These code lists will instead be validated at the landing portal.

Aims: Removing the enumerated lists from items where the value list is likely to change outside of CDS version updates, i.e. those items mandated by or used in other standards. This avoids future conflicts between value lists defined in CDS and those mandated by other standards.

Benefits: By removing enumeration from the XML schema, future changes to standards such as the [DCB0028: Treatment Function and Main Specialty Standard](#) will not require an updated release of the CDS standard. Making changes for this purpose would be burdensome, and if the changes were not made then the Treatment Function Codes value list in the published standard would be out of step with the values that could be submitted in CDS.

Removing enumeration from the schema for simplification may mean more Trusts are able to submit CDS data themselves, reducing the cost to the NHS of Trusts contracting middleware suppliers to make submissions on their behalf. This change also gives the opportunity to free up time and resources within Trusts to focus on supporting clinical care.

2.3.6. Remove Read/CTV-3 structures

This change is implemented to support the [SCCI0034: SNOMED CT](#) information standard.

This change removes Read Version 2 (Read) and Clinical Terms Version 3 (CTV-3) groups and data items (these are effectively replaced by SNOMED CT equivalents). These groups/items include:

- PRIMARY DIAGNOSIS
 - DIAGNOSIS SCHEME IN USE
 - PRIMARY DIAGNOSIS (READ)
- SECONDARY DIAGNOSES
 - DIAGNOSIS SCHEME IN USE
 - SECONDARY DIAGNOSIS (READ)
- PRIMARY PROCEDURE
 - PROCEDURE SCHEME IN USE
 - PRIMARY PROCEDURE (READ)
 - PROCEDURE DATE
- SECONDARY PROCEDURES
 - PROCEDURE SCHEME IN USE
 - PROCEDURE (READ)
 - PROCEDURE DATE

Aims: Update CDS to match current coding practices through removing coding schemes that are no longer used. Read and CTV-3 have been deprecated, as a result of the adoption

of SNOMED CT, and in any event are not widely used in acute hospital systems or landed/analysed.

Benefits: This change will allow the removal of deprecated clinical coding methodology and promotes the use of SNOMED CT, aligning CDS with the latest standard. The data set is streamlined through removing unused content from the specification, XML schema and other CDS documentation.

2.3.7. Addition of SNOMED CT Groups

This change has been introduced into the data set in support of the [SCCI0034: SNOMED CT information standard](#) for clinical terminology. SNOMED CT terms are published by SNOMED International and provide a global common language for health terms.

SNOMED CT was originally identified as the required terminology to support direct management of care in the NHS in [Personalised Health and Care 2020: A Framework for Action](#) policy document, published by the National Information Board (NIB) in November 2014.

As per the [SCCI0034: SNOMED CT information standard](#) update released on 07 May 2020, it is expected that all secondary, dentistry and optometry service providers will have detailed plans in place with an associated implementation schedule for SNOMED CT. These plans will be required by NHSX and NHS England and NHS Improvement as part of provider planning activity.

SNOMED CT has been introduced into CDS in line with recommendations from the [NHS Digital Data Design Authority](#). As such, the SNOMED CT data items allow up to 4000 characters to be submitted, enabling the flow of [post-coordinated SNOMED CT expressions](#) made up of multiple concept identifiers. An additional data item, DATA ABSENT REASON (FHIR R4), is also included alongside each SNOMED CT data item. This item enables a FHIR message identifying the reason that a SNOMED CT term is missing to be submitted.

ICD-10 and OPCS-4 data will continue to be supported, and will be used for payment purposes, including the calculation of HRGs, for the foreseeable future. Read and CTV-3 have been retired, as stated in section 2.3.6 above.

Aims: This change adds SNOMED CT groups/data items to CDS. These new groups and data items will allow the capture of SNOMED CT codes, thereby meeting the SCCI0034 requirements, covering:

- DIAGNOSIS
- COMORBIDITY
- PROCEDURE
- CODED CLINICAL ENTRY SEQUENCE NUMBER
- OBSERVATION
- OBSERVATION VALUE
- UCUM UNIT OF MEASUREMENT
- FINDING
- SOCIAL AND PERSONAL CIRCUMSTANCE
- ASSESSMENT TOOL
- PERSON SCORE
- associated TIMESTAMP
- associated DATA ABSENT REASON

Benefits: The introduction of SNOMED CT offers a number of benefits, including:

- Quicker reaction to changes in national reporting requirements - SNOMED CT is updated every 4-8 weeks, so new terms can be included and analysed quickly for national reports where new requirements are identified. This is particularly relevant in the context of the COVID-19 pandemic – once a SNOMED CT structure exists within CDS, new codes for COVID-19 (or other conditions) can flow within this structure without the need for manual updates to the data set or separate data collections/linkage
- More detailed data available for analysis/payment purposes, e.g. details of specific, rare conditions
- Enabling consistent analysis across multiple care domains and providers.
- Reducing burden, as care providers are only required to capture information for primary use and the data can then be used for secondary purposes without local transformation/manual coding – coding is instead done at the point of contact (principle of ‘collect once, use often’)
- Simplifying and standardising how data can be collected from local systems.
- Allowing providers a choice between multiple schemes to submit care activity information – ICD-10, OPCS-4 or SNOMED CT
- The use of SNOMED CT to capture outcome measures reduces the need for individual tables for each measure; a single table can capture multiple measures using a common structure. For example, multiple types of scored assessment (e.g. National Early Warning Score (NEWS), risk ratings for ophthalmic patients, clinical priority scores) can be captured in the ASSESSMENT TOOL GROUP. The ASSESSMENT TOOL (SNOMED CT EXPRESSION) data item is used to capture the type of assessment, and the PERSON SCORE data item captures the associated score where required.

2.3.8. Addition of pilot field for ETHNIC CATEGORY 2021, to allow capture of expected new census values

There is a requirement to prepare CDS for recording ETHNIC CATEGORY 2021, the classification used in the 2021 census to record the ethnicity of a PERSON, as specified by the PERSON.

This change adds a pilot (spare) field for ETHNIC CATEGORY 2021 in anticipation of introduction of a new value set, replacing the current ETHNIC CATEGORY data item (which uses 2001 census values). No enumeration is currently defined for this data item. The functionality to allow future landing of the new data in SUS+ could be 'activated' in CDS without changes to schema.

Aims: As this item forms part of the Unified Information Standard for Protected Characteristics (UISPC), which has not yet been approved by DAPB, the aim at this stage is 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 the wider NHS adopts ETHNIC CATEGORY 2021 and further development by NHS Digital has been undertaken.

Benefits: Introducing this pilot data item will future proof CDS allowing data to be submitted in conformance with the latest census values, as opposed to the now-outdated 2001 census values currently in use. The updated 2021 census values allow greater granularity through

the introduction of new national codes, allowing the monitoring of health inequalities across more granular, low-level ethnic groups such as gypsies and travellers.

It will also reduce the burden resulting from the procedural requirements (such as a full interim standard release) that would otherwise be needed to update CDS in order to add this data item at a later stage.

2.3.9. Retirement of redundant CDS Types/Items

CDS v6.2 included the following CDS Types, which have been retired from CDS v6.3:

Outpatient Commissioning Data Set Types:

021 – Future Outpatient CDS

Admitted Patient Care Commissioning Data Set Types:

170 – Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS

Elective Admission List Commissioning Data Set Types - End Of Period Census Types:

030 – Elective Admission List - End of Period Census (Standard) CDS

040 – Elective Admission List - End Of Period Census (Old) CDS

050 – Elective Admission List - End Of Period Census (New) CDS

Elective Admission List - Event During Period Types:

060 – Elective Admission List - Event During Period (Add) CDS

070 – Elective Admission List - Event During Period (Remove) CDS

080 – Elective Admission List - Event During Period (Offer) CDS

090 – Elective Admission List - Event During Period (Available/Unavailable) CDS

100 – Elective Admission List - Event During Period (Old Service Agreement) CDS

110 - Elective Admission List - Event During Period (New Service Agreement) CDS

These CDS Types have been retired in CDS v6.3 because:

- equivalent data is already being captured in another data set
- data captured does not serve a clearly defined purpose
- certain CDS types were not being widely submitted or used for analysis, as demonstrated below:
 - Type 021 – Future Outpatient CDS data was only submitted by eight providers during Oct 2019 – Sep 2020, with even less providers making regular submissions
 - EAL CDS data for selected types was only submitted by five providers between Apr 2020 – Sep 2020. No EAL data was submitted between Oct 2019 – Mar 2020
 - Type 170 – Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS data was submitted by just four providers between Apr 2020 – Jun 2020.

Aims: This change aims to:

- retire CDS Type 170 (Psychiatric Census – data already captured in MHSDS)
- retire CDS Type 021 (Future Outpatients – pilot CDS Type not being utilised)
- retire CDS Type 030-110 (EAL types – not being utilised)
- formalise retirement of CDS Type 010 in CDS documentation (Type 010 has been replaced by ECDS and was officially retired as part of the recent ECDS v6.2.3 uplift).

Benefits: This change will reduce burden for providers by removing CDS types that are not utilised or where equivalent data is captured elsewhere (e.g. in MHSDS or ECDS).

2.3.10. Introduction of the ability to record and submit multiple commissioners

There is a requirement from the NHS England and NHS Improvement National Specialised Commissioning team to allow hospital spells submitted in CDS to be assigned to more than one commissioner. Examples where this occurs are:

- A hospital spell may be CCG commissioned but the critical care spell (i.e. NICU/PICU) will be centrally funded by NHS England and NHS Improvement, i.e. specialised commissioning
- Scenarios whereby the duration of care determines commissioner. For example, NHS England and NHS Improvement is responsible for the commissioning of Bone and Marrow transplantation care up to 100 days post transplantation; thereafter the commissioning responsibility sits with the CCG.

Aims: This change introduces a structural change to the SERVICE AGREEMENT DETAILS group, allowing for unlimited repeats of commissioner-related data items, in order to provide the ability to record and submit multiple commissioners relevant to the same hospital spell.

In addition, new data items are being introduced in order to allow the recording of specific commissioner assignment periods, including:

- START DATE (COMMISSIONER ASSIGNMENT PERIOD)
- END DATE (COMMISSIONER ASSIGNMENT PERIOD)

Benefits: This change will support specialised commissioning services, by allowing hospital spells to have more than one commissioner (e.g. both CCG and specialised commissioning). This allows funding to be more accurately attributed and allocated.

2.3.11. Introduction of SPECIALISED SERVICE CODE data item

There is a requirement from the NHS England and NHS Improvement National Specialised Commissioning team to allow the consistent identification of specialised service activity.

This change is being implemented in line with the [DCB0028: Treatment Function and Main Specialty Standard](#).

The existing Data Dictionary data item SPECIALISED SERVICE CODE, recording the type of specialised service provided for the patient, has been introduced in CDS v6.3. No enumeration is included in the XML schema for this data item, as per other items listed in Section 2.3.5, in order to allow new specialised services introduced by NHS England and NHS Improvement to be submitted in the future.

Aims: This change allows information required in order to identify specialised service activity to be captured without the need for additional Treatment Function Codes to be added.

Benefits: If all specialised services were added to the Treatment Function Codes list, it would quickly become unworkable and out of date.

This change may allow for future reduction in burden through being able to retire other data sets and collections that are now supported by CDS, e.g. elements of [Contract Monitoring Data Sets](#) (DCB2050, DCB3003, DCB3002, DCB2212) could potentially be retired in the future.

2.3.12. Updates to TOS and Data Dictionary pages to amend acceptable format lengths for data items in line with XML schema

NHS Data Model and Dictionary content relating to CDS requires updating in order to reflect differences in data item formats between the Dictionary content and CDS XML schema. For example, the EPISODE NUMBER was historically defined as 'n2' in the dictionary, when in fact the data sets carrying this data item, including CDS, allow a maximum of two numeric characters (as well as default codes that are not considered numeric) – the format should therefore be recorded as 'max an2'.

Corrections have therefore been made to various data item formats in the Data Dictionary and CDS v6.3 TOS to ensure that these are aligned with the CDS v6.3 XML schema.

More details of individual data items and the format inconsistencies can be found in the [Commissioning Data Set Version 6-2 XML Schema Constraints](#) list.

This change is being implemented in line with the [DDCN CR1808](#).

Aims: This change amends the format information defined in Data Dictionary and the TOS for a number of data items, effectively replacing a fixed format length with a more appropriate acceptable range. The TOS has been amended to match this DDCN.

Benefits: This change will ensure consistency between number of related data sources, aligning the TOS and Data Dictionary pages with the CDS XML schema used for submission. This will help submitters to improve data quality, as they will be able to refer to consistent and accurate information about what formats are acceptable within submissions.

2.3.13. Guidance updates, including move to weekly submissions

There is a requirement to publish updated guidance for CDS v6.3 that will provide additional details on changes to items other than those already included in the Technical Output Specification. This will be published in various documents, including as part of the NHS Data Model and Dictionary, in DAPB documentation published alongside the ISN and/or in separate User Guidance published on the NHS Digital website. The CDS v6.3 Implementation Guidance includes a summary of the relevant supporting documentation in Section 2.5.

Aims: The aim of these changes is to include additional details in guidance describing:

- weekly submissions being mandated for selected CDS Types, as specified in SUS guidance, adherence to which is stipulated in [the NHS Standard Contract Service](#)

Conditions – see also the [NHS Data Dictionary pages on mandated CDS data flows and DDCN 1798](#)

- CDS UNIQUE IDENTIFIER generation (as this not being done as per Data Dictionary guidance currently)
- the MESH data transfer mechanism (rather than EDT, which has been deprecated).

Benefits: This will help ensure that guidance published alongside the ISN is up to date and reflects the current position regarding CDS submissions and will reduce inconsistency of recording and improve data quality.

2.3.14. ADAPt/PHIN changes to support private data capture

This requirement is in support of the [Acute Data Alignment Programme \(ADAPt\)](#). ADAPt is a joint programme between NHS Digital and the [Private Healthcare Information Network \(PHIN\)](#) which is looking to adopt common standards for data collections and performance measures across both the NHS and private healthcare.

Aims: The aim of ADAPt is to move towards a common set of standards for data collections, performance measure methodologies and reporting systems across NHS and private healthcare. This includes the capture of additional data that are already captured in the equivalent PHIN collection, including:

- Body Mass Index
- ASA Physical Status Classification System Code.

This information can be captured using SNOMED CT codes in CDS v6.3. While SNOMED CT codes are not widely used by private providers, mapping guidance will be published in order to enable private providers to submit this data in a SNOMED CT format.

Benefits: Aligning CDS with PHIN submissions of data for private patients will support the potential future submission of information on private patients via SUS+, supporting the relevant Competition and Markets Authority (CMA) [Private Healthcare Market Investigation Order 2014 \(as amended 2017\)](#) and reducing duplication of effort of having two separate submission mechanisms. The scope of CDS may be updated in future to include private data, depending on the results of ADAPt pilot work.

2.3.15. Additional data items to match new Ambulance Data Set

This change is implemented to support the forthcoming Ambulance Data Set Information Standard. The Ambulance Data Set (ADS) is currently piloted with a number of ambulance services providers submitting data to NHS Digital as per the [ADS Pilot Data Provision Notice](#).

Aims: The aim for this change is to:

- replace AMBULANCE INCIDENT NUMBER with AMBULANCE CALL IDENTIFIER
- introduce CARE CONTACT IDENTIFIER (AMBULANCE SERVICE)

These changes are to be implemented to the below CDS Types:

- 130 – Admitted Patient Care - Finished General Episode CDS
- 140 – Admitted Patient Care - Finished Delivery Episode CDS

- 190 – Admitted Patient Care - Unfinished General Episode CDS
- 200 – Admitted Patient Care - Unfinished Delivery Episode CDS

Benefits: This change will allow linkage of the hospital admission data in CDS with data captured in the forthcoming ADS, providing a more complete picture of care following an emergency admission to hospital. This change is also consistent with changes recently made to ECDS to add the same data items.

2.3.16. Various data item updates to match NHS Data Model and Dictionary

This requirement is designed to align CDS with the NHS Data Model and Dictionary. Various changes have been implemented, including:

- alignment of group names
- changes to group/data item mandation levels and repeats
- re-worded default national codes descriptions
- introduction of new data groups, including:
 - ADULT CRITICAL CARE - DAILY CARE ACTIVITY CHARACTERISTICS group, to capture daily critical care activity and the types of support provided on a given day including all details of organ systems supported and critical care levels. This matches other critical care tables and items already included in the data set
 - HOME LEAVE group added to inpatient CDS types to capture details of home leave periods during a hospital provider spell, to match how this is recorded in MHSDS, and associated changes to the WARD STAYS data groups
- Replacement of existing data items with new or renamed data items, such as:
 - CONSULTANT CODE replaced by PROFESSIONAL REGISTRATION ENTRY IDENTIFIER (MAIN OPERATING CARE PROFESSIONAL) and PROFESSIONAL REGISTRATION ISSUER CODE – this matches other data sets and allows details for staff other than consultants to be captured
 - RESPONSIBLE CARE PROFESSIONAL INDICATOR – replaces MEDICAL STAFF TYPE SEEING PATIENT, enabling the lead care professional to be identified
 - Items which extend the format length of some data items, such as replacement of LOCAL PATIENT IDENTIFIER with LOCAL PATIENT IDENTIFIER (EXTENDED), replacement of ATTENDANCE IDENTIFIER with OUT-PATIENT ATTENDANCE IDENTIFIER, matching the use of these items in other data sets
 - Separate LAST DNA OR PATIENT CANCELLED DATE into two data items, LAST PATIENT DID NOT ATTEND DATE and LAST PATIENT CANCELLED DATE, with better definitional guidance
 - DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR replaced by DISCHARGED TO NHS AT HOME SERVICE INDICATOR, to reflect the item's use for recording information about patients discharged to [NHS @home services](#)
- Amendments to existing national code lists, e.g. DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL) and METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL) updated to match the MHSDS v5.0 lists
- Removal of some data items which are unused or are now better represented with other data items, such as OPERATION STATUS CODE and LOCATION CLASS

- Amendments to PRESENT ON ADMISSION INDICATOR to remove it from CDS Types 020, 120, 140, 180 and 200, and an updated data item description in CDS Types 130 and 190 to reflect its use in identifying patients admitted to hospital with a pre-existing pressure ulcer.

These changes are set out in more detail in the CDS v6.3 Detailed Change Specification on [the CDS web page](#).

Aims: CDS v6.2 was released in 2012, and since then a number of changes to Data Dictionary data items have been made as a result of changes to policy, clinical practice and the development of other data sets. In some cases, changes have also been made to align the TOS and Data Dictionary with existing XML schema content or submitter practice, or to correct errors.

Benefits: This change will ensure consistency with other data sets, such as MHSDS, and conformance with current Data Dictionary naming convention and authoring practices. The changes should also reduce burden for data submitters, as they can record and submit information consistently across various national data sets without the need for bespoke data transformation for CDS specifically.

2.3.17. Support recording of digitalised fit notes in secondary care

This requirement was raised by the DHSC and the Department for Work and Pensions (DWP) to capture eMED3 Fit Notes data from Secondary Care services in support of the forthcoming DAPB4011 eMED3 (Fit Notes) in Secondary Care information standard. DAPB4011 sets out the requirement for secondary care providers to issue and capture details about electronic fit notes.

The EMED3 FIT NOTE group has been introduced in CDS Types 020 Outpatient CDS, 130 – Admitted Patient Care - Finished General Episode CDS and 190 Admitted Patient Care - Unfinished General Episode CDS.

Aims: The new group allows the capture of details of fit notes issued. This information will be used in conjunction with SNOMED CT finding codes to capture fit note outcomes and linked to staff details (who issued the fit note) and other existing CDS information (e.g. admission/discharge/appointment and patient details). This data can then be provided in an aggregate form to the DWP.

Benefits: Capturing details of eMED3 (electronic fit notes) being issued in secondary care will support the appropriate provision of support services for people to be able to return to work, which is an important priority for both the NHS and the DWP.

This data will also allow DWP to undertake research analysis using anonymised CDS data to inform policy relating to employment and sickness absence, including evaluation of the Fit for Work programme.

The data is also important to help identify geographic level differences in return to work so that national and local providers can respond to provide appropriate services.

2.3.18. Ophthalmology requirements

There is a requirement from NHS England and NHS Improvement (Elective Care Transformation programme) and the Healthcare Safety Investigation Branch (HSIB) to allow the capture of data that would allow better monitoring of patients with glaucoma.

This is in response to the recommendations from the HSIB report on '[Lack of timely monitoring of patients with glaucoma](#)'.

Aims: The aim of this change is to:

- allow the capture of relevant risk ratings using SNOMED CT assessment codes submitted using the CARE ATTENDANCE – ASSESSMENT TOOL GROUP (SNOMED CT). This group is already being added as part of the requirement to enable the ability to flow SNOMED CT, described in section 2.3.7.
- addition of LATEST CLINICALLY APPROPRIATE DATE that allows the latest date by which the patient should be reviewed in order to be clinically safe to be recorded. This could also apply to other patients beyond ophthalmology patients.

Benefits: Capturing details of risk assessments completed for ophthalmology patients (both a risk rating and the recommended follow-up date for each patient) will ensure provision for identifying, prioritising and monitoring patients at risk of developing sight loss is monitored at a national level. Capturing this data in CDS is likely to be beneficial in driving improvement in the local data capture of this information.

2.3.19. Outpatient Transformation Programme requirements

CDS v6.3 features a number of small changes designed to support the NHS England and NHS Improvement [Outpatient Transformation Programme \(OTP\)](#). The amendments to CDS v6.3 will help to monitor these changes and bring data collection into line with policy, financial and operational guidance.

Changes to support this programme have been made to CDS Type 020 Outpatient. These include:

- addition of CONSULTATION TYPE and updates to the CONSULTATION MEDIUM USED data item (now called CONSULTATION MECHANISM) in order to capture more information about where appointments take place. The longer-term goal is to use these items in combination in place of the FIRST ATTENDANCE CODE data item in the next version of CDS
- additions to capture details of patients on a personalised follow-up pathway and subject to remote monitoring, including:
 - additions to the OUTCOME OF ATTENDANCE CODE data item (now renamed OUT-PATIENT ATTENDANCE OUTCOME)
 - two new indicator data items (PATIENT ON PATIENT INITIATED OUT-PATIENT FOLLOW UP PATHWAY INDICATOR AT CDS ACTIVITY DATE and PATIENT SUBJECT TO REMOTE MONITORING INDICATOR AT CDS ACTIVITY DATE)
 - a new data item to capture the APPOINTMENT BOOKED REASON
 - addition of PERSONALISED OUT-PATIENT FOLLOW UP PATHWAY REVIEW DATE and PERSONALISED OUT-PATIENT FOLLOW UP PATHWAY EXPIRY DATE, to capture the date where a personalised follow up pathway should be reviewed or will expire respectively.

- addition of REFERRED BY FIRST CONTACT PRACTITIONER INDICATOR to provide information about the role of non-outpatient services in making referrals.

Aims: This change adds the above data items in order to ensure that accurate data about OTP initiatives can be captured within CDS. In particular, there is an increasing need to record activity related to the provision of care via other consultation mechanisms (e.g. video consultations) and personalised follow-up activity. Trusts and systems across the country are already introducing these measures, however at present limited relevant robust data is collected on them. NHS England and NHS Improvement has confirmed that it is not sustainable for data collection to continue to omit these signature initiatives in future years.

Benefits: The OTP supports the redesign of hospital support, with the intention of avoiding up to a third of outpatient appointments. This will save patients 30 million trips to hospital, and in turn save the NHS over £1 billion a year in new expenditure averted. Reliable counting of avoided appointments will allow the financial benefit of these to be calculated, appropriately reimbursed and incentivised.

Capturing data about the rollout of Personalised Follow-Up where appropriate will help driving a reduction in unnecessary follow-up activity. This will reduce unnecessary face-to-face activity and improve patient experience.

This aligns to the commitment in The NHS Long Term Plan to reduce face-to-face outpatient attendances by a third over the next 5 years.

Improved data flow around the Outpatient Transformation Programme workstreams will allow Trusts, systems, ALBs and DHSC to track benefits and programme trajectories against the Long Term Plan goals.

2.4. Change control

The CDS v6.3 Enhanced Technical Output Specification Change Control will cover any future changes to CDS v6.3 made after this version of the data set goes live. These changes will be limited to validations, business rules and error messages that are not included in the version of the Technical Output Specification published alongside the ISN, and will not affect the high-level changes described in this document.

The latest version of the Enhanced Technical Output Specification is published with other supporting documents on the NHS Digital [CDS webpage](#).