



for health and social care

Main Specialty/Treatment Function Codes

Human Behavioural Guidance

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Purpose of this document

This document comprises the Human Behavioural Guidance for NHS Organisations in relation to the changes to the Main Specialty and Treatment Function Codes standard.

This document is intended to provide NHS Organisations and suppliers of NHS patient information systems with all of the information necessary to allow the capture of additional Treatment Function code data values to the specified definitions.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
0.1	22/05/2012	Initial draft for comment	James Salt

For more information on the status of this document, please see the covering letter or contact:	James Salt The Health and Social Care Information Centre 1 Trevelyan Square Boar Lane Leeds LS1 6AE Tel: 0113 254 2496 E-mail: james.salt@ic.nhs.uk Internet: www.ic.nhs.uk
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1. Introduction

This document outlines the manner in which changes to the Main Specialty/Treatment Function Codes should be interpreted and used by clinical, administrative and informatics staff within NHS organisations. It also provides guidance for system developers to implement these changes within systems.

2. Background

Treatment Function is the specialised service within which the patient is treated. It includes most of the main specialties and also approved sub-specialties, special interests and services provided by non-doctors and dentists.

Treatment Function codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants.

Changes to Treatment Function Codes are required to reflect changes to the Best Practice Tariffs for Payment by Results (PbR), Mental Health reporting and the Quality, Innovation, Productivity and Prevention (QIPP) transformation programme.

3. Scope

This document provides guidance for NHS organisations specifically relating to the changes to the Main Specialty/Treatment Function Codes.

This document should be read in conjunction with ISN 17/2012 and the MS/TFC Specification. These are available for download on The NHS Information Centre website:

<http://www.ic.nhs.uk/services/datasets/document-downloads/national-specialty-list-treatment-function-codes>

4. Human Behavioural Guidance - Treatment Function Codes

4.1 Payment By Results (PbR) Requirements

4.1.1 Spinal Surgery Service

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[108] Spinal Surgery Service**

Dedicated spinal surgery clinics have a significantly different composition and profile from generic trauma and orthopaedic clinics. This is for two main reasons, the number and level of experience of the medical and other clinical staff and the complex nature and high volumes of radiology required, particularly MRIs. Does not include Spinal Injuries (Spinal Cord Injuries).

Why is this information required?

This is required to support the implementation of PbR policy including Best Practice Tariffs (PbR) and development of HRGs.

To allow providers of specialist spinal surgery services to capture these higher complexity and cost services, as opposed to the more generic treatments managed in a general Trauma and Orthopaedic clinic, and therefore enable a separate and more appropriate set of tariffs to be used to fund the NHS.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professional's details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.2 Paediatric Epilepsy

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[223] Paediatric Epilepsy**

Children who are followed up within a designated epilepsy clinic meeting defined criteria would be able to attract a TFC for the children seen. Clinic is led by Consultant Paediatrician with defined expertise in epilepsy, child has input from Epilepsy Specialist Nurse at same clinic, clinic is part of a paediatric service that takes part in national epilepsy audit, clinic is part of a paediatric service that has defined links and referral pathways with tertiary paediatric neurology service, clinic has defined transition pathway to adult services.

Why is this information required?

The TFC supports the implementation of PbR policy including Best Practice Tariff policy.

This will allow providers to formally evidence and quantify best practice care for their population of children with epilepsies. Currently providers seeing children in designated multidisciplinary epilepsy clinics by professionals with expertise and formal care pathways receive the same tariff as non-specialist paediatricians seeing children in generic paediatric outpatient settings. Many epilepsy services at secondary care level are evolving with significant parallels to diabetes services that are now benefiting from identification and recognition by a TFC.

When should this information be collected from?

This information **may** be captured with immediate effect subject to availability of relevant codes within systems. These codes **must** be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main

Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.3 Congenital Heart Disease Service

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[331] Congenital Heart Disease Service**

The management of congenital heart disease is dependent on a multi-disciplinary approach led by a consultant congenital cardiologist (paediatric or specialising in adult congenital cardiology) and where necessary a consultant congenital cardiac surgeon. Treatment of congenital abnormalities is ongoing care of children into adulthood, where typically there is no stepped transfer due to the age of the patient.

Why is this information required?

The TFC supports the implementation of PbR policy including Best Practice Tariff policy.

It is intended to capture the now larger group of patients who are managed in adult cardiology units for congenital heart disease. Adult cardiology patients, who currently are captured under TFC 320, are similarly resource intensive to the paediatric patients but do not get the same tariff nor do they attract the paediatric up lift. The BCCA - the British Congenital Cardiac Association are positive about the creation of this TFC for improved identification and recognition of appropriate patient care.

When should this information be collected from?

This information **may** be captured with immediate effect subject to availability of relevant codes within systems. These codes **must** be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.5 Complex Specialised Rehabilitation Service

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[345] Complex Specialised Rehabilitation Service**

A tertiary specialised rehabilitation service meeting the updated DH SSNDS criteria 2012 for a Level 1 service, and registered as such with the UKROC Database (UK Rehabilitation Outcomes Collaborative database –the National database for specialist rehabilitation services – (collates the Inpatient Rehabilitation dataset from the NHS IC's Long Term Neurological

Condition (LTNC) dataset). <http://www.specialisedservices.nhs.uk/doc/specialised-rehabilitation-services-brain-injury-complex-disability-adult>

Why is this information required?

The TFC supports the implementation of PbR policy including Best Practice Tariffs.

This TFC is required to identify specialist rehabilitation (Level 1, 2a and 2b) activity, and to separate this from Level 3 activity because this activity represents different clinical pathways and is commissioned by separate mechanisms.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.6 Specialist Rehabilitation Service

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[346] Specialist Rehabilitation Service**

A specialist rehabilitation service meeting the updated DH SSNDS criteria 2012 (Specialised Service National Definition Set, 3rd edition, DH London 2009, Definition No 7 “Specialised rehabilitation services for brain injury and complex neurological disability”) for a Level 2a service and registered as such with the UKROC Database.
<http://www.specialisedservices.nhs.uk/doc/specialised-rehabilitation-services-brain-injury-complex-disability-adult>

Why is this information required?

The TFC supports the implementation of PbR policy including Best Practice Tariffs

This TFC is required to identify specialist rehabilitation (Level 1, 2a and 2b) activity, and to separate this from Level 3 activity because this activity represents different clinical pathways and is commissioned by separate mechanisms.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals’ details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.7 Local Specialist Rehabilitation Service

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[347] Local Specialist Rehabilitation Service**

A local specialist rehabilitation service meeting the updated DH SSNDS criteria 2012 (Specialised Service National Definition Set, 3rd edition, DH London 2009, Definition No 7 “Specialised rehabilitation services for brain injury and complex neurological disability”) for a Level 2b service, and registered as such with the UKROC database. <http://www.specialisedservices.nhs.uk/doc/specialised-rehabilitation-services-brain-injury-complex-disability-adult>

Why is this information required?

The TFC supports the implementation of PbR policy including Best Practice Tariffs

This TFC is required to identify specialist rehabilitation (Level 1, 2a and 2b) activity, and to separate this from Level 3 activity because this activity represents different clinical pathways and is commissioned by separate mechanisms.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.1.8 Podiatric Surgery

What additional/changes to information are required?

The following new code is required as part of the Best Practice Tariff (PbR) policy:

- **[663] Podiatric Surgery**

Treatment of foot problems, including soft tissue, bone and joint surgery of the foot, ankle and associated structures. Does not include Podiatry.

Why is this information required?

A Podiatric Surgeon is a podiatrist who has undertaken extensive post graduate training in foot surgery. It is important for the public to note that Podiatric Surgeons are non-medically qualified specialists in the treatment of all foot problems. The scope of practice as determined by the higher training authority (The Society of Chiropractors and Podiatrists) is that of the foot and its associated structures.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.2 Mental Health Requirements

4.2.1 Mental Health Recovery and Rehabilitation Service

What additional/changes to information are required?

The following new code is required to recognise a key sub-service within Adult Mental Illness services and to support the Mental Health QIPP agenda by identifying services with a different treatment pathway:

- **[725] Mental Health Recovery and Rehabilitation Service**

A whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support.

Why is this information required?

The suggested TFCs are required to sub-divide services into clinically meaningful areas which will then facilitate better understanding of services provided which will lead to optimal configuration of services.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

Suppliers of PAS and clinical systems: will responsible for changing systems to include the new codes on existing value lists or where local codes are already available migrating or mapping to the new codes for national reporting purposes.

Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.2.2 Mental Health Dual Diagnosis Service

What additional/changes to information are required?

The following new code is required to recognise a key sub-service within Adult Mental Illness services and to support the Mental Health QIPP agenda by identifying services with a different treatment pathway:

- **[726] Mental Health Dual Diagnosis Service**

Dual diagnosis is the term used to describe patients with both severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use. Personality disorder may also coexist with psychiatric illness and/or substance misuse.

Why is this information required?

The suggested TFCs are required to sub-divide services into clinically meaningful areas which will then facilitate better understanding of services provided which will lead to optimal configuration of services.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main

Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

This change will not be relevant to all NHS organisations.

How and when should the information be captured?

This standard will be used in the configuration of patient administration systems (PAS) when setting up details of consultants or Healthcare Professionals.

Who should capture the information?

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Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.2.3 Dementia Assessment Service

What additional/changes to information are required?

The following new codes are required as part of the Requirements of the Dementia Strategy:

- **[727] Dementia Assessment Service**

As well as memory impairment, dementia might also include behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. These can cause problems in themselves, can complicate care giving and can occur at any stage of the illness.

Why is this information required?

The suggested TFCs are required to sub-divide services into clinically meaningful areas which will then facilitate better understanding of services provided which will lead to optimal configuration of services.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

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Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

4.3 Quality, Innovation, Productivity and Prevention (QIPP) Requirements

4.3.1 Diabetic Education Service

What additional/changes to information are required?

The following new codes are required as part of the QIPP Requirements:

- **[920] Diabetic Education Service**

Dedicated small group education courses regarding self management that potentially all type 1 diabetic patients should receive at some point. Ideally this should occur about a year after diagnosis but can be at any time after this. Also dedicated group education delivered that all Type 2 diabetic patients should receive at diagnosis.

Why is this information required?

The new TFC code will enable greater understanding of the key cost drivers on pathways for patients with long-term conditions, which is fundamental to supporting the continued development of the QIPP Long-Term Conditions, which aims to shift the focus away from managing the

condition towards managing the needs of such patients, of which patient and professional education will play a key role.

Relatively expensive to deliver as occupies 2-3 staff full time for a week. The groups comprise no more than 8 patients. 0.5% of general population have type 1 diabetes so high volume.

TFC would allow national reporting and analysis of activity and outcome of this service. Type 2 diabetes is increasing dramatically. High volume activity. Groups comprise no more than 15-20 patients. 5% of general population have type 2 diabetes.

When should this information be collected from?

This information *may* be captured with immediate effect subject to availability of relevant codes within systems. These codes *must* be used, where relevant, by 1st April 2013.

Who is the subject of this change?

Any NHS organisation with staff employed under the specialties listed above. All consultants contracted with NHS Organisations under a particular recognised specialty in regards to the Main Specialty List. Treatment Function Codes are used to record activity undertaken, irrespective of the type of Healthcare Professional who performs it, and is not restricted to consultants only.

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Informatics Staff/IT Staff: will be responsible for the configuration of systems including the setting up of consultants or healthcare professionals' details with their recognised and contracted Specialty or Treatment Function.

How often should this information be updated?

This information should be captured and updated on an ongoing basis as required to ensure that it remains accurate and up to date.

5. Organisational/Technical Guidance

Timescales for changes to Trust systems

These changes to the Main Specialty/Treatment Function Codes **may** be implemented within systems with immediate effect.

Systems **must** be updated by 1st December 2012 to allow Trusts sufficient time to capture new data values prior to 1st April 2013.

6. Additional Sources of Information

Full details of changes to data items, including definitions and associated value lists are available on the NHS Data Dictionary, Information Centre and Information Standards Board website:

www.datadictionary.nhs.uk

<http://www.ic.nhs.uk/>

<http://www.isb.nhs.uk/>

7. Support Arrangements

The following support mechanisms are available for users in relation to the NWD:

The Health and Social Care Information Centre

For enquiries relating to the MS/TFC Information Standard including scope, data items, definitions and data values, future requirements and requests for change.

Telephone: 0845 3006016

Email: enquiries@ic.nhs.uk

Website: <http://www.ic.nhs.uk/services/datasets/document-downloads/national-specialty-list-treatment-function-codes>