

DAPB1069 Community Services Data Set v1.6 Change Specification

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Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, 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
- Implementation Guidance
- Change Specification
- Technical Output Specification (TOS).

An Information Standards Notice (DAPB1069 Amd 82/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions 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: 6 January 2022

Update 12 May 2022

At the time of publication of version 1.6 (6 January 2022), users were expected to fully conform with this standard by 14 September 2022. Due to resource pressures that have built up at NHS Digital over 2021-22, NHS Digital has since extended the implementation and conformance dates of this standard by six months. Full conformance is now expected with the submission of the January 2023 reporting activity by 14 March 2023.

Where dates throughout this document refer to 1 July 2022, this should now be read as 1 January 2023; where dates refer to 1 August 2022 this should now be read as 1 February 2023; where dates refer to 14 September 2022 this should now be read as 14 March 2023.

The Requirements Specification, Change Specification, and Implementation Guidance have been updated to reflect this.



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Glossary of Terms

A full Glossary of Terms for the CSDS Information Standard can be found within the [CSDS Requirements Specification](#).

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1. Overview

1.1. Summary

Standard	
Standard Number	DAPB1069
Standard Title	Community Services Data Set
Description	<p>The Community Services Data Set (CSDS) is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly funded Community Services.</p> <p>The standard defines the data items, definitions and associated value sets to be extracted or derived from local systems and submitted to NHS Digital on a monthly basis. Note that this data set does not specify the data to be captured for direct patient care but will make use of such clinical and operational data for secondary uses.</p> <p>See the Requirements Specification for further details about the description and scope of the data set.</p>
Release	
Release Number	Amd 82/2021
Release Title	Version 1.6
Description	<p>CSDS v1.6 is a minor uplift to the established CSDS and is required to keep the data set relevant with current clinical practices, maintain compliance with national data standards, meet policy requirements. To deliver this, there are a number of small structural changes in this release, but their introduction will have a minimal burden on the care provider or system supplier organisations.</p> <p>In March 2021, the government announced an additional £100m of funding over 2021/22 to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles. In order to understand the impact of this investment, any local authority in receipt of this grant funding must ensure all commissioned service providers collect data on all participants and their progress and return a minimum data set to the Office for Health Improvement and Disparities (OHID), or any successor body. This is a condition of the grant. A separate data collection has already been established by PHE for use in 2021/22. The changes being introduced in CSDS v1.6 would allow this separate data collection to be retired, therefore reducing burden on provider organisations.</p> <p>Changes to the CSDS information standard made in v1.6 are:</p> <ol style="list-style-type: none"> 1) Addition of the ability to capture a specific weight management service type

	<p>2) Addition of a 'Pharmacy' value option to the 'Source of Referral for Community' data item</p> <p>3) Amendments to ensure alignment with the NHS Data Model and Dictionary (NHS DMD). Please refer to the NHS DMD Change Request for a full description of the changes.</p> <ul style="list-style-type: none"> • Replace 'Consultation Medium Used' with 'Consultation Mechanism (Community Care)' in the 'CYP201 Care Contact' table (NHS DMD). Please refer to the NHS DMD Change Request for a full description of the changes. • Capture of Overseas Visitor Charging Category data in a new CYP008 Overseas Visitor Charging Category table. • New pilot data item 'Ethnic Category 2021' added in the 'CYP001 Master Patient Index and Risk Indicators' table for voluntary inclusion once the value list is available. • Other minor amendments as identified by the NHS DMD as presented in the NHS DMD Change Request.
Implementation Completion Date	<p><u>System Conformance</u> From 1 July 2022, CSDS systems MUST be capable of capturing the information as defined in the TOS for local use.</p> <p>From 1 August 2022, CSDS systems MUST be able to extract data recorded in local systems to enable CSDS submissions in accordance with this standard.</p> <p><u>Health and Care Organisations</u> From 1 July 2022 providers of publicly funded Community Services MUST be able to collect the information as defined in the TOS for local use.</p> <p>From 1 August 2022, providers of publicly funded Community Services MUST commence CSDS submissions in accordance with this standard.</p>
Full Conformance Date	14 September 2022 - This is the date the CSDS v1.6 submission window closes for July 2022 reporting period data. Providers must be able to make a valid submission by this date, which includes data collected from 1 July 2022.

1.2. Supporting Products

See section 1.2 of Requirements Specification section.

1.3. Related Standards

See section 1.3 of Requirements Specification.

2. Background and justification for release

2.1. Reason for Release

CSDS 1.6 is an uplift to the established CSDS and is necessary for the addition of a 'Weight Management' service type that will allow CSDS to be used as a constituent part of the National Obesity Audit (NOA).. Exploratory analysis of CSDS has highlighted the fact that it is difficult to accurately identify weight management activity in CSDS without this service type. It will also enable the future retirement of separate manual data collections currently captured by OHID

Ensuring consistency with other related information standards and the NHS Data Model and Dictionary (NHS DMD) will ensure that the same information can be reused in multiple places, which should reduce overall burden.

2.2. Change Specification and Justification

The NOA has been commissioned by NHS England to start in April 2022. During the Discovery Phase of the Audit, it was determined that the requirements of the Audit could be met from existing data sources. During 2021/22, OHID have stood up two Weight Management data collections (one for adults and one for children) to support the distribution of Spending Review funding to Local Authorities for Weight Management. Making these small changes to CSDS will enable the OHID collections to be stood down and will ensure that Weight Management services are reliably identified in CSDS.

Below is the detail of the version 1.6 changes. A full change log is included within the TOS.

3. Detail of changes

This section provides additional detail in relation to the individual changes made to the data set in support of the high-level drivers. The TOS fully defines the individual changes applied to the data set, with each change logged in the 'Change Control' tab.

3.1. Addition of Weight Management Service Types

Aim: Amendment to the SERVICE OR TEAM TYPE REFERRED TO (COMMUNITY CARE) data item to include additional values for 'Weight Management'. This includes retiring national codes '22 - Nutrition and Dietetics Service' and '28 - Public Health and Lifestyle Service'.

Benefits: Adding these new service types would allow weight management to be easily identified and for CSDS to be used to collect information currently captured by separate data collections managed by OHID, namely:

- Adult tier 2 behavioural weight management services commissioned by local authorities
- Child behavioural (Tier 2) weight management services commissioned by local authorities

Capture of Weight Management is already in scope of CSDS, however at present this can only be identified by the “Public Health and Lifestyle Service” or “Nutrition and Dietetics Service” service types, which doesn’t provide the required granularity.

Once data quality and completeness in CSDS has reached a satisfactory standard, this would allow OHID to retire the two collections listed above.

Group / Table	Data Item Name	Item Amend Type	Previous	New
CYP102 Service Type Referred To	SERVICE OR TEAM TYPE REFERRED TO (COMMUNITY CARE)	Amendment	01 Appliances Service 02 Arts Therapy Service 03 Cancer Service 04 Cardiac Service 05 Community Dental Service 06 Community Paediatrics Service 07 Continence Service 09 Counselling Service 10 Dermatology Service 11 Diabetes Service 12 District Nursing Service 13 Ear, Nose and Throat Service 14 End of Life Care Service 15 Gastrointestinal Service 16 Health Visiting Service 17 Hearing Service 19 Long Term Conditions Case Management Service 20 Musculoskeletal Service 21 Neurology Service 22 Nutrition and Dietetics Service 23 Occupational Therapy Service 24 Orthoptist Service 25 Pain Management Service 26 Physiotherapy Service 27 Podiatry Service 28 Public Health and Lifestyle Service 29 Rehabilitation Service 30 Respiratory Service 31 Rheumatology Service 32 School Nursing Service 33 Speech and Language Therapy Service 34 Vulnerable Children's Service 35 Vulnerable Adult's Service 36 Respite Care Service 37 Clinical Psychology Service 38 Children's Community Nursing Service 39 Diagnostic Service 40 Treatment Room Nursing Service 41 Haematology Service 42 Phlebotomy Service 43 Tissue Viability Service 44 Family Support Service 45 Integrated Multidisciplinary Team (jointly commissioned) 46 Prosthetic Service 47 Specialist Palliative Care Service 48 Enablement Service 49 Urgent Care Service 50 Wheelchair Service 51 Crisis Response Intermediate Care Service 52 Reablement Intermediate Care Service 53 Home-based Intermediate Care Service 54 Community Bed-based Intermediate Care Service	01 Appliances Service 02 Arts Therapy Service 03 Cancer Service 04 Cardiac Service 05 Community Dental Service 06 Community Paediatrics Service 07 Continence Service 09 Counselling Service 10 Dermatology Service 11 Diabetes Service 12 District Nursing Service 13 Ear, Nose and Throat Service 14 End of Life Care Service 15 Gastrointestinal Service 16 Health Visiting Service 17 Hearing Service 19 Long Term Conditions Case Management Service 20 Musculoskeletal Service 21 Neurology Service 23 Occupational Therapy Service 24 Orthoptist Service 25 Pain Management Service 26 Physiotherapy Service 27 Podiatry Service 29 Rehabilitation Service 30 Respiratory Service 31 Rheumatology Service 32 School Nursing Service 33 Speech and Language Therapy Service 34 Vulnerable Children's Service 35 Vulnerable Adult's Service 36 Respite Care Service 37 Clinical Psychology Service 38 Children's Community Nursing Service 39 Diagnostic Service 40 Treatment Room Nursing Service 41 Haematology Service 42 Phlebotomy Service 43 Tissue Viability Service 44 Family Support Service 45 Integrated Multidisciplinary Team (jointly commissioned) 46 Prosthetic Service 47 Specialist Palliative Care Service 48 Enablement Service 49 Urgent Care Service 50 Wheelchair Service 51 Crisis Response Intermediate Care Service 52 Reablement Intermediate Care Service 53 Home-based Intermediate Care Service 54 Community Bed-based Intermediate Care Service 55 Children's Weight Management Service 56 Adult's Weight Management Service 57 Public Health and Lifestyle Service (Excluding Weight Management) 58 Nutrition and Dietetics Service (Excluding Weight Management)

3.2. Addition of a 'Pharmacy' value option to the 'Source of Referral for Community' data item

Aim: Amendment to the SOURCE OF REFERRAL FOR COMMUNITY data item to include an additional value for 'Pharmacy'.

Benefits: Adding this value allows providers of community services to identify that the referral source is a Pharmacy, rather than map to an alternative potentially incorrect value.

Group / Table	Data Item Name	Item Amend Type	Previous	New
CYP101 Service or Team Referral	SOURCE OF REFERRAL FOR COMMUNITY	Amendment	01 General Medical Practitioner Practice 02 Self referral 03 Carer/Relative 04 Employer 05 Emergency Care Department (including Minor Injuries Units and Walk In Centres) 06 Acute Hospital Inpatient/Outpatient Department 07 Community Health Service (same or other Health Care Provider) 08 Dental Practice 09 National Screening Programme 10 Educational Establishment 11 Local Authority Social Services 12 Hospice 13 Care Home 14 Police 15 Courts 16 Probation Service 17 Prison Health Service 18 Asylum Service 19 Telephone or Electronic Access Service 20 Voluntary Sector 21 Independent Sector 22 Ambulance Service 23 Mental Health Service 99 Source of referral not Known	01 General Medical Practitioner Practice 02 Self referral 03 Carer/Relative 04 Employer 05 Emergency Care Department (including Minor Injuries Units and Walk In Centres) 06 Acute Hospital Inpatient/Outpatient Department 07 Community Health Service (same or other Health Care Provider) 08 Dental Practice 09 National Screening Programme 10 Educational Establishment 11 Local Authority Social Services 12 Hospice 13 Care Home 14 Police 15 Courts 16 Probation Service 17 Prison Health Service 18 Asylum Service 19 Telephone or Electronic Access Service 20 Voluntary Sector 21 Independent Sector 22 Ambulance Service 23 Mental Health Service 24 Pharmacy 99 Source of referral not Known

3.3. Amendments to ensure alignment with the NHS DMD

Updates to the NHS DMD routinely occur whenever an information standard is changed. This means that some data items that were accurate at the time of the CSDS v1.5 ISN publication now need updating for consistency with related information standards.

3.3.1. 'Consultation Medium Used' in the 'CYP201 Care Contact' table

Aim: To align with MHSDS v5.0 and IAPT v2.1 by replacing the 'Consultation Medium Used' data item with the 'Consultation Mechanism (Community Care)' data item. Additionally, to introduce changes to the national codes for the types of consultation.

Benefit: To align with other data sets and introduce national codes that provide an accurate reflection of clinical practice.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
CYP201	Consultation Mechanism (Community Care)	Amendment	Consultation Medium Used	Consultation Mechanism (Community Care)	
CYP201	Consultation Mechanism (Community Care)	Amendment	01 Face to face communication 02 Telephone 03 Telemedicine 04 Talk type for a person unable to speak 05 Email 06 Short Message Service (SMS) - Text Messaging 98 Other (not listed)	01 Face to face 02 Telephone 04 Talk type for a person unable to speak 05 Email 09 Text Message (Asynchronous) 10 Instant messaging (Synchronous) 11 Video consultation 12 Message Board (Asynchronous) 13 Chat Room (Synchronous) 98 Other (not listed)	Changes the national codes to introduce codes 09, 11, 12, 13 for the types of consultation.

3.3.2. Overseas Visitor Charging Category data items

Aim: Introduce a new ‘Overseas Visitor Charging Category’ table linked to the ‘CYP001 Master Patient Index and Risk Indicators’ table as per the identical tables that already exist in the Mental Health Services Data Set (MHSDS), Improving Access to Psychological Therapies (IAPT) and Maternity Services Data Set (MSDS).

Benefit: Ensures compliance with the [DCB3017 Overseas Visitor Charging Category \(OVCC\)](#) information standard.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
CYP008 Overseas Visitor Charging Category	N/A	Addition	N/A	N/A	New table
CYP008 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY	Addition	N/A	N/A	The charging category relating to an OVERSEAS VISITOR STATUS.
CYP008 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE FROM DATE	Addition	N/A	N/A	The date when the PATIENT's OVERSEAS VISITOR CHARGING CATEGORY was applicable from. If the applicable date is not available, this should be the date the OVERSEAS VISITOR CHARGING CATEGORY was recorded.
CYP008 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE END DATE	Addition	N/A	N/A	The date the OVERSEAS VISITOR CHARGING CATEGORY was applicable until.

3.3.3. New pilot data item 'Ethnic Category 2021' added in the 'CYP001 Master Patient Index and Risk Indicators' table

Aim: To provide a pilot placeholder data item for when the 2021 Census categories have been adopted.

Benefit: This has already been added as a pilot data item in MHSDS v5.0 and IAPT v2.1 which will ensure the data set is ready to capture 2021 Census categories. This item is for voluntary inclusion once the value list is available.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
CYP001 MPI	ETHNIC CATEGORY 2021	Addition	N/A	Ethnic Category 2021	Placeholder data item to accommodate the 2021 census when it goes live.

3.3.4. Other minor amendments as identified by the NHS DMD team

Other minor changes identified by the NHS DMD team have been accommodated. For example, in this release, changes have been made to data item descriptions across the tables without alteration of the meaning of the item, but to ensure alignment with the NHS DMD. In addition, some data item names have been changed to align with the NHS DMD and ensure consistency with other data sets. These have been reflected in the Data Model and are highlighted in the Change Control of the TOS.

3.4. Change Control

The CSDS TOS fully defines the individual changes applied to the data set, with each change logged in the Change Control tab.

This Change Specification therefore represents a summary of changes included in CSDS v1.6 which should be read in conjunction with the Change Control tab in the CSDS TOS to fully understand the changes to the data set.

N.B. The latest version of the CSDS Enhanced TOS (ETOS), which contains additional detail such as submission validations, is published with other supporting documents on the NHS Digital CSDS webpages¹.

3.5. Future planned updates deferred to CSDS v2.0

Several additional changes have been identified during the development and review process that could be made to the CSDS. However, since CSDS v1.6 is a minor release, these changes have been deferred to CSDS v2.0 to reduce the potential burden to providers in implementing CSDS v1.6.

The changes that have already been identified for inclusion in CSDS v2.0 are detailed below.

¹ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

3.5.1. Renaming table names/numbers

The table reference numbers within the CSDS v1.6 are still the same as in the predecessor CYPHS data set (i.e. CYP001, rather than CSD001). This change has been deferred to CSDS v2.0, as renaming would affect load routines for healthcare providers, system suppliers and NHS Digital. Changes to these reference numbers would also affect the XML schema and IDB, and this could affect the delivery timetable. The burden of making these changes is difficult to justify when only minimal changes are being made to develop CSDS v1.6. For CSDS v2.0, more changes to the wider data set items and structure are likely to be made, and changes to load routines and schemas are therefore likely to be required anyway.

3.5.2. Retirement of the CYP502 Immunisation group

The data captured in CYP502 group can already be captured using SNOMED CT in the CYP501 Coded Immunisation group.

NHS Digital will consult with providers and system suppliers when developing CSDS v2.0 to ensure they are ready for the retirement of the CYP502 group.

3.5.3. Expansion of the value list used in the 'Person Relationship (Main Carer)' data item

NHS Digital will consult with provider organisations to ensure that additional specific relationship types such as niece, nephew etc are considered for inclusion in a future CSDS v2.0 uplift.

3.5.4. Retirement of the option to use Read 2 and CTV3 as coding scheme

Read Coded Clinical Terms Version 2 and Read Coded Clinical Terms Version 3 (CTV3) are considered deprecated standards. The expectation is that provider organisations should be well on the way to adoption of SNOMED CT as their primary coding scheme in use.

NHS Digital do not consider provider organisations to be ready for the removal of the option to submit Read v2 or CTV3 as part of the CSDS v1.6 release. However, NHS Digital intend to review and retire the option to submit Read 2 or CTV3 in CSDS v2.0; provider organisations and system suppliers should consider preparing for this change in advance of the future planned uplift to CSDS v2.0.

3.5.5. CYP104 Referral to Treatment group

This group is currently serving a dual purpose, to capture data on:

- Allied Health Professional (AHP) Waiting Time Measurements
- Urgent Community Response (UCR) 2-hour and 2-day response standards

This group will be reviewed more extensively as part of the CSDS v2.0 uplift, which could result in the capture of this data in alternative data items and tables.

3.5.6. Consistency with MHSDS and IAPT on the capture of the Accommodation Status

CSDS v1.6 provides a different and longer value list in the 'Accommodation Status Code' data item when compared with the 'Accommodation Type' data item that is used in MHSDS v5.0 and IAPT v2.1.

For CSDS v2.0, NHS Digital will consult on the possibility of retiring the 'Accommodation Status Code' value list and instead capturing the 'Accommodation Type' data item that is used in MHSDS and IAPT.

3.5.7. Timestamp data items

This change would allow the recording of clinical timestamps. A timestamp is represented with the components of date, time and either the number of hours offset (plus or minus) from Greenwich Mean Time, or the letter Z to signify that it is the same as Greenwich Mean Time.

4. Support

For specific enquiries relating to the CSDS Information Standard including scope, data items, definitions and data values, technical issues (including XML schema or Intermediate Database (IDB)), future requirements and changes, submission deadlines, analysis and reporting of CSDS data please contact the standard's developers:

NHS Digital

Telephone: 0300 303 5678

Email: enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS' in the subject line).