

DAPB1069: Community Services Data Set (CSDS) v1.6 Requirements 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.

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

This glossary of terms covers the full suite of Community Services Data Set (CSDS) v1.6 published documentation on the DAPB1069 webpage.

Term / Abbreviation	What it stands for
Aggregate data set	A set of data items (i.e., a data set) that captures data in aggregate form. Each record within the data set pertains to a specific form of grouping.
AHP	Allied Health Professionals work across a wide range of locations and sectors within acute, primary and community care. They are made up of the following staff groups: <ul style="list-style-type: none"> • Art, Drama, Music Therapists • Chiropodists/Podiatrists • Occupational Therapists • Orthoptists • Physiotherapists • Prosthetists and Orthotists • Radiographers Diagnostic and Therapeutic • Speech and Language Therapists • Dietitians.
AQP	<p>Any Qualified Provider - a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on the NHS e-Referral Service for patients to select.</p> <p>The AQP scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.</p>
Care Pathway	Care pathways describe the route that a patient will take from their first contact with a healthcare provider to the completion of their treatment.
CCG	Clinical Commissioning Group
CDS	Commissioning Data Sets enable national reporting on NHS funded or provided secondary care.
Central Data Repository	A repository of data relating specifically to the CSDS. Could also be known as a Central Data Warehouse.
Clinical Governance	Clinical governance is defined by the Department of Health and Social Care (DHSC) as describing “the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it”.
Conformance Date	The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance. This can be read as when the first submission window closes for the CSDS and care providers must therefore be fully conformant.

CSDS	The Community Services Data Set is an information standard, approved by the governing standards body, which defines a patient-level data set for all patients in receipt of publicly funded Community Services. CSDS is an 'output data set'; therefore, it sets out to describe "what should be extracted" from local IT systems and periodically be submitted to the central data repository. CSDS is not an input standard or 'clinical data set'; therefore, this data set does not define "what should be captured or collected" from local IT systems.
CQC	The Care Quality Commission monitor, inspect and regulate health and social care services.
CYP	Children and Young People
Data Controller	<p>A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.</p> <p>A data controller must be a "person" recognised in law, that is to say:</p> <ul style="list-style-type: none"> • individuals; • organisations; and • other corporate and unincorporated bodies of persons. <p>Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.</p>
Data Group	<p>A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.</p> <p>The Data Set is arranged by data groups.</p>
Data Item	A single component of a data group that holds one piece / type of information relating to an event, episode, or a specific record.
Data Set	The full collection of data groups. See 'Technical Output Specification' (TOS).
DARS	The NHS Digital Data Access Request Service (DARS) can offer clinicians, researchers, and commissioners the data required to help improve NHS services.
DCB	<p>Empowered by the Health and Social Care Act 2012, the Data Coordination Board (DCB) has delegated responsibility for approving information standards for the health and social care system in England. The DCB membership is drawn from a range of organisations operating within health and social care.</p> <p>From November 2020 the Data Alliance Partnership Board (DAPB) has taken over responsibility for the approval of standards from the DCB.</p>
Data Landing Platform	The secure data collection system chosen to facilitate the submission of data to NHS Digital, as specified on the SDCS Cloud webpage .
Data Submission File	One file related to a data set that data providers submit to the central data repository. A data submission consists of an Extensible Markup Language (XML) file containing the data for a single reporting period in the format defined by NHS Digital. An alternative option to submit

	using in IDB Intermediate Database (a Microsoft Access Database) is also available.
DAPB	<p>The Data Alliance Partnership has been established following instruction from the Secretary of State for Health and Social Care.</p> <p>Made up of key national organisations which use health and care data, the DAP is committed to maximising the benefits from using and sharing data already held in health and care systems in order to minimise the burden on frontline service providers. The mission is to collect once and use for multiple purposes to benefit health and care provision and planning.</p> <p>A Data Alliance Partnership Board (DAPB) with responsibility to oversee the process has been set up to support DAP member organisations achieve the DAP goals and approve information standards, collections and extractions.</p>
Derived	A data item populated at the central data repository as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from national look-up tables.
DHSC	Department of Health and Social Care
DPIA	Data Protection Impact Assessment
DSAS	Data Standards Assurance Service ensures that the Information Standard meets the requirement of the Act and is appropriate for the use specified in the specification document.
EPR	Electronic Patient Records
ETOS	<p>The Enhanced Technical Output Specification (ETOS) contains all the information included in the Technical Output Specification, which will remain static as part of this Information Standard release. The Enhanced Technical Output Specification also includes additional information relating to the validations carried out at the data landing platform and the derived data items that are included in the provider and commissioner extracts. The validations and derivations are not controlled through the DAPB process and can therefore be subject to change.</p> <p>To be referred to alongside the Data Model.</p> <p>This document refers to the TOS throughout as opposed to the Data Set Specification.</p>
GDPR	General Data Protection Regulation
HSCA	The Health and Social Care Act 2012
HSCIC	<p>The Health and Social Care Information Centre (HSCIC) was formed in April 2013 and established as an Executive Non-Departmental Public Body (ENDPB) under the Health and Social Care Act 2012. Through the Act, the HSCIC has a significant statutory duty to support the health and care system with regard to:</p> <ul style="list-style-type: none"> collecting, storing, analysing, and disseminating England's health and care data providing a trusted safe haven for some of an individual's most sensitive information

- building and delivering the technical systems that enable data both to be used to support an individual’s care and to deliver better, more effective care for the community as a whole.

The HSCIC is also known as NHS Digital.

IAPT	Improving Access to Psychological Therapies
ICD	International Classification of Diseases (ICD) is the international standard diagnostic classification for all general epidemiological, health management purposes and clinical use.
IDB	Intermediate Database (a Microsoft Access Database), which can optionally be used to submit data to the data landing platform instead of an XML file.
Information Standard	An Information Standard as specified within the Health and Social Care Act 2012 is ‘a document containing standards in relation to the processing and use of information’. An Information Standard specifies rules for the processing, management and sharing of information and specifies what process is needed, the ‘quality’ required in the form of conformance criteria and how it can be implemented.
ISN	Information Standards Notices (ISNs) are issued by the Data Alliance Partnership Board (DAPB) to give notice of changes to information requirements and information standards used by the NHS and Social Care Services.
ISB	<p>The NHS Information Standards Board for Health and Social Care closed on 31 March 2014. Responsibility for the governance of information standards then transferred to the Standardisation Committee for Care Information (SCCI).</p> <p>SCCI closed on 31 March 2017, after which responsibility transferred to the Data Coordination Board (DCB).</p> <p>In November 2020, the Secretary of State for Health announced the establishment of the Data Alliance Partnership Board (DAPB), which now has responsibility for approving Information Standards, collections and extractions.</p>
MHSDS	The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. MHSDS is subject to a separate information standard, see DCB0011: Mental Health Services Data Set .
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
NICE	National Institute for Health and Care Excellence
ODS	Organisation Data Service
Output Data Set	A set of standardised data items defining “what should be extracted” from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g., national reporting.
OVCC	Overseas Visitor Charging Category

PAS	Patient Administration System and Electronic Patient Records (EPR) used by trusts and independent third sector healthcare providers to record patient data.
Patient Level	Relating to a single data subject (e.g., person or patient), as opposed to an aggregate data set.
Post-deadline Processing	The processing undertaken at the close of a submission window by the central data repository.
PHE	Public Health England. On 1 October 2021 PHE was replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities .
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
RTT	Referral To Treatment refers to the length of waiting time for a patient's treatment, focusing on the entire patient journey from the initial receipt of a referral to the first definitive treatment.
SCCI	<p>The Standardisation committee for Care Information (SCCI) was a committee with membership drawn from a range of health and social care organisations with responsibility for overseeing the development, assurance and approval of information standards, data collections and data extractions used within the health and social care system.</p> <p>New national governance arrangements for information standards, data collections and data extractions came into effect on 1 April 2017.</p> <p>On 1 April 2017, the Data Coordination Board (DCB) took over responsibility for the approval of standards from SCCI.</p> <p>In November 2020, the Secretary of State for Health announced the establishment of the Data Alliance Partnership Board (DAPB), which will now has responsibility for approving Information Standards.</p>
Screening	A public health service in which members of a defined population, who do not necessarily perceive they are at risk of or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications.
Secondary Uses	Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
SNOMED CT	SNOMED CT is a structured clinical vocabulary for use in an electronic health record. It is the most comprehensive and precise clinical health terminology product in the world. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.
Submission Window	The time period during which a data provider may submit data uploads for a given reporting period. Submission windows are published on the CSDS webpage .
TCS	Transforming Community Services was a Department of Health and Social Care (DHSC) programme that aimed to provide essential care to people, families and communities, from health promotion to end of life care. This care is provided in many settings, at critical points in people's lives, and often to those in vulnerable situations.

TOS

The Technical Output Specification fully defines each data item within the data set. This document splits the data set into a number of data groups (tables), each containing data items and values.

The 'Change control' tab within this document defines the individual changes made to tables and data items as part of the Change Request.

The Technical Output Specification is further enhanced with technical information in the form of the Enhanced Technical Output Specification (please see above).

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1. Overview

This product precisely defines the patient level Community Services Data Set (CSDS) information standard. The Summary section below describes the standard; the following Requirements and Conformance Criteria sections explain what is required of care providers and systems to conform to the standard, and the way this will be tested respectively.

This document is the formal definition of the standard.

The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

1.1. Summary

Standard	
Standard Number	DAPB1069
Standard Title	Community Services Data Set (CSDS)
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><u>In Scope</u></p> <p>The data collected in the CSDS covers all publicly funded Community Services provided by Health Care Providers in England. This includes (but is not limited to) Community Health Trusts, acute organisations, Independent Sector Healthcare Providers and Local Authorities that provide Community Services.</p> <p>For the purpose of this scope, all services defined in 'Service or Team Type Referred To' within the CSDS Technical Output Specification that are delivered by Healthcare Professionals within the scope of providing Community Services are required to provide data to the CSDS. Community Services that are funded and/or provided by the NHS or Local Authorities, for example provided by the NHS but commissioned by Local Authorities, are required to include their clinical activity in the CSDS.</p> <p>Please refer to the CSDS Technical Output Specification for a complete list of the Community Services currently covered within the scope of CSDS.</p> <p><u>Out of Scope</u></p> <p>The data set scope excludes all care settings listed below, but may be readdressed in line with any changes in service model provision:</p> <ul style="list-style-type: none"> • Core Ambulance and Emergency Care Services.

- Services covered solely by primary care contracts (General Medical Services (GMS), Personal Medical Services (PMS), Alternative Provider Medical Services (APMS) and Specialist Medical Provider Services (SPMS)).
- Other Primary Care Services that are not considered Community Services including General Dental Services, General Ophthalmology Services and Pharmacy Services.
- Social Care and specialist community services where separate data flows exist, e.g., community mental health.
- Admitted Patient Care (including Community Hospitals, General Acute or Mental Health). This data will be in the scope of other data sets, such as the Commissioning Data Sets (CDS).
- Maternity Services - depending on local processes, information on Newborn Hearing Screening and Blood Spot Card Investigation Results can be captured by Maternity or Child Health Services (Health Visitors). The remit of this information standard covers results captured within Child Health (as opposed to Maternity) Services.
- Outpatient Care which was previously provided under General Acute or Mental Health contracts. This data will be in the scope of other data sets, such as the Commissioning Data Sets (CDS).
- Non-health service funded activity, e.g., Speech and Language Therapy activity which is funded directly by schools; privately funded and privately delivered activity which is delivered within a hospice.
- Activity reported through the National Drug Treatment Monitoring System (NDTMS) Data Set, Sexual and Reproductive Health Activity Data Set (SRHAD) or Genitourinary Medicine Clinic Activity Dataset (GUMCAD).
- Activity funded through Acute Payment Currencies (formally Payment by Results or PbR), i.e., included in Health Resource Groups (HRGs).
- Prison or secure facility-based health services (however, community-based services visiting a prison or secure facility to deliver healthcare are in scope).

Impact on Existing Data Flows

The following activity will continue to flow via the existing Commissioning Data Sets (CDS):

- Outpatient activity under the responsibility of Consultants or Nurses (and, optionally, Allied Health Professionals), including such activity taking place as part of a Consultant-Led Referral To Treatment (RTT) Pathway.
- Interface service activity which starts a Consultant Led RTT pathway (e.g., musculoskeletal services).
- Admitted Patient Care (APC) activity taking place within a Community Hospital.

In certain circumstances there may be a requirement to flow activity within multiple data sets, e.g., Interface Service activity which starts a Consultant Led RTT pathway should also flow in the Commissioning Data Set (CDS).

The CSDS does not change the existing mandated CDS flows for Admitted Patient Care, Outpatients or A&E. It does not alter the RTT

	flows covered by ISB 0092 Amd 7/2013 'Allied Health Professional (AHP) Referral To Treatment (RTT)'. http://content.digital.nhs.uk/isce/publication/isb0092
Applies to	<p><u>Organisation Types</u></p> <p>The standard includes all organisational forms providing publicly funded Community Services, including those resulting from Transforming Community Services (TCS), and may include the following organisation types (both Foundation Trust and Non-Foundation Trusts):</p> <ul style="list-style-type: none"> • Acute Trusts. • Mental Health Trusts. • Community Healthcare Trusts. • Hospices (for any NHS funded community care). • Care Trusts. • Social Enterprises. • Integrated Care Organisations. • Any Qualified Providers (AQPs). • Local Authorities. • Independent Sector Providers (including Third Sector). <p>The standard also applies to IT systems used by Community Services.</p> <p><u>Departments</u></p> <p>The standard must be read and used by all Heads of Community Services, and related clinical and support services that have an active involvement in delivering the community care pathway or the support thereof.</p> <p><u>Professionals</u></p> <p>The standard applies to all community care professions working in or supporting Community Services, such as:</p> <ul style="list-style-type: none"> • Nursing, Health Visitors and Midwifery staff; for example, Specialist Nurses. • Allied Health Professionals; for example, Physiotherapists and Dietitians. • Other Care Professionals; for example, Counsellors or Play Therapists. <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to Community Systems, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</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 is anticipated to 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 Public Health England (PHE), 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 2) Addition of a 'Pharmacy' value option to the 'Source of Referral for Community' data item. 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. <ul style="list-style-type: none"> • Replace 'Consultation Medium Used' with 'Consultation Mechanism (Community Care)' in the 'CYP201 Care Contact' table • 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 <p>Other minor amendments as identified by the NHS DMD as presented in the NHS DMD Change Request.</p>
Implementation Completion Date	<p><u>System Conformance</u></p> <p>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></p> <p>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	<p>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.</p>

1.2. Supporting Products

A comprehensive set of documentation has been developed by the project team for the CSDS Information Standard. A list of these products can be found below, and this document should be read in conjunction with these.

Ref	Title
1	CSDS v1.6 Change Specification
2	CSDS v1.6 Technical Output Specification (TOS)
3	CSDS v1.6 Implementation Guidance
4	CSDS v1.6 Enhanced Technical Output Specification (ETOS)
5	CSDS v1.6 User Guidance
6	CSDS v1.6 Data Model
7	NHS Data Model and Dictionary Change Request
8	XML Schema - hosted on TRUD – login required
9	CSDS v1.6 Intermediate Database (IDB) – hosted on TRUD – login required

Please see section 3.7 of the Implementation Guidance for a full list and descriptions of each related document.

1.3. Related Standards

Ref #	Reference	Title
1	DCB1513 Amd10/2018	Maternity Services Data Set
2	ISB 0149-02	NHS Number for Secondary Care
3	ISB 0149-01	NHS Number for General Practice
4	ISB 1555	Birth Notifications
5	ISB 0092 Amd16/2010	Commissioning Data Sets (CDS) version 6.2
6	DAPB0092 Amd 64/2020	Commissioning Data Sets (CDS) version 6.3.
7	SCCI0034 Amd35/2016	SNOMED CT
8	DAPB1609	Child Protection Information Sharing (CP-IS)
9	DAPB0090	Health and Social Care Organisation Reference Data
10	DAPB1605	Accessible Information
11	SCCI0021	International Statistical Classification of Diseases and Health Related Problems (ICD-10)
12	DCB3017	Overseas Visitor Charging Category (OVCC)

Further details regarding the above standards can be found on the [DAPB Standards and Collections webpage](http://digital.nhs.uk/isce/publication/standards)¹. This webpage also contains a list of all current DAPB, DCB, SCCI and Information Standards Board (ISB) standards and collections.

¹ <http://digital.nhs.uk/isce/publication/standards>

2. Requirements

2.1. Health and care organisations

Requirement	
The following section describes the care provider requirements of this standard.	
Timeframe	
(1.1)	From 1 July 2022, providers of Community Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.
(1.2)	From 1 August 2022, providers of Community Services as defined in this Information Standard MUST begin ongoing monthly CSDS submissions as per the instructions in the CSDS Implementation Guidance. The providers MUST allow time to review and implement corrections to their submission files within the designated window.
Scoping	
(2.1)	With immediate effect, providers of Community Services MUST review the 'In scope' and 'Out of scope' section of this Specification to establish whether the standard applies to the services they offer.
(2.2)	Providers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
Feasibility Assessment	
(3.1)	Providers of Community Services MUST review the latest version of the CSDS Technical Output Specification (TOS) and CSDS User Guidance to understand the scope and definition of each data item.
(3.2)	The Community Services Data Set standard defines the extract to flow from provider systems to NHS Digital. It is not a specification for a clinical system. Providers of Community Services SHOULD NOT use this data set to support their clinical and operational data capture.
(3.3)	Providers of Community Services SHOULD familiarise themselves with the CSDS v1.6 XML schema or CSDS v1.6 Intermediate Database (IDB) to understand how data items are grouped for the Data Submission File. <ul style="list-style-type: none"> An Intermediate Database (IDB) package for the CSDS has been developed by NHS Digital. This enables providers to transform their data into the required structure for submission. Use of the CSDS v1.6 Intermediate Database (IDB) is optional, but if providers are making use of the IDB they MUST ensure they are using the latest version. Further information can be found in the IDB Guidance https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/intermediate-database-idb-guidance.
(3.4)	Providers of Community Services SHOULD carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the CSDS TOS and take appropriate action to ensure that the standard is fully met. The self-assessment 'System Conformance Checklist' tool is available on the NHS Digital website ² to support this mapping exercise.
(3.5)	Providers of Community Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.
Information Governance	

² <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

<p>(4.1) Data Controllers responsible for CSDS services MUST ensure they are fully conversant with pertinent information governance legislation and guidance, including patient opt-outs³ and GDPR⁴.</p> <p>(4.2) Providers of Community Services (including the Caldicott Guardian) SHOULD review the NHS Digital Keeping patient data safe webpages⁵ to ensure they are fully conversant with pertinent information governance legislation and guidance, including:</p> <ul style="list-style-type: none"> • Consent and opportunity to object to sharing • Compliance against statutory requirements • Potential safety/confidentiality/risk considerations <p>Further information can be found in the CSDS v1.6 Implementation Guidance.</p> <p>(4.3) Providers of Community Services MUST make available information and guidance to patients stating that their clinical care data may be re-used, including through linkage with other data sources, for the purpose of data analysis and reporting.</p> <p>(4.4) Any staff responsible for controlling the submission of data MUST read the Implementation Guidance to understand the information governance approach and act accordingly. This will help inform the handling of sensitive data and ensure that legally restricted data is not included in an identifiable form. Understanding, behaviours and accountability SHOULD be appropriate to the level and nature of responsibility of the staff member.</p> <p>(4.5) Any immediate concerns relating to CSDS SHOULD be directed to the standard's developers at NHS Digital, or the Independent Group Advising on the Release of Data (IGARD)⁶ if the concerns relate to data dissemination.</p> <p>(4.6) Providers of Community Services SHOULD ensure that local data systems and warehouses comply to appropriate data security controls, by ensuring they achieve Data Security and Protection Toolkit standards⁷.</p>
<p>Clinical Governance</p>
<p>(5.1) The data set MAY be used for clinical governance purposes such as:</p> <ul style="list-style-type: none"> • Monitoring of year-on-year service improvement by governing and audit bodies • Benchmarking performance to drive service improvements.
<p>Clinical Risks and data quality</p>
<p>(6.1) Providers of Community Services SHOULD always seek to understand the context of data quality reports available and published national reports and so seek to maximise data quality. Providers of Community Services SHOULD be aware that the information presented depends greatly upon to the quality of information submitted.</p> <p>(6.2) Ongoing efforts SHOULD be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes to local processes and procedures.</p> <p>(6.3) When procuring new systems or modifying agreements with existing system suppliers, providers of Community Services SHOULD ensure that supplier organisations are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its</p>

³ <https://digital.nhs.uk/services/national-data-opt-out-programme>

⁴ <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance>

⁵ <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe>

⁶ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-group-advising-on-the-release-of-data>

⁷ <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit>

Application in the Manufacture of Health IT Systems⁸ and DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems⁹

Central Data Submission

- (7.1) Providers of Community Services **MUST** submit data monthly to the central data repository as described in the schedule issued on [the NHS Digital website](#). The schedule outlines the timeframe (Submission Window) within which data relating to a monthly period (Reporting Period) **MUST** be submitted.
- (7.2) Providers of Community Services **MUST** check error reports, correct errors and make re-submissions at the earliest opportunity within the current window. Further details on error correction and re-submissions on the [SDCS Cloud webpage](#).

Constructing a Data Submission File

The [SDCS Cloud webpage](#) provides information on how to create a monthly submission file. Therefore, providers of Community Services **MUST** be able to collate and extract data from local IT systems as per the CSDS TOS. Providers of Community Services **MUST** review this webpage; however, noted below are key requirements of the technical submission architecture.

- (8.1) A submission **MUST**:
- only contain data for a single provider organisation
 - only contain data relating to all activities occurring in a single reporting period
 - meet the conditions and validation rules explained in the CSDS TOS and ETOS.
- (8.2) All relevant elements of the CSDS must be submitted, but in order for a file to be successfully uploaded it **MUST** consist of a:
- header group
 - two or more data groups, including CYP001 and CYP002 entries for every record.
- (8.3) Each group consists of one or more data items. The groupings of data items for each table **MUST** be as per the layout specified in the CSDS TOS.
- (8.4) Providers of Community Services **MUST** include in their submission all data groups they can generate from local electronic systems.
- (8.5) The first data submission **MUST** include all data relating to referrals that were open on 1 July 2022 and all subsequent new referrals.
- (8.6) The Information Standard does not stipulate how data should be collected in local electronic systems, so the groups **MAY** require data from one or more data sources. It **MAY** be that providers of Community Services adopt a local data repository to aggregate data from all relevant sources and use this to generate the Data Submission File. A CSDS v1.6 Intermediate Database (IDB) has also been provided which **MAY** be used to collate data from multiple systems and produce a submission file.

Validation Rules

- (9.1) Providers of Community Services **MUST** review the CSDS ETOS to understand the data validation rules that will be applied to each data group on arrival at the central data repository to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire submission being rejected.
- (9.2) Where error reports are generated due to non-conformance against validation rules, providers of Community Services **MUST** take immediate action and resubmit the corrected file within the submission window. Details of the rejection and error messages contained within the reports are provided within the CSDS ETOS.

Data Quality Feedback

- (10.1) Providers of Community Services **MUST** review reports generated by NHS Digital highlighting issues with data quality to allow them to take further action before the submission window closes.
- (10.2) Providers of Community Services **MUST** make every effort to resolve inherent systemic errors and address recurring data quality issues, as once the submission window closes

⁸ <https://digital.nhs.uk/isce/publication/dcb0129>

⁹ <https://digital.nhs.uk/isce/publication/dcb0160>

for a particular reporting period there will not be a further opportunity to resubmit the data.
Monthly Submission
(11.1) A submission MUST be made via the central data repository on a monthly basis and as per instructions laid out on the SDCS Cloud webpage .
Issues and Maintenance
(12.1) To support the implementation of this information standard, providers of Community Services SHOULD highlight any persistent issues and feed these back to the standard's developers. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases. Feedback can be sent via enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS v1.6 Development' in the subject line).
Requirements of Key Personnel Involved in the Delivery of this Data Set
(13.1) Heads of Community Services are responsible for capturing the information as part of the on-going care of patients. They MUST : <ul style="list-style-type: none"> - familiarise themselves with the provided technical documentation as outlined in the CSDS Implementation Guidance Section 3.7. to understand what data items are mandated by this Information Standard - assist their organisation's IT and/or Information Management service in completing the CSDS System Conformance Checklist to assess what proportion of the CSDS TOS data items are available from their organisation's local IT systems - ensure they understand and implement the information governance approach adopted for this data set, which can be found in the information governance section of the Implementation Guidance - explain to operational and clinical staff the importance of capturing data for the CSDS.
(13.2) Clinical staff MUST : <ul style="list-style-type: none"> - capture the CSDS TOS data items in an accurate and timely manner - understand the deployed information governance approach, especially in relation to the handling of sensitive data.
(13.3) Informatics staff are responsible for producing extracts that conform to the XML schema (or optional IDB), TOS and ETOS. They MUST : <ul style="list-style-type: none"> - Familiarise themselves with the CSDS TOS, ETOS and XML schema (or optional IDB) to understand what data items are mandated by this Information Standard - configure electronic patient record systems to allow compliance with the standard - submit the data to the central data repository within the prescribed reporting periods and deadlines - review and work with clinicians to resolve data quality issues identified in the output reports - ensure they understand and implement the information governance approach adopted for this data set, which can be found in the information governance section of the Implementation Guidance. <p>Informatics staff MAY also be responsible for the collation of information from a range of disparate systems into the CSDS. This will include ensuring completeness and data quality of the information within the data set.</p>
Working Practices
<u>Cascading the Information Standard requirements to operational staff</u>
(14.1) With immediate effect, all clinicians and operational staff involved in community care need to be made aware of this Information Standard (and any subsequent updates). Providers of Community Services' Chief Executives MUST be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief SHOULD ,

therefore, be cascaded to the commissioned Community Services for the attention of the Community Service leads and other relevant staff.

- (14.2) Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with Informatics Services and Community Services as early as possible.

System upgrades

- (15.1) This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Community Services **SHOULD** conduct a mapping exercise to determine how well local systems map to the CSDS TOS (using the CSDS System Conformance Checklist).
- (15.2) For data items that align to the data set TOS, providers of Community Services **MUST** collate the data locally on a monthly basis.
- (15.3) Where the mapping exercise identifies gaps, providers of Community Services **MUST** plan to undertake development efforts with their IT system suppliers to upgrade existing IT systems.
- (15.4) Providers of Community Services **SHOULD** consider the provision of adequate resources to make plans for any transcription requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.

How CSDS providers should look to capture data

- (16.1) This Standard defines the data items that that should be extracted from local electronic systems. Providers of Community Services **SHOULD** continue to develop their electronic systems to support the clinical data capture which best supports their working practices and business plans.
- (16.2) However, when planning to improve systems and services, consideration **MUST** be made to this Information Standard (and supporting documents) during the development and implementation stages.

The TOS and User Guidance provide further information on the data items which need to be captured.

How to achieve timely data capture and file submission

- (17.1) The data set has been deliberately split into a number of data groups. The data groups are intended to support the business processes of Community Services providers. Providers of Community Services **MUST** make every effort to record clinical information in real time or as a minimum, transcribe information to an electronic form at the earliest opportunity to support clinical interventions and decisions. This procedure will also support seamless data extraction from electronic systems for the required monthly central return.

How to manage data submissions if data is captured across several systems

- (18.1) Due to the number of services considered Community Services, each of which **MAY** use its own dedicated IT system, the CSDS spans several services and systems (e.g. Health Visiting and Child Health). The Information Standard makes it very clear that a submission file can only include data pertaining to one organisation and for reporting periods that are open. Therefore, providers of Community Services **MAY** wish to consider developing a local data repository to generate the monthly submission files.

2.2. Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by a provider organisation (conformance criteria). Conformance of provider organisations is also assessed through analysis of the submitted data, once it is received by NHS Digital. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria
<i>(1.1)</i> All relevant data from the CSDS TOS, i.e. mandatory items and required items that should be reported where they apply, are collected locally from 1 July 2022. This will be measured by assessing the data received by providers from the submissions commencing.
<i>(1.2, 3.3, 3.4, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4, 8.5, 11.1, 15.1, 15.2, 15.4 & 18.1)</i> Submissions to the CSDS, constructed in accordance with the SDCS Cloud webpage , TOS and ETOS, are made from 1 August 2022 and following the submission schedule published on the CSDS webpage thereafter. This will be measured by assessing the data received by providers from the submissions commencing.
<i>(2.1, 2.2, 3.1, 3.5 and 16.2)</i> The CSDS Information Standards Notice, Requirements Specification (this document), Change Specification, Implementation Guidance and other supporting documents have been reviewed within one month of the publication date of this Information Standard, in order to establish which services are covered by the scope, how the data items within the data set are defined, and what data items should be included in submissions.
<i>(4.1, 4.2, 4.3, 4.4, 4.5, 4.6 & 6.3)</i> Prior to the start of local data collection, the information governance considerations around the CSDS have been reviewed by Caldicott Guardians and the Heads of Community Services, and relevant information communicated to patients about the collection and submission of their data.
<i>(6.1, 6.2, 9.1, 10.1 and 17.1)</i> By 1 August 2022 (before start of data submission) the published version of the CSDS TOS and latest version of the CSDS ETOS have been reviewed and the relevant data validation and data quality rules are understood. Any such issues are identified and acted upon after each submission. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality.
<i>(9.2, 10.2, 15.3)</i> From 1 August 2022 (start of data submission), all error reports generated due to non-conformance with validation rules are reviewed in a timely manner, allowing for re-submission of a corrected file within the submission window. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality between submissions.
<i>(13.1, 13.2, 13.3, 14.1 and 14.2)</i> Key personnel involved in the delivery of the CSDS understand their obligations in relation to local data capture, the submission of CSDS data, the required information governance approach and the cascading of the information standard requirements to clinicians and operational staff involved in community care prior to local data collection commencing on 1 July 2022.

3. IT Systems

3.1. Requirements

Requirement ¹⁰
The following section describes the care provider requirements to ensure that their IT systems conform to this standard.
Timeframe
<p>(1.1) From 1 July 2022 systems used by Community Services MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g., without interim workarounds. Suppliers MAY assess this against the System Conformance Checklist which can be found on the NHS Digital website.</p> <p>(1.2) Changes made to systems MUST result in minimal increase on burden for providers in capturing and extracting the information defined in the CSDS TOS and ETOS, and any additional burden MUST be proportionate.</p> <p>(1.3) When considering potential developments, maximising good data quality MUST be prioritised.</p>
Scoping
(2.1) IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
Feasibility Assessment
<p>(3.1) IT Systems Suppliers SHOULD review the CSDS TOS and CSDS User Guidance to understand the scope and definition of each data item.</p> <p>(3.2) As an Output Data Set, the CSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the CSDS specifies.</p> <p>(3.3) While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the CSDS is to only re-use clinical data, not specify standards for capturing clinical data.</p> <p>(3.4) IT Systems Suppliers SHOULD familiarise themselves with the CSDS v1.6 XML schema (and Intermediate Database (IDB) if used) to understand how data items are grouped for the data submission file.</p> <p>(3.5) IT Systems Suppliers SHOULD provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the CSDS providers. A self-assessment ‘System Conformance Checklist’ is a tool available on the NHS Digital website to support this mapping exercise.</p>
Information Governance
The CSDS Implementation Guidance explains the information governance issues surrounding the data set.
(4.1) IT Systems MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.

¹⁰ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

Clinical Risks	
(5.1)	IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the CSDS are compliant with the safety standards DCB0129 and DCB0160 .
Constructing a data submission file	
(6.1)	The SDCS Cloud webpage provides information on how to create a monthly submission file. IT Systems Suppliers SHOULD review this webpage and the steps outlined in Section 2.1 (Health and Care Organisations - Requirements) above.
Validation rules	
(7.1)	IT Systems Suppliers SHOULD review the SDCS Cloud webpage and ETOS to understand the data validation rules that will be applied at the central data repository to all incoming data submission files. Any validation rules not adhered to will result in appropriate groups or the entire data submission file being rejected, depending on the particular validation rule.
Local data quality feedback	
(8.1)	IT Systems Suppliers SHOULD review the CSDS TOS and ETOS to understand the data quality rules that will be applied to each data group on arrival at the central data repository.
(8.2)	From 1 July 2022, all systems used by Community Services MUST have the ability to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS and ETOS.

3.2. Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly within IT systems. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria	
(1.1, 3.1, 3.5)	All relevant data from the CSDS TOS, i.e., mandatory items and required items that should be recorded where they apply, can be captured by systems used by Community Services from 1 July 2022. Functionality to map local codes/values to national codes/ values is included, and the system is able to extract this information as envisaged within this standard. This will be measured using provider submissions.
(1.2, 1.3, 3.4 & 6.1)	Systems used by Community Services are able to extract data for the CSDS, with minimal additional burden for providers, from 1 July 2022. The format is compatible with the XML schema or (optionally) the CSDS IDB without a reliance on interim workarounds.
(1.3, 7.1, 8.1 & 8.2)	Systems used by Community Services are able to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS and ETOS, from 1 July 2022. This will be measured through assessing the data quality of provider's submissions.
(4.1 & 5.1)	Systems used by Community Services: <ul style="list-style-type: none"> are compliant with the safety standards DCB0129 and DCB0160. have the required functionality, from 1 July 2022 to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.

4. Support

For specific enquiries relating to the CSDS Information Standard including scope, data items, definitions and data values, technical issues (including XML schema) 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).