

# Ambulance Data Set

## Implementation Guidance



# 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 new 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 endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Implementation Guidance (this document)
- Requirements Specification

An Information Standards Notice (DAPB3107 Amd 63/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England 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.

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# Document management

## Revision History

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0.1	12/12/2022	Requirements specification produced
0.2	05/05/2023	Dates amended
0.3	27/11/2023	Dates amended
0.4	08/01/2024	Move to new templates and final publication checks
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## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
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This document must be approved by the following people:

Name	Title / Responsibility	Date	Version
Sheela Kumar	ADS Project Manager	08/02/2024	0.4

## Glossary of Terms

A full glossary of terms is available in the [Requirements Specification](#) that accompanies this Standard.

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## 1. Overview

### 1.1. Supporting products

Reference	Title
DAPB3107 Amd 63/2021	<a href="#">Ambulance Data Set (ADS):</a> <ul style="list-style-type: none"> <li>Implementation Guidance (this document)</li> <li>Requirements Specification</li> </ul>

### 1.2. Related standards

Ref #	Reference	Title
1	<a href="#">SCCI0034</a>	<a href="#">SNOMED CT</a>
2	<a href="#">DCB1605</a>	<a href="#">Accessible Information</a>
3	<a href="#">ISB 0149</a>	<a href="#">NHS Number</a>
4	<a href="#">ISB 0149-02</a>	<a href="#">NHS Number for Secondary Care</a>
5	<a href="#">DAPB0092-2062</a>	<a href="#">Emergency Care Date Set (ECDS)</a>
6	<a href="#">DCB0129</a>	<a href="#">Clinical Risk Management: its Application in the Manufacture of Health IT Systems</a>
7	<a href="#">DCB0160</a>	<a href="#">Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems</a>

### 1.3. ADS data flow definitions

ADS accords with the [FHIR specification](#) to transport and submit messages in JSON format to the NHS England Data Processing Service, via the Ambulance services' own Client and NHS England's API.

Data Set Title	Description	Status	Submission Frequency
Ambulance Data Set	Contains details of all contacts including Computer Aided Dispatch and Electronic Patient Record	Mandatory	Daily (between 03.00 and 06.00)

## 2. Scope

This document is aimed at:

- Ambulance Service EPR Clinical Leads
- Ambulance Service Operational Leads
- Ambulance Service Chief Clinical Information Officers
- Ambulance Service CAD and EPR System administrators
- Ambulance Service Business Intelligence departments
- Ambulance Service Clinical Audit functions
- IT system suppliers operating on behalf of Ambulance Services
- Those responsible for the collection and / or analysis of ADS data.

The [FHIR Specification](#) describes the data items to be sourced from Emergency Operations Centre (EOC) EOC and clinical EPR systems for ADS.

All 11 Ambulance Services in England are in scope to supply data in support of secondary uses

### Out of Scope

- Primary Care Uses
- UK Ambulance Services outside of England
- Non-Emergency Ambulance data for example, Patient Transport Services

### 3. Background

Lord Carter's 2018 review ([Operational productivity and performance in English NHS Ambulance Trusts](#)) identified unwarranted variation in the delivery of ambulance services, as well as the potential savings of £500 million that could be made in efficiencies by 2020/21. The report included the following recommendation:

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*“NHS England and NHS Improvement developing a single data warehouse and national data set for the ambulance service that underpins the Model Ambulance Service portal by autumn 2019. This should include a single service specific data dictionary”.*

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Section 1.33 of the [NHS Long Term Plan 2019](#) set out a commitment to develop an ambulance data set to:

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*“...bring together data from all ambulance services nationally in order to follow and understand patient journeys from the ambulance service into other urgent and emergency healthcare settings”.*

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#### 3.1. Project information

The ADS project was established in 2019 to develop a national minimum data set for Ambulance Services, following an initial feasibility study undertaken in early 2018. The opportunity to develop a consistent ADS that links with other data sets, (for example, Emergency and Same Day Emergency Care Data Sets) offers a range of benefits to Ambulance Services and system partners in tracking patients across the healthcare system and monitoring outcomes. It also facilitates national data comparison for coding reviews as well as best practice and variation review. The ADS project seeks to provide a centralised data warehouse to extract reliable and standardised information alongside reducing the burden on individual Ambulance Services to provide repeat and duplicate information to a wide range of requesting parties.

Information about how patients access ambulance provision, and the care and treatment that they receive, is currently collected by all Ambulance Services. There is, however, considerable variation in the way this information is collected, reported, analysed and benchmarked by individual services. Detailed reporting on patient outcomes is limited, and there is a lack of integration with the wider Urgent & Emergency Care system in order to understand the whole patient journey.

## 3.2. Anticipated benefits

The following are anticipated benefits of the ADS:

- greater ability to demonstrate the value of Ambulance Services
- better understanding of call/incident, response and patient level data, especially where linked with wider data sets (e.g., ECDS)
- support research and development of clinical care delivered by Ambulance Services
- support clinical feedback and supervision mechanisms
- support National Tariff processes
- support benchmarking of Ambulance Service Activity
- monitoring and evaluation of Health or Ambulance Improvement Programmes
- support understanding of the health needs of the population served by Ambulance Services

## 3.3. Ownership and management of the ADS

The structure and content of ADS is owned by the National Ambulance Team, NHS England. The administration and delivery of submitted ADS data is performed by the Transformation Directorate in NHS England, which is also responsible for collating data from Trusts through the FHIR (Fast Healthcare Interoperability Resources) API platform. The management and administration of the overall ADS project is performed by NHS England through the National Ambulance Team.

## 4. Timescales/plan

Delivery Phases	Milestones	Timeframes
Data Set Development and Testing	Content and technical development with testing. Iterations of specification tested.	March 2020-July 2022 (Completed)
	1.6 Specification Signed off and circulated	July 2022 (Completed)
	1.61 Specification circulated	January 2024
CAD	All trusts flowing test data	February 2024
	Data Quality Check using the DAE with all services established	April 2024

<b>Delivery Phases</b>	<b>Milestones</b>	<b>Timeframes</b>
	All services live in BAU	March 2024
Information Governance	All trusts to have Data Sharing Contract Frameworks in place	February 2024
	Section 251 signed off	May 2023
	NHS D SCAL sign off	October 2023
	NHS D assurance documentation completed	November 2023
EPR	EPR build to ensure compliance with ADS specification and testing in readiness for go-live.	June 2023
	Go-live of EPR content and assurance/validation checks on data items and quality of the data	March 2024
	Flowing data to the data warehouse and associated quality assurance checks	September 2024
Dashboard and Reporting	Dashboard MVP	March 2024
	Comparison of AQI and ADS data quality checks	July 2023 (Completed)
	ADS and ECDS Linkage	November 2023
	Validated signed off CAD data flowing to Dashboard	March 2024
	Validated signed off EPR data flowing to Dashboard	September 2024
Close Phase	Benefits Realisation	August 2024
	Transition to BAU	September 2024

## 5. The Ambulance Data Set (ADS)

There is an inherent level of complexity relating to calls, incidents, responses and patients that is unique to Ambulance Services, which is often poorly understood by wider primary and secondary care systems. This is illustrated in diagram one.

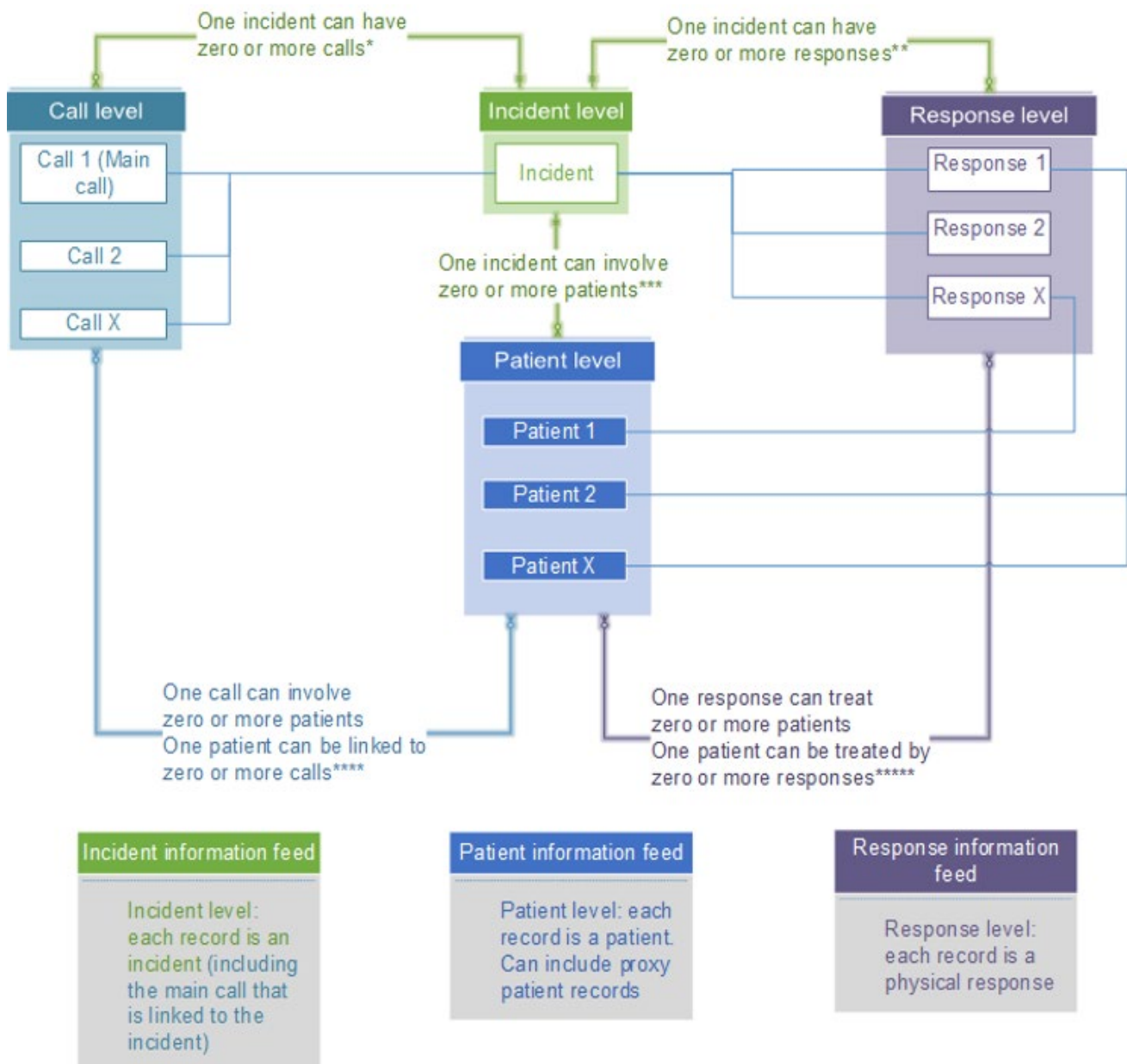


Diagram 1: Specific Ambulance considerations at call, incident, response and patient level

The ADS contains a range of data items and groupings to capture clinical, operational and demographical information. Data items have been built on the potential to capture episodes of care dealt entirely within the EOC environment and those where one or more resources are dispatched to the scene of an incident. This structure also considers multiple patients relating to a single call, multiple calls or a major incident.

The delivery and success of the ADS project is reliant on the ability of Ambulance Services to record, collect and report the proposed data items from CAD and EPR systems, against a backdrop of varying digital maturity. Similarly, the technical requirements of implementing a standard data set across Ambulance Services are complex and varied. To future proof the delivery of the Ambulance Data Set, a new implementation model of data transfer, known as FHIR (Fast Healthcare Interoperability Resources) has been adopted.

## 5.1. ADS data item structure

The data item list has been developed through an iterative process to ensure it captures specific clinical and operational use cases, including those that are more complex. There were significant opportunities to use or adapt sections of the existing Emergency Care Data Set (ECDS) Specification and it is anticipated that this will drive future interoperability between these data sets. Standardised categorisation through the NHS Data dictionary has also been utilised to ensure ADS is consistent with other datasets. This will potentially reduce the requirement for duplicate reporting of patients being treated by the Ambulance Service and receiving Emergency Department and support automated communication of data across wider UEC systems.

The delivery and success of the ADS project is reliant on the ability of Ambulance Services to record, collect and report the proposed data items. To achieve this, it is important that front-end users have a working understand of the ADS and that Business Intelligence departments are able to accurately map collected data into the required ADS submissions.

## 5.2. SNOMED CT

Where possible, clinical data items collected within the ADS will be submitted in SNOMED CT format. SNOMED CT is an international clinical terminology that provides the vocabulary for systems to support the direct management of the health and care of an individual patient. The vocabulary consists of machine-readable codes for clinical concepts along with human-readable descriptions that are used across a range of primary and secondary healthcare services.

The purpose of using SNOMED CT in the ADS is to:

- enable clinical information inputted at EPR level to be recorded consistently
- enable support systems to check the record after completion by the user
- enable easier linking between clinical records and guidelines e.g., to support clinical feedback of care given by Ambulance Clinicians

- enable the delivery of relevant data to support clinical research and contribute evidence for future improvements in treatments given by Ambulance Clinicians

Further information can be found at <https://www.snomed.org/value-of-snomedct>.

### 5.3. Implementation of SNOMED CT and other data item formats

EPR systems should not display SNOMED codes, nor will users be required to know them – the displayed items on EPR systems will be mapped by system suppliers behind the scenes, which can then be submitted for ADS. Clinical users should be presented with pre-agreed lists or smart search-based options to choose from, for example investigations, chief complaints and not require specific actions from the clinical user, aside from the user ensuring that they choose the relevant option or field to begin with.

### 5.4. Linking with the ECDS and other data sets

A key benefit of the ADS project will be the ability to link Ambulance data with that of other healthcare data sets to provide a more holistic view of the patient journey, particularly within the Urgent and Emergency Care setting. Whilst the technical capability to link data within a range of data sets exists, there is currently no legal basis within current legislation to allow a return of this linked data into Ambulance Services.

The ADS Project Team has received approval on a Section 251 application to the Confidentiality Advisory Group satisfies legal and information governance requirements to allow data to flow to Ambulance Services. The Section 251 application focused on linking ECDS data to ADS, with this to be upgraded to include other data sets as part of an ongoing review.

### 5.5. Major trauma and injury data

Major Trauma remains one of the most common causes of death and disability worldwide and a leading cause of death in people under the age of 45 in England ([National Audit Office, 2010](#)). There are also an estimated 38.8 million working days lost due to work-related illness and injury ([Health and Safety Executive, 2022](#)).

The ADS structure and content of injury-based data is near identical to the ECDS structure, striking a balance between usability and comprehensiveness. This provides future opportunities to better link Ambulance and Emergency Department (ED) data to inform feedback on care given and explore opportunities to further improve pre-hospital care.

## 5.6. Ambulance quality indicators

A series of standards, indicators and measures were introduced through the [Ambulance Response Programme](#) (ARP) for publication in the NHS England [Ambulance Quality Indicators \(AQI\)](#).

Technical guidance for the collection of AQIs exists through NHS England and this should be referred to in conjunction with the [ADS user guide](#).

The AQI submissions will not be taken directly from submitted ADS content and submissions will continue to come directly from Ambulance services. However, specific data items within the ADS will clearly support AQI reporting and Trust-level validation.

## 5.7. Clinical quality indicators

All Ambulance Services in England are measured by, and report against, the Clinical Quality Indicators (CQIs) outlined below:

- ST-elevation myocardial infarction (STEMI)
- Return of Spontaneous Circulation (ROSC)
- Cardiac arrest - Survival to discharge (StD)
- Management of Stroke

Whilst Ambulance CQIs are not in scope of the ADS project, it is acknowledged that specific data items within the ADS will support CQI reporting and Trust-level validation. Guidance and updates for Trusts relating to the use of their own ADS data for CQI reporting will be issued through National Ambulance Service Clinical Quality Group (NASCCG)

## 6. System use

### 6.1. Computer Aided Dispatch (CAD)

CAD systems are integral to Ambulance Service provision, and EPR systems are virtually the norm within the UK Ambulance Sector. Whilst the ADS requirements require little or no change to CAD systems, as all the data is already collected, and can be mapped to the ADS specification, EPR systems will require configuration to meet the required submission formats. However significant consideration has been given to help EPR and CAD system designers make it as easy as possible for Ambulance clinicians and users to input information quickly and efficiently, such as:

- Lists that are detailed enough to cover every likely eventuality, but equally do not offer so many options as to confuse suppliers or users.
- Hierarchical coding for each code set to enable the use of sequential drop-down menus or boxes to identify the correct data item.
- Data items arranged so that the most frequently used is towards the top of the list.
- Data items arranged into groups of 10 or less where possible, in order to minimise the need for scrolling.
- Removal of data items that are confusing, duplicated or open to misinterpretation.

## 6.2. Electronic Patient Record (EPR)

EPR is the norm across UK Ambulance Services and allows electronic capture, storage and transfer of patient data in the pre-hospital environment. Some services have seen additional benefits through linkage of data, access to summary care records and real-time remote sharing of clinical information.

The starting point of this level of digital maturity is interoperability of data and systems that allow information to be accessed and used appropriately. This supports more accurate and consistent data with clinical feedback, audit, research and evaluation being some clear use cases.

Poor system usability, variations between EPR hardware and software systems, device failures, poor connectivity and over-complicated sections in the EPR are known to cause Ambulance staff to revert to use of paper-based records ([Altuwaijri, Budgen and Maxwell, 2019](#)). Whilst some technical issues may be seemingly minor at a management or transformation level, they can significantly influence operational use of an EPR system.

## 6.3. ADS interaction with private and voluntary sector providers

Some Ambulance Services continue to utilise private and voluntary sector Ambulance providers to support the delivery of front-line services. It is acknowledged that a number of private and voluntary sector Ambulance providers do not use an EPR system and where they do, it is unlikely to be compatible with ADS requirements in the short term. Ambulance Services using private and voluntary sector providers should review their contractual arrangements with these providers to ensure these providers are completing records in-line with the ADS information standard, which includes arrangements for collection and submission of the data.

## 7. Guidance by user group

This section provides guidance for the collection of data items for inclusion within the ADS. Guidance for each data item is given within the data groups they occur in the technical output specification.

### 7.1. ADS submission status

Status	Meaning	Description
M	Mandatory	These data groups and data items <b>MUST</b> be reported and failure to submit these will result in the rejection of the record. In most instances, data items marked as mandatory will result in its parent data group being marked as mandatory.
R	Required	These data groups and data items <b>SHOULD</b> be reported where they apply. Failure to submit these items will not result in the rejection of the record but may affect the derivation of national indicators or national analysis. If at the time of submission, the information remains incomplete the remaining data in the ADS record should still be submitted. Once the organisation has updated its systems with the data, the data should be resubmitted.  Data Quality checks will be undertaken on a regular basis to ensure compliance with required fields.
O	Optional	These data items <b>MAY</b> be populated on an optional basis at the submitter's discretion. Note that even if marked 'Optional', any data included in ADS submissions must comply with the specification, otherwise the data may be deemed invalid and rejected.

### 7.2. ADS submission format

Within the data item tables in section 6.1 of the technical output specification onwards, the format for each data item is specified.

### 7.3. ADS data item source

The source for each data item is specified in the table below, with links to further information or the specification provided where applicable.

Status	Meaning	Description
SNOMED CT	Systemised Nomenclature of Medicine Clinical Terms	Codes are sourced from the SNOMED CT terminology that is a comprehensive set of clinical phrases or terms. Further information is available at: <a href="https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct">https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct</a>
DM&D	Data Model and Dictionary	This is a reference point for assured information standards, to support health care activities in the NHS in England. Further information is available at: <a href="https://www.datadictionary.nhs.uk/">https://www.datadictionary.nhs.uk/</a>
ODS	Organisation Data Service	These are lists of organisation and practitioner codes, along with related national policies and standards. Further information is available at: <a href="https://digital.nhs.uk/services/organisation-data-service">https://digital.nhs.uk/services/organisation-data-service</a>

More information can be found in the [User Guidance](#) which breaks down the CAD and EPR Data items.

## 8. Information Governance

### 8.1. Background

The Chief Medical Officer of England commissioned the '[Department of Health - The Caldicott Committee Report on the Review of Patient-Identifiable Information](#)' (Dec 1997) report, to review the transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations. The report included 16 recommendations and suggested six principles be applied to current flows and any flows proposed in the future. '[Information: To share or not to share? The Information Governance Review](#)' (March 2013) followed. Known as Caldicott2, it was an independent review of information sharing by Dame Fiona Caldicott at the request of the Secretary of State for Health (March 2013). This review was to ensure an appropriate balance between protection of patient information, and its use and sharing. The Government subsequently accepted the recommendations from this report (September 2013), and the '[National Data Guardian for Health and Care Review of Data Security, Consent and Opt-Outs](#)' (June 2016) outlines the recommendations of the new data security standards.

NHS England produces an overall guide to [data security standards](#) via a Data Security and Policy Toolkit.

## 8.2. Overview

The legal flow of ADS data to NHS England is supported by a Direction issued by the Department of Health and Social Care. NHS England is exempt from having to apply for section 251 support from the Confidentiality Advisory Group (CAG) when mandated to collect data via Directions from the Department of Health and when acting as data controller. This is set out in [sections 254 and 255 of the Health and Social Care Act 2012](#).

As a result, explicit patient consent is not required; however, providers are required to inform patients that their information will be used to support secondary uses, and to act on any objections raised in line with their local policy. If consent is sought and not given, then this information must not be shared and other legal routes for sharing are not available.

Further information on a patient's personal information choices can be found at NHS England's, "[How we look after information](#)".

[An Ambulance Data Set Data Provision Notice \(DPN\)](#), produced by NHS England is in place. This confirms the purpose, benefits and scope of the collection and confirms NHS England's legal requirement to collect the data.

## 8.3. General Data Protection Regulation (GDPR)

Providers (including the Caldicott Guardian) should ensure they are aware of requirements in respect of the [General Data Protection Regulation \(GDPR\)](#). Additional guidance is available on the [NHS England website](#).

[NHS England assessment confirms required compliance](#) to GDPR. During the development of this release of the standard, Data Protection Impact Assessments (DPIAs) were completed.

Any concerns regarding information governance should be addressed to [dataset.development@nhs.net](mailto:dataset.development@nhs.net)

## 8.4. Type 1 opt-out

Where a patient does not want information that identifies them to be shared outside their general practice, for purposes beyond their direct care then the patient can register a Type 1 opt-out with their GP practice. This prevents their personal confidential information from being used other than in specific circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

## 8.5. National data opt-out

There are three National Data Opt-Out considerations and in each case National Data Opt-Out does not apply. In line with the National Data Opt-Out Operational Policy Guidance Document. It is noted that:

- **Collection:** Data are to be received into NHS England under a Data Provision Notice which acts as a legal requirement to disclose; therefore, the National Data Opt-Out does not apply to NHS England's collection of the data.
- **Dissemination:** When data is anonymised for access (pseudonymised in this case), it is anonymised through technical controls (including the removal of direct identifiers, minimisation of data by selection of specific codes (where feasible for the NCDR, where NHS England will determine, according to their Data Sharing Agreement), and creation of derived fields where appropriate).
- **Organisational and contractual controls** are also applied as necessary to ensure the data does not fall within the definition of "personal data" within UK GDPR in the hands of accessing organisations with contractual restrictions included within the terms and conditions of data sharing agreements to reflect the controls required for data to remain anonymous when processed by the data recipient. As a result of the application of these controls national data opt-out does not apply.

National Data Opt-Outs do not apply to staff details.

Data to be disseminated will be pseudonymised in line with the ICO code of practice so the National Data Opt-Out does not apply to such data

## 8.6. Patient identifiable data items

The ADS includes several patient identifiable items, for example

- NHS Number
- Unique Patient Contact Record Identifier
- Patient Name
- Date of Birth
- Patient Address Postcode

Free text fields – in which patient identifiable data could incorrectly be entered. Responsibility rests with the provider to ensure that no inappropriate data is submitted to NHS England. Safeguards exist within NHS England to minimise the impact of inappropriate data being erroneously shared.

ADS necessarily includes patient identifiers to support the linkage of activity to create a complete picture of the patient pathway to Urgent and Emergency Care Departments.

## 8.7. Secondary use

Secondary use of data is subject to compliance with the appropriate legal basis, and Ambulance service data providers should review their own information governance standards to ensure they are complying accordingly. Reuse, or secondary use, of data concerns the use of clinical data for a different purpose than the one for which it was originally collected. The data being reused are usually those owned by hospitals and health systems - large databases containing administrative, claims, and patient health data. More information can be found [here](#).

## 9. Data flow diagram

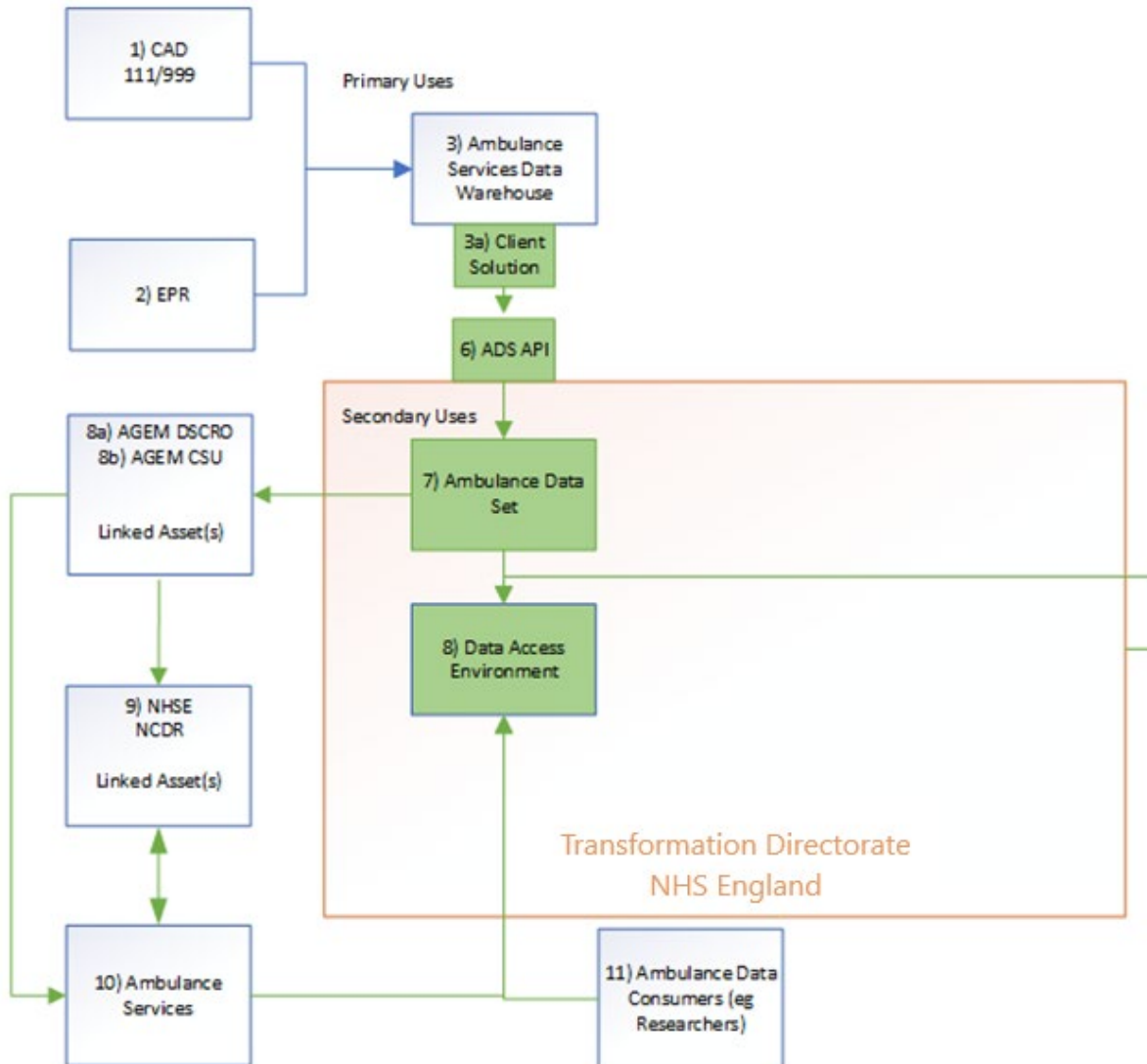


Diagram 2: Data flow diagram

## 10. Helpdesk

If any issues please contact the [england.ambulance@nhs.net](mailto:england.ambulance@nhs.net). Further information can be found on [NHS Futures](#).

## Appendix A: Useful web links

1	Section 250 of the Health and Social Care Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/7/section/250">http://www.legislation.gov.uk/ukpga/2012/7/section/250</a>
2	Ambulance Data Set (DAPB3107)	Short URL: <a href="http://digital.nhs.uk/isce/publication/dapb3107">http://digital.nhs.uk/isce/publication/dapb3107</a> Full URL: <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb3107-ambulance-data-set">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb3107-ambulance-data-set</a>
3	Open Government License (OGL)	<a href="http://www.nationalarchives.gov.uk/doc/open-government-licence/">http://www.nationalarchives.gov.uk/doc/open-government-licence/</a>
4	SNOMED CT (SCCI0034)	Short URL: <a href="http://digital.nhs.uk/isce/publication/SCCI0034">http://digital.nhs.uk/isce/publication/SCCI0034</a> Full URL: <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct</a>
5	Accessible information (DCB1605)	Short URL: <a href="http://digital.nhs.uk/isce/publication/dcb1605">http://digital.nhs.uk/isce/publication/dcb1605</a> Full URL: <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1605-accessible-information">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1605-accessible-information</a>
6	NHS Number (ISB 0149)	Short URL: <a href="https://digital.nhs.uk/isce/publication/isb0149">https://digital.nhs.uk/isce/publication/isb0149</a> Full URL: <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb-0149-nhs-number">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb-0149-nhs-number</a>

7	Emergency Care Data Set (ECDS) (DAPB0092-2062)	<p>Short URL:  <a href="http://digital.nhs.uk/isce/publication/dapb0092-2062">http://digital.nhs.uk/isce/publication/dapb0092-2062</a></p> <p>Full URL:  <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0092-2062-commissioning-data-sets-emergency-care-data-set">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0092-2062-commissioning-data-sets-emergency-care-data-set</a></p>
8	Clinical Risk Management: its Application in the Manufacture of Health IT Systems (DCB0129)	<p>Short URL:  <a href="http://digital.nhs.uk/isce/publication/dcb0129">http://digital.nhs.uk/isce/publication/dcb0129</a></p> <p>Full URL:  <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems</a></p>
9	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems (DCB0160)	<p>Short URL:  <a href="http://digital.nhs.uk/isce/publication/dcb0160">http://digital.nhs.uk/isce/publication/dcb0160</a></p> <p>Full URL:  <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems</a></p>
10	FHIR Specification: ADS home	<a href="https://simplifier.net/guide/ambulancedatasetadsfhirbundleimplementationguide/ads-home">https://simplifier.net/guide/ambulancedatasetadsfhirbundleimplementationguide/ads-home</a>
11	Operational productivity and performance in English NHS Ambulance Trusts (Lord Carter Review)	<a href="https://www.england.nhs.uk/publication/lord-carters-review-into-unwarranted-variation-in-nhs-ambulance-trusts/">https://www.england.nhs.uk/publication/lord-carters-review-into-unwarranted-variation-in-nhs-ambulance-trusts/</a>
12	NHS Long Term Plan	<a href="https://www.longtermplan.nhs.uk/online-version/">https://www.longtermplan.nhs.uk/online-version/</a>
13	SNOMED CT: The value of SNOMED CT	<a href="https://www.snomed.org/value-of-snomedct">https://www.snomed.org/value-of-snomedct</a>

14	Major Trauma care in England (National Audit Office report 2010)	<a href="https://www.nao.org.uk/reports/major-trauma-care-in-england/">https://www.nao.org.uk/reports/major-trauma-care-in-england/</a>
15	Working days lost in Great Britain (Health and Services Executive report 2022)	<a href="https://www.hse.gov.uk/statistics/dayslost.htm">https://www.hse.gov.uk/statistics/dayslost.htm</a>
16	Ambulance Response Programme	<a href="https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/">https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/</a>
17	Ambulance Quality Indicators	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>
18	ADS User guide (NHS Futures)	<a href="https://future.nhs.uk/ADSPProject1/view?objectID=196531717">https://future.nhs.uk/ADSPProject1/view?objectID=196531717</a>
19	Factors impeding the effective utilisation of an electronic patient report form during handover from an ambulance to an emergency department. (Altuwajri, Budgen and Maxwell, 2019)	<a href="https://pubmed.ncbi.nlm.nih.gov/30222025/">https://pubmed.ncbi.nlm.nih.gov/30222025/</a>
20	SNOMED CT	<a href="https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct">https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct</a>
21	NHS Data Dictionary	<a href="https://www.datadictionary.nhs.uk/">https://www.datadictionary.nhs.uk/</a>
22	Organisation Data Service (ODS)	<a href="https://digital.nhs.uk/services/organisation-data-service">https://digital.nhs.uk/services/organisation-data-service</a>
23	The Caldicott Committee Report on the Review of Patient-Identifiable Information' (Dec 1997)	<a href="https://static1.squarespace.com/static/5ef9fdeb69c2a9793e238abb/t/608057eb157ce92bade3f089/1619023856224/caldicott1.pdf">https://static1.squarespace.com/static/5ef9fdeb69c2a9793e238abb/t/608057eb157ce92bade3f089/1619023856224/caldicott1.pdf</a>
24	Information: To share or not to share? The Information Governance Review (March 2013)	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf</a>
25	National Data Guardian for Health and Care Review of Data Security, Consent and Opt-Outs (June 2016)	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF</a>

26	Data Security Protection Toolkit (DSPT)	<a href="https://www.dsptoolkit.nhs.uk/">https://www.dsptoolkit.nhs.uk/</a>
27	Sections 254 and 255 of the Health and Social Care Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/7/content/enacted">http://www.legislation.gov.uk/ukpga/2012/7/content/enacted</a>
28	How we look after information	<a href="https://digital.nhs.uk/data-and-information/keeping-data-safe-and-benefitting-the-public/how-we-look-after-your-health-and-care-information">https://digital.nhs.uk/data-and-information/keeping-data-safe-and-benefitting-the-public/how-we-look-after-your-health-and-care-information</a>
29	Data Provision Notices	<a href="https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns">https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns</a>
30	General Data Protection Regulations (GDPR): Overview	<a href="https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/">https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/</a>
31	General Data Protection Regulations (GDPR): NHS England	<a href="https://digital.nhs.uk/data-and-information/keeping-data-safe-and-benefitting-the-public/gdpr">https://digital.nhs.uk/data-and-information/keeping-data-safe-and-benefitting-the-public/gdpr</a>
32	General Data Protection Regulations (GDPR): NHS England GDPR register	<a href="https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe-and-benefitting-the-public/gdpr/gdpr-register/emergency-care-data-set-ecds-gdpr-information">https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe-and-benefitting-the-public/gdpr/gdpr-register/emergency-care-data-set-ecds-gdpr-information</a>
33	Secondary Use of Patient Data: Review of the Literature Published in 2016	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6250993/#:~:text=Reuse%2C%20or%20secondary%20use%2C%20of,claims%2C%20and%20patient%20health%20data">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6250993/#:~:text=Reuse%2C%20or%20secondary%20use%2C%20of,claims%2C%20and%20patient%20health%20data</a>
34	ADS workspace on NHS Futures	<a href="https://future.nhs.uk/connect.ti/ADSProject1/group/home">https://future.nhs.uk/connect.ti/ADSProject1/group/home</a>