NHS Data Model and Dictionary

Type:	Change Request
Reference:	1903
Version No:	1.0
Subject:	Healthcare Operational Data Flows (Acute) Data Set
Effective Date:	Immediate
Reason for Change:	New Information Standard
Publication Date:	8 April 2024

Background:

The Acute Faster Data Flows collection was developed and implemented as a pilot across 2022/23.

The collection has since been reviewed and updates have been made in line with the requirements of an Information Standards Notice, and going forward the collection has now been renamed as Healthcare Operational Data Flows (Acute) Data Set.

The Faster Data Flows Programme provides more timely data to Health Care Providers, Integrated Care Boards and NHS England and further improves access to data and insights. Streamlining data collection methods to improve the flow and speed of data supports local, system and national decision making across the whole patient pathway.

The Faster Data Flows Programme has produced the Healthcare Operational Data Flows (Acute) Data Set to provide the definitions for an automated patient based daily data collection. The Healthcare Operational Data Flows (Acute) Data Set supports NHS delivery plans for the recovery of elective care and urgent and emergency care in relation to NHS waiting lists, care co-ordination, and the improvement of managing patient flows through the health and social care system.

This Change Request adds the Healthcare Operational Data Flows (Acute) Data Set and supporting definitions to the NHS Data Model and Dictionary to support the Information Standard.

A short demonstration is available which describes "How to Read an NHS Data Model and Dictionary Change Request", in an easy to understand screen capture including a voice over

and readable captions. This demonstration can be viewed at: https://datadictionary.nhs.uk/elearning/change_request/index.html.

Note: if the web page does not open, please copy the link and paste into the web browser. A guide to how to use the demonstration can be found at: Demonstrations.

Summary of changes:

Data Set

HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - ADMISSION	New Data Set
HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - CURRENT	New Data Set
HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - DISCHARGE	New Data Set
HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - OUT-PATIENT	New Data Set

Supporting Information

ACTIVITY DATE FOR AGE (HEALTHCARE OPERATIONAL DATA FLOWS)	New Supporting Information
CARE TRANSFER HUB	New Supporting Information
COMMISSIONING DATA SETS OVERVIEW	Changed Description
DISCHARGE PATHWAY	New Supporting Information
FASTER DATA FLOWS PROGRAMME	New Supporting Information
HEALTHCARE OPERATIONAL DATA FLOWS (ACUTE) DATA SET INTRODUCTION	New Supporting Information
HEALTHCARE OPERATIONAL DATA FLOWS (ACUTE) DATA SET OVERVIEW	New Supporting Information
HEALTHCARE OPERATIONAL DATA FLOWS SET DATA SETS MENU	New Supporting Information
SUPPORTING DATA SETS MENU	Changed Description

Class Definitions

ACTIVITY GROUP	Changed Attributes
ELECTRONIC HEALTH RECORD EXTRACT	Changed Attributes

Attribute Definitions

ACTIVITY DATE	Changed Dataset
ACTIVITY DURATION	Changed Dataset

ACTIVITY IDENTIFIER	Changed Dataset
ACTIVITY TIME	Changed Dataset
ADMINISTRATIVE CATEGORY CODE	Changed Dataset
ADMISSION SOURCE	Changed Dataset
APPOINTMENT BOOKED REASON	Changed Dataset
APPOINTMENT DATE	Changed Dataset
APPOINTMENT TIME	Changed Dataset
ATTENDANCE STATUS	Changed Dataset
CLINICAL CLASSIFICATION CODE	Changed Dataset
CLINICAL TERMINOLOGY CODE	Changed Dataset
CLINIC OR FACILITY CODE	Changed Dataset
CONSULTATION MECHANISM	Changed Dataset
CONSULTATION TYPE	Changed Dataset
CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL	New Attribute
DESTINATION OF DISCHARGE	Changed Dataset
DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL	New Attribute
EVENT DATE	Changed Dataset
EVENT TIME	Changed Dataset
HODF UPDATE TYPE	New Attribute
INTENDED MANAGEMENT	Changed Dataset
LOCAL PATIENT IDENTIFIER	Changed Dataset
METHOD OF ADMISSION	Changed Dataset
METHOD OF DISCHARGE	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
ORGANISATION IDENTIFIER	Changed Dataset
ORGANISATION SITE IDENTIFIER	Changed Dataset
OUT-PATIENT ATTENDANCE OUTCOME	Changed Dataset
PATIENT CLASSIFICATION	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PERSON AGE	Changed Dataset
PERSON BIRTH DATE	Changed Dataset
PERSON OBSERVATION TEXT STRING	Changed Dataset
PLANNED DESTINATION OF DISCHARGE	Changed Dataset
POSTCODE	Changed Dataset
REASON FOR DISCHARGE DELAY	New Attribute

RECORD IDENTIFIER	Changed Dataset
REPORTING PERIOD END DATE	Changed Dataset
REPORTING PERIOD START DATE	Changed Dataset
SOURCE OF REFERRAL FOR OUT-PATIENTS	Changed Dataset
TREATMENT FUNCTION CODE	Changed Dataset
UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)	Changed Dataset
WARD CODE	Changed Dataset
WARD INTENDED CLINICAL CARE INTENSITY	Changed Dataset
WITHHELD IDENTITY REASON	Changed Description, Dataset

Data Elements

ACTIVITY TREATMENT FUNCTION CODE	Changed Dataset
ADMINISTRATIVE CATEGORY CODE	Changed Dataset
ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)	Changed Dataset
ADMISSION SOURCE (HOSPITAL PROVIDER SPELL)	Changed Dataset
AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)	New Data Element
APPOINTMENT BOOKED REASON	Changed Description, Dataset
APPOINTMENT DATE	Changed Dataset
APPOINTMENT TIME	Changed Dataset
ATTENDANCE STATUS	Changed Dataset
CDS UNIQUE IDENTIFIER	Changed Description, Dataset
CLINIC CODE	Changed Description, Dataset
CONSULTATION MECHANISM	Changed Dataset
CONSULTATION TYPE	Changed Dataset
CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)	New Data Element
DATE AND TIME DATA SET CREATED	Changed Dataset
DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)	Changed Dataset
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	Changed Dataset
DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)	New Data Element
DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)	Changed Dataset
DISCHARGE TIME (HOSPITAL PROVIDER SPELL)	Changed Dataset

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)	New Data Element
DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)	New Data Element
DURATION OF ELECTIVE WAIT	Changed Dataset
EPISODE NUMBER	Changed Description, Dataset
HODF UPDATE TYPE	New Data Element
HOSPITAL PROVIDER SPELL IDENTIFIER	Changed Dataset
INTENDED MANAGEMENT CODE	Changed Dataset
INTENDED PRIMARY PROCEDURE (OPCS)	New Data Element
LOCAL PATIENT IDENTIFIER (EXTENDED)	Changed Dataset
METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL)	Changed Dataset
METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Changed Dataset
ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	Changed Dataset
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	Changed Dataset
OUTPATIENT ATTENDANCE IDENTIFIER	Changed Dataset
OUT-PATIENT ATTENDANCE OUTCOME	Changed Dataset
PATIENT CLASSIFICATION CODE	Changed Description, Dataset
PATIENT PATHWAY IDENTIFIER	Changed Description, Dataset
PERSON BIRTH DATE	Changed Dataset
PLANNED DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)	Changed Dataset
PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)	New Data Element
PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)	New Data Element
POSTCODE OF USUAL ADDRESS	Changed Dataset
PRIMARY DIAGNOSIS (ICD)	Changed Description, Dataset
PRIMARY PROCEDURE (OPCS)	Changed Description, Dataset

REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)	New Data Element
REPORTING PERIOD END DATE	Changed Dataset
REPORTING PERIOD START DATE	Changed Dataset
SECONDARY DIAGNOSIS (ICD)	Changed Description, Dataset
SOURCE OF REFERRAL FOR OUT-PATIENTS	Changed Dataset
START DATE (EPISODE)	Changed Dataset
START DATE (HOSPITAL PROVIDER SPELL)	Changed Dataset
START TIME (EPISODE)	Changed Dataset
START TIME (HOSPITAL PROVIDER SPELL)	Changed Dataset
UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)	Changed Description, Dataset
WARD CODE	Changed Description, Dataset
WARD INTENDED CLINICAL CARE INTENSITY	Changed Dataset
WITHHELD IDENTITY REASON	Changed Description, Dataset

Date: 8 April 2024

Sponsor: Ayub Bhayat, Deputy Chief Data and Analytics Officer - Director of Data Services, NHS England.

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - ADMISSION

Change to Data Set: New Data Set

HEADER

To carry header details. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	HODF UPDATE TYPE
M	CDS UNIQUE IDENTIFIER

M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
M	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED

PATIENT DEMOGRAPHICS

To carry demographic details of the patient.
One occurrence of this group is required.

M/R/O	Data Set Data Elements
R	LOCAL PATIENT IDENTIFIER (EXTENDED)
R	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)
R	WITHHELD IDENTITY REASON
R	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)
R	PERSON BIRTH DATE

HOSPITAL PROVIDER SPELL - ADMISSION CHARACTERISTICS

To carry admission details of the patient.
One occurrence of this group is required.

M/R/O	Data Set Data Elements
M	HOSPITAL PROVIDER SPELL IDENTIFIER
R	UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)
R	PATIENT PATHWAY IDENTIFIER
R	ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)
R	METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL)
R	ADMISSION SOURCE (HOSPITAL PROVIDER SPELL)
M	START DATE (HOSPITAL PROVIDER SPELL)
R	START TIME (HOSPITAL PROVIDER SPELL)
R	AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)
R	DURATION OF ELECTIVE WAIT
R	INTENDED MANAGEMENT CODE
O	WARD CODE

O	WARD INTENDED CLINICAL CARE INTENSITY
R	ACTIVITY TREATMENT FUNCTION CODE
O	INTENDED PRIMARY PROCEDURE (OPCS)
O	DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)
O	DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - CURRENT

Change to Data Set: New Data Set

HEADER

To carry header details. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	HODF UPDATE TYPE
M	CDS UNIQUE IDENTIFIER
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
M	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED

PATIENT DEMOGRAPHICS

To carry demographic details of the patient. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
R	LOCAL PATIENT IDENTIFIER (EXTENDED)
R	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)
R	WITHHELD IDENTITY REASON
R	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)

R	PERSON BIRTH DATE

HOSPITAL PROVIDER SPELL - CURRENT CHARACTERISTICS

To carry current details of the patient. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	HOSPITAL PROVIDER SPELL IDENTIFIER
R	UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)
R	PATIENT PATHWAY IDENTIFIER
R	ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)
R	PATIENT CLASSIFICATION CODE
M	EPISODE NUMBER
M	START DATE (EPISODE)
R	START TIME (EPISODE)
R	AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)
O	WARD CODE
O	WARD INTENDED CLINICAL CARE INTENSITY
R	ACTIVITY TREATMENT FUNCTION CODE
O	PRIMARY DIAGNOSIS (ICD)
O	SECONDARY DIAGNOSIS (ICD)
O	PRIMARY PROCEDURE (OPCS)
R	PLANNED DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)
R	PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)
R	DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)
R	CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)
R	PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)
O	REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)
O	DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)
O	DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - DISCHARGE

Change to Data Set: New Data Set

HEADER

To carry header details. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	HODF UPDATE TYPE
M	CDS UNIQUE IDENTIFIER
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
M	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED

PATIENT DEMOGRAPHICS

To carry demographic details of the patient. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
R	LOCAL PATIENT IDENTIFIER (EXTENDED)
R	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)
R	WITHHELD IDENTITY REASON
R	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)
R	PERSON BIRTH DATE

HOSPITAL PROVIDER SPELL - DISCHARGE CHARACTERISTICS

To carry discharge details of the patient. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	HOSPITAL PROVIDER SPELL IDENTIFIER
R	UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)
R	PATIENT PATHWAY IDENTIFIER
R	ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)
R	PATIENT CLASSIFICATION CODE

O	WARD CODE
O	WARD INTENDED CLINICAL CARE INTENSITY
R	ACTIVITY TREATMENT FUNCTION CODE
O	PRIMARY DIAGNOSIS (ICD)
O	SECONDARY DIAGNOSIS (ICD)
O	PRIMARY PROCEDURE (OPCS)
R	DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)
R	METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)
R	DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
R	DISCHARGE TIME (HOSPITAL PROVIDER SPELL)
R	AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)
R	DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)
O	DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)
O	DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

HEALTHCARE OPERATIONAL DATA FLOWS DATA SET: ACUTE - OUT-PATIENT

Change to Data Set: New Data Set

HEADER

To carry header details. **One occurrence of this group is required.**	
M/R/O	**Data Set Data Elements**
M	HODF UPDATE TYPE
M	CDS UNIQUE IDENTIFIER
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
M	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED

PATIENT DEMOGRAPHICS

To carry demographic details of the patient. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
R	LOCAL PATIENT IDENTIFIER (EXTENDED)
R	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)
R	WITHHELD IDENTITY REASON
R	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)
R	PERSON BIRTH DATE

OUT-PATIENT ATTENDANCE

To carry out-patient attendance details. One occurrence of this group is required.	
M/R/O	**Data Set Data Elements**
M	OUTPATIENT ATTENDANCE IDENTIFIER
R	UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)
R	PATIENT PATHWAY IDENTIFIER
R	SOURCE OF REFERRAL FOR OUT-PATIENTS
R	APPOINTMENT BOOKED REASON
M	APPOINTMENT DATE
R	APPOINTMENT TIME
R	AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)
R	ADMINISTRATIVE CATEGORY CODE
R	ATTENDANCE STATUS
R	CONSULTATION MECHANISM
R	CONSULTATION TYPE
O	CLINIC CODE
R	OUT-PATIENT ATTENDANCE OUTCOME
R	ACTIVITY TREATMENT FUNCTION CODE
O	INTENDED PRIMARY PROCEDURE (OPCS)
O	PRIMARY DIAGNOSIS (ICD)
O	SECONDARY DIAGNOSIS (ICD)
O	PRIMARY PROCEDURE (OPCS)

O	DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)
O	DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

ACTIVITY DATE FOR AGE (HEALTHCARE OPERATIONAL DATA FLOWS)

Change to Supporting Information: New Supporting Information

An Activity Date for Age (Healthcare Operational Data Flows) is an ACTIVITY DATE TIME.

An Activity Date for Age (Healthcare Operational Data Flows) is the ACTIVITY DATE used to calculate the age of the PATIENT, for the Healthcare Operational Data Flows (Acute) Data Set.

An Activity Date for Age (Healthcare Operational Data Flows) is specified according to the specific data set as follows:

DATA SET	ACTIVITY DATE
Healthcare Operational Data Flows Data Set: Acute - Admission	START DATE (HOSPITAL PROVIDER SPELL)
Healthcare Operational Data Flows Data Set: Acute - Current	START DATE (EPISODE)
Healthcare Operational Data Flows Data Set: Acute - Discharge	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
Healthcare Operational Data Flows Data Set: Acute - Out-Patient	APPOINTMENT DATE

CARE TRANSFER HUB

Change to Supporting Information: New Supporting Information

A Care Transfer Hub is a focal point for coordinating discharges from Admitted Patient Care for PATIENTS with new or increased health and care needs, and who require post-discharge health and/or social care support.

A Care Transfer Hub manages discharges for PATIENTS on Discharge Pathways 1, 2 and 3.

PATIENTS who are likely to have complex discharge needs are referred to a Care Transfer Hub by CARE PROFESSIONALS or other staff from the WARD in which the PATIENT is

residing. The WARD staff should begin discharge planning from the point of admission, and must provide relevant information about the PATIENT's prospective needs to the Care Transfer Hub. Care Transfer Hub staff determine the most appropriate Discharge Pathway, taking a 'home first' approach.

Care Transfer Hubs may operate at NHS Health Care Provider, Integrated Care Board lower-level geographical site ('place'), or at Integrated Care System level, to support local needs most effectively. Each Care Transfer Hub should comprise a multi-disciplinary and multi-agency team of health, social care, housing and voluntary sector partner ORGANISATIONS, with strong links into Health Care Providers.

'Place'-based ORGANISATION partnerships often (although not always) match the GEOGRAPHIC AREA covered by a County (upper-tier) Local Authority or Unitary Authority. This means that in many areas, 'place' is the level at which most activity to join up budgets, undertake planning and decide pathways for health and social care SERVICES should happen.

Further information on Care Transfer Hubs can be found in the NHS England website at: NHS England - UEC recovery plan delivery and improvement support.

COMMISSIONING DATA SETS OVERVIEW

Change to Supporting Information: Changed Description

The purpose of the Commissioning Data Sets is to enable conformant health ACTIVITY information to be generated, independent of the ORGANISATION or system that maintains it. This enables health CARE PROFESSIONALS to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals and ORGANISATIONS.

Commissioning Data Sets currently support the following ACTIVITIES:

- monitoring and managing NHS SERVICE CONTRACTS
- developing commissioning plans
- supporting the National Tariff Payment System
- underpinning clinical governance
- understanding the health needs of the population
- reporting waiting time measurement

Information on care provided for all PATIENTS by Health Care Providers (both NHS and Independent Sector Healthcare Providers for NHS PATIENTS only) must be submitted to the Secondary Uses Service according to the Commissioning Data Set Mandated Data Flows guidelines.

Commissioning ORGANISATIONS need access to data to monitor Non-Contract Activity as part of the management of their NHS SERVICE CONTRACTS, and to monitor in-year REFERRAL REQUESTS to investigate the sources and reasons for Non-Contract Activity.

The Department of Health and Social Care requires accurate data for all PATIENTS admitted, treated as out-patients or treated as Urgent and Emergency Care Activity by Health Care Providers, including PATIENTS receiving private treatment. The Commissioning Data Sets also includes NHS-funded PATIENTS treated electively in the independent sector and overseas.

Referral To Treatment Clock Stop Administrative Events may also flow using the CDS V6-2 Type 020 - Outpatient Commissioning Data Set or CDS V6-3 Type 020 - Outpatient Commissioning Data Set. This allows the Secondary Uses Service to build accurate PATIENT PATHWAYS for the reporting of waiting time measurement.

Where possible the definitions and items collected in the Healthcare Operational Data Flows (Acute) Data Sets are aligned with those collected in the Commissioning Data Set V6.3.

CDS Types

The Commissioning Data Sets are the basic structure used for the submission of commissioning data to the Secondary Uses Service and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Urgent and Emergency Care Activity, Care Professional Out-Patient Attendances, and Care Professional Admitted Care Episodes for both CDS version 6-2 and CDS version 6-3. CDS version 6-2 also supports the submission of Future Out-Patient Attendances and Elective Admission List data.

Further Information

Further guidance material for submission of data to the Secondary Uses Service can be found at: Secondary Uses Service (SUS Guidance).

DISCHARGE PATHWAY

Change to Supporting Information: New Supporting Information

A Discharge Pathway is the intended or actual route which an admitted PATIENT in an Acute or Community Hospital takes on discharge from a Care Professional Admitted Care Episode or Hospital Provider Spell.

Discharge Pathway 0 (zero) covers

- simple discharge back to the PATIENT's usual place of residence (e.g. own home, Care Home or temporary accommodation)
- arranged by WARD staff without the involvement of a Care Transfer Hub
- no requirement for new or increased levels of health and/or social care and support

and may also cover, where applicable:

- self-management with Signposting to SERVICES in the community
- voluntary sector support
- the re-start of a pre-existing Home Care package at the same level, that remained active and on pause during the PATIENT's Hospital Stay
- returning to an original Care Home placement, with care at the same level as prior to the PATIENT's Hospital Stay

Discharge Pathway 1 covers:

- discharge back to the PATIENT's usual place of residence (e.g. own home, Care Home or temporary accommodation)
- co-ordinated by a Care Transfer Hub
- where there is a requirement for new or increased levels of health and/or social care and support, OR
- a re-start of a Home Care package at the same level as a previous Home Care package that lapsed during the PATIENT's Hospital Stay

and may also cover, where applicable:

- provision of home-based intermediate care on a time-limited, short-term basis for rehabilitation, reablement and recovery
- provision of End of Life Care
- provision of long-term care and support at home following a period of intermediate care in the community (Note - applicable to discharge from Community Hospitals only)

Discharge Pathway 2 covers:

- discharge to a community-bedded setting (Care Home, Community Hospital or other bed-based rehabilitation facility e.g. Hospice)
- co-ordinated by a Care Transfer Hub
- with provision of bed-based intermediate care
- on a time-limited, short-term basis for rehabilitation, reablement and recovery

and may also cover, where applicable:

- provision of End of Life Care alongside intermediate care

Discharge Pathway 3 covers:

- PATIENTS with the highest level of complex needs, and in rare circumstances
- discharge to a Care Home or Hospice placement
- co-ordinated by a Care Transfer Hub
- assessment of long-term or ongoing needs and facilitation of PATIENT choice in relation to a permanent placement

and may also cover, where applicable:

- provision of End of Life Care
- provision of long-term care and support in a Care Home following a period of intermediate care in the community (Note - applicable to discharge from Community Hospitals only)

Further information on Discharge Pathways can be found at the gov.uk website at Hospital discharge and community support guidance - GOV.UK (www.gov.uk).

FASTER DATA FLOWS PROGRAMME

Change to Supporting Information: New Supporting Information

The Faster Data Flows Programme is a data collection programme managed by NHS England.

The Faster Data Flows Programme provides more timely data to Health Care Providers, Integrated Care Boards and NHS England and further improves access to data and insights. Streamlining data collection methods to improve the flow and speed of data supports local, system and national decision making across the whole PATIENT pathway.

The Faster Data Flows Programme addresses the reporting burden on Health Care Providers by working with Integrated Care Boards to replace existing local data flows and rationalising the current aggregate data collections from NHS England. Data collections through the Faster Data Flows Programme are used (where possible) to fulfil metric requests and prevent additional reporting burden being placed on Health Care Providers.

The Faster Data Flows Programme aims to deliver the principles and objectives described within Data Saves Lives to:

- Reduce data collection burden
- Provide an automated data collection system
- Follow data minimisation principles by requesting core data items
- Support the improvement of data quality
- Provide a simplified approach to collecting data.

The NHS Priorities and Operational Planning Guidance for 2023/24 set out NHS England 's commitment to using the Faster Data Flows Programme to reduce the reporting burden on Health Care Providers and to address the need for more timely automated data.

Further information on the Faster Data Flows Programme, can be found on the Faster Data Flows website.

HEALTHCARE OPERATIONAL DATA FLOWS (ACUTE) DATA SET INTRODUCTION

Change to Supporting Information: New Supporting Information

The Healthcare Operational Data Flows (Acute) Data Set is made up of the following data sets:

- Admission
  - Minimum requirement: All new admissions in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
  - Best practice: All new and all newly recorded or changed admissions in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
- Current
  - All current bed occupants at 08:00:00 on the day of submission
- Discharge
  - Minimum requirement: All new discharges in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
  - Best practice: All new and all newly recorded or changed discharges in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
- Out-Patient
  - Minimum requirement: All out-patient appointments in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
  - Best practice: All new and all newly recorded or changed out-patient appointments in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission

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HEALTHCARE OPERATIONAL DATA FLOWS (ACUTE) DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

Introduction

The Healthcare Operational Data Flows (Acute) Data Set has been established by the Faster Data Flows Programme to provide the data definitions for an automated PATIENT-based daily data collection.

The Healthcare Operational Data Flows (Acute) Data Set supports NHS delivery plans for the recovery of elective care and urgent and emergency care in relation to NHS waiting lists, care co-ordination, and the improvement of managing PATIENT flows through the health and social care system.

Scope

All NHS commissioned ACTIVITY provided by NHS Trusts and NHS Foundation Trusts commissioned to provide acute services should be submitted in these 4 collections:

- Healthcare Operational Data Flows Data Set: Acute - Admission
- Healthcare Operational Data Flows Data Set: Acute - Current
- Healthcare Operational Data Flows Data Set: Acute - Discharge
- Healthcare Operational Data Flows Data Set: Acute - Out-Patient

Acute services includes secondary care ACTIVITY undertaken by any NHS Trust or NHS Foundation Trust in England including overseas PATIENTS, but not including PATIENTS receiving private treatment within an NHS Trust or NHS Foundation Trust (i.e. within a Private Patient Unit (PPU)).

Where possible the definitions of data items collected in the Healthcare Operational Data Flows (Acute) Data Set are aligned with those collected in Commissioning Data Set V6.3.

Submission Information

The Healthcare Operational Data Flows (Acute) Data Set is submitted via the Faster Data Flows Application Programme Interface as one CSV file for each collection.

- Admission
  - Minimum requirement: All new admissions in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
  - Best practice: All new and all newly recorded or changed admissions in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
- Current
  - All current bed occupants at 08:00:00 on the day of submission
- Discharge
  - Minimum requirement: All new discharges in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
  - Best practice: All new and all newly recorded or changed discharges in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission
- Out-Patient
  - Minimum requirement: All out-patient appointments in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission

    - Best practice: All new and all newly recorded or changed out-patient appointments in a 24 hour period 00:00:00 to 23:59:59 prior to the day of submission

NHS commissioned ACTIVITY submitted in the Healthcare Operational Data Flows (Acute) Data Set should include:

- Out-Patient Appointments (including Did Not Attends and Cancelled Appointments) and Admitted Patient Care under the care of a CONSULTANT, MIDWIFE, NURSE or ALLIED HEALTH PROFESSIONAL where an appropriate TREATMENT FUNCTION CODE is present
- ACTIVITY taking place under the care of other Biomedical Scientists and Clinical Scientists may be included (where an appropriate TREATMENT FUNCTION CODE is present) if required, although this is not mandated
- Where the ACTIVITY relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement, or Allied Health Professional Referral To Treatment Measurement the ACTIVITY should be included, and PATIENT PATHWAY IDENTIFIER or UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) must be completed where appropriate.

Further Guidance

Implementation guidance and Frequently Asked Questions have been produced by NHS England and can be found on Faster Data Flows (FDF) - National Reporting - FutureNHS Collaboration Platform at FutureNHS for You.

For enquiries regarding the Healthcare Operational Data Flows (Acute) Data Set, please contact england.fdf@nhs.net.

Mandation

The Mandatory or Required (M/R/O) column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes.

HEALTHCARE OPERATIONAL DATA FLOWS SET DATA SETS MENU

Change to Supporting Information: New Supporting Information

- **Message Documentation**
- Supporting Data Sets Menu
- **Healthcare Operational Data Flows**
- **Acute**
- Admission
- Current
- Discharge
- Out-Patient

SUPPORTING DATA SETS MENU

Change to Supporting Information: Changed Description

- **Message Documentation**

Contract Monitoring:

- Aggregate Contract Monitoring
- Devices Patient Level Contract Monitoring
- Drugs Patient Level Contract Monitoring
- Patient Level Contract Monitoring

Critical Care:

- Critical Care
- Neonatal Critical Care
- Paediatric Critical Care

Healthcare Operational Data Flows (Acute):

- Admission
- Current
- Discharge
- Out-Patient

Other:

- NHS Continuing Healthcare Patient Level

ACTIVITY GROUP

Change to Class: Changed Attributes

Attributes of this Class are:

ADJUSTED LENGTH OF STAY
ADMISSION METHOD
ADMISSION SOURCE
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
CANCER TRANSFER REASON FOR INTER PROVIDER TRANSFER
CANCER TREATMENT INTENT
CARE PACKAGE IDENTIFIER FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW ELIGIBILITY OUTCOME FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW OUTCOME CODE FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW TYPE FOR NHS CONTINUING HEALTHCARE
CARER RESIDENT INDICATION CODE FOR NATIONAL NEONATAL DATA SET
CHILDREN TEENAGERS AND YOUNG ADULTS AGE CATEGORY
CHOLANGIOCARCINOMA RISK FACTORS FOR LIVER CANCER
CLINICAL COMMISSIONING GROUP ELIGIBILITY DECISION OUTCOME FOR NHS CONTINUING HEALTHCARE STANDARD
CLINICAL COMMISSIONING GROUP REVIEW ELIGIBILITY DECISION OUTCOME FOR NHS CONTINUING HEALTHCARE
COMMUNITY PERINATAL MENTAL HEALTH PARTNER ASSESSMENT OFFER INDICATOR
COMMUNITY TREATMENT ORDER END REASON
CONTINUITY OF CARER PATHWAY INDICATOR
CRITERIA TO RESIDE FOR HOSPITAL PROVIDER SPELL
DAUGHTER BORN AT THIS ENCOUNTER INDICATOR
DELIVERY PLACE CHANGE REASON
DESTINATION OF DISCHARGE
DISCHARGE DESTINATION
DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR
DISCHARGED TO NHS AT HOME SERVICE INDICATOR

DISCHARGE FROM IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE REASON

DISCHARGE METHOD

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

DISCHARGE REASON FOR MOTHER MATERNITY SERVICES

ESTIMATED DATE OF DELIVERY

FIRST REGULAR DAY OR NIGHT ADMISSION

FITNESS ASSESSMENT FOR OLDER PATIENTS WITH BREAST CANCER INDICATOR

HOLISTIC NEEDS ASSESSMENT AND PERSONALISED CARE AND SUPPORT PLAN POINT OF CANCER PATHWAY

HOLISTIC NEEDS ASSESSMENT AND PERSONALISED CARE AND SUPPORT PLAN STATUS

ILLICIT SUBSTANCE USE TYPE

INDEPENDENT MENTAL CAPACITY ADVOCATE ASSIGNED INDICATOR

INDEPENDENT MENTAL CAPACITY ADVOCATE REQUIRED INDICATOR

INDEPENDENT MENTAL HEALTH ADVOCATE ASSIGNED INDICATOR

INDEPENDENT MENTAL HEALTH ADVOCATE REQUIRED INDICATOR

LABOUR ONSET METHOD CODE FOR NATIONAL NEONATAL DATA SET

LAST EPISODE IN SPELL INDICATOR CODE

LENGTH OF STAY ADJUSTMENT

LENGTH OF STAY ADJUSTMENT REASON

MATERNAL CRITICAL INCIDENT INDICATOR

MENTAL HEALTH ABSOLUTE DISCHARGE RESPONSIBILITY

MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION TYPE

MENTAL HEALTH CLINICALLY READY FOR DISCHARGE PERIOD ATTRIBUTABLE TO INDICATION CODE

MENTAL HEALTH CLINICALLY READY FOR DISCHARGE PERIOD DELAY REASON

MENTAL HEALTH CONDITIONAL DISCHARGE END REASON

METHOD OF ADMISSION

METHOD OF DISCHARGE

MULTIDISCIPLINARY TEAM RECOMMENDATION FOR NHS CONTINUING HEALTHCARE STANDARD

NEONATAL CRITICAL INCIDENT INDICATOR

NEONATAL LEVEL OF CARE

NHS CONTINUING HEALTHCARE ACTIVITY TYPE

NHS CONTINUING HEALTHCARE COMMISSIONED SERVICES INDICATOR

NHS CONTINUING HEALTHCARE PREVIOUSLY UNASSESSED PERIOD OF CARE DECISION OUTCOME

NHS CONTINUING HEALTHCARE REFERRAL EXCEEDING 28 DAYS TIME BAND CATEGORY

NHS CONTINUING HEALTHCARE TYPE

NON CURATIVE INTENT REASON FOR UPPER GASTROINTESTINAL

NON SMOKING CONFIRMATION STATUS AT 4 WEEKS

OPERATION FUNDING FOR NATIONAL JOINT REGISTRY

OUTCOME AT 4 WEEK FOLLOW UP FOR STOP SMOKING

OUTPATIENT ATTENDANCE OUTCOME

PALLIATIVE CARE SPECIALIST SEEN INDICATOR

PATIENT ATTENDANCE SYMPTOMATIC INDICATOR FOR SEXUAL HEALTH SERVICE

PATIENT CLASSIFICATION

PATIENT ON PATIENT INITIATED OUTPATIENT FOLLOW UP PATHWAY INDICATOR

PATIENT RECEIVING ONE TO ONE NURSING CARE INDICATOR

PHARMACOTHERAPY STOP SMOKING AID RECEIVED

PLANNED DELIVERY SETTING CHANGE REASON

PLANNED DESTINATION OF DISCHARGE

PREGNANCY OUTCOME

PSYCHIATRIC PATIENT STATUS

REASON FOR DISCHARGE DELAY

SEXUAL INTERCOURSE UNDER THE INFLUENCE OF SUBSTANCE INDICATOR

SOURCE OF ADMISSION

SUBSTANCE INJECTED IN THE LAST THREE MONTHS INDICATOR

SUBSTANCE INJECTED SHARED EQUIPMENT IN THE LAST THREE MONTHS INDICATOR

SUBSTANCE USE IN THE LAST THREE MONTHS INDICATOR

URGENT AND EMERGENCY CARE DISCHARGE INFORMATION GIVEN INDICATOR

ELECTRONIC HEALTH RECORD EXTRACT

Change to Class: Changed Attributes

Attributes of this Class are:

CDS BULK REPLACEMENT GROUP CODE

CDS INTERCHANGE APPLICATION REFERENCE
CDS INTERCHANGE CONTROL COUNT
CDS INTERCHANGE CONTROL REFERENCE
CDS INTERCHANGE RECEIVER IDENTITY
CDS INTERCHANGE SENDER IDENTITY
CDS INTERCHANGE TEST INDICATOR
CDS MESSAGE REFERENCE
CDS MESSAGE TYPE
CDS MESSAGE VERSION NUMBER
CDS PROTOCOL IDENTIFIER CODE
CDS TYPE CODE
CDS UPDATE TYPE
DATA SET VERSION NUMBER
HARS TEST INDICATOR
HODF UPDATE TYPE
PRIMARY DATA COLLECTION SYSTEM IN USE
RADIOTHERAPY RECORD AND VERIFY SYSTEM VERSION
RECORD COUNT
RECORD IDENTIFIER
REPORTING TYPE INDICATOR
SUBMISSION IDENTIFIER
WITHHELD IDENTITY REASON

ACTIVITY DATE

Change to Attribute: Changed Dataset

The date, month, year and century, or any combination of these elements, that is of relevance to an ACTIVITY.

ACTIVITY DURATION

Change to Attribute: Changed Dataset

The duration of an ACTIVITY.

ACTIVITY IDENTIFIER

Change to Attribute: Changed Dataset

A unique number or set of characters that is applicable to only one ACTIVITY for a PATIENT within an ORGANISATION.

ACTIVITY TIME

Change to Attribute: Changed Dataset

The time (using a 24 hour clock) that is of relevance to an ACTIVITY.

This may include representation of a time zone.

ADMINISTRATIVE CATEGORY CODE

Change to Attribute: Changed Dataset

This is recorded for PATIENT ACTIVITY.

A PATIENT who is an Overseas Visitor does not qualify for free NHS healthcare and can choose to pay for NHS treatment or for private treatment. If they pay for NHS treatment then they should be recorded as NHS PATIENTS.

The PATIENT's ADMINISTRATIVE CATEGORY CODE may change during an episode or spell. For example, the PATIENT may opt to change from NHS to private health care. In this case, the start and end dates for each new ADMINISTRATIVE CATEGORY PERIOD (episode or spell) should be recorded.

If the ADMINISTRATIVE CATEGORY CODE changes during a Hospital Provider Spell the ADMINISTRATIVE CATEGORY CODE (ON ADMISSION) is used to derive the 'Category of PATIENT' for Hospital Episode Statistics (HES).

The category 'amenity PATIENT' is only applicable to PATIENTS using a Hospital Bed.

National Codes:

01 NHS PATIENT, including Overseas Visitors charged under the National Health Service (Overseas Visitors Hospital Charging Regulations)

02 Private PATIENT, one who uses accommodation or SERVICES authorised under the National Health Service Act 2006

03 Amenity PATIENT, one who pays for the use of a single room or small ward in accordance with the National Health Service Act 2006

04 Category II PATIENT, one for whom work is undertaken by hospital medical or dental staff within category II as defined in paragraph 37 of the Terms and Conditions of Service of Hospital Medical and Dental Staff

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ADMISSION SOURCE

Change to Attribute: Changed Dataset

The source of admission to a Hospital Provider Spell or a Nursing Episode when the PATIENT is in a Hospital Site or a Care Home.

National Code 51 *'NHS other hospital provider - WARD for general PATIENTS or the younger physically disabled or Emergency Care Department'* should not be used if the PATIENT arrives at an Emergency Care Department and is admitted to the same Hospital Provider.

Note: National Codes 55 *'Care Home Services with Nursing'* and 56 *'Care Home Services without Nursing'* have been updated in Data Dictionary Change Notice 1897 "Care Homes". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

National Codes:

19 Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by Local Authority, housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes PATIENTS with no fixed abode.

29 Temporary place of residence when usually resident elsewhere (e.g. hotels, residential Educational Establishments)

37 Court

40 Penal establishment

42 Police Station / Police Custody Suite

49 NHS other Hospital Provider - high security psychiatric accommodation in an NHS Hospital Provider (NHS Trust or NHS Foundation Trust)

51 NHS other Hospital Provider - WARD for general PATIENTS or the younger physically disabled or Emergency Care Department

52 NHS other Hospital Provider - WARD for maternity PATIENTS or Neonates

53 NHS other Hospital Provider - WARD for PATIENTS who are mentally ill or have Learning Disabilities

55 Care Home Services with Nursing
56 Care Home Services without Nursing
66 Local Authority foster care
79 Babies born in or on the way to hospital
87 Independent Sector Healthcare Provider run hospital
88 Hospice

SOURCE OF ADMISSION will be replaced with ADMISSION SOURCE, which is the most recent approved national information standard to describe the required definition.

APPOINTMENT BOOKED REASON

Change to Attribute: Changed Dataset

The reason that an APPOINTMENT was booked.

National Codes:

1 Timed Out-Patient Follow Up Appointment
2 Patient Initiated Out-Patient Follow Up Appointment
3 Remote Monitoring Triggered Out-Patient Follow Up Appointment

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APPOINTMENT DATE

Change to Attribute: Changed Dataset

The date of an APPOINTMENT.

In the case of a PATIENT attending an Out-Patient Clinic without prior notice or APPOINTMENT, the PATIENT will be given an Out-Patient Appointment.

APPOINTMENT TIME

Change to Attribute: Changed Dataset

The time, recorded using the 24 hour clock, advised to a PATIENT for when they can expect to see a relevant CARE PROFESSIONAL at an Out-Patient Clinic.

Note: The PATIENT may be advised to attend earlier for preliminary investigations.

ATTENDANCE STATUS

Change to Attribute: Changed Dataset

An indication of whether an APPOINTMENT for a CARE CONTACT took place.

If the APPOINTMENT did not take place it also indicates if advance warning was given.

When an APPOINTMENT is cancelled the APPOINTMENT CANCELLED DATE should also be recorded.

National Codes:

5	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT
6	Arrived late, after the relevant CARE PROFESSIONAL was ready to see the PATIENT, but was seen
7	PATIENT arrived late and could not be seen
2	APPOINTMENT cancelled by, or on behalf of, the PATIENT
3	Did not attend - no advance warning given
4	APPOINTMENT cancelled or postponed by the Health Care Provider

ATTENDED OR DID NOT ATTEND will be replaced with ATTENDANCE STATUS, which is the most recent approved national information standard to describe the required definition.

CLINICAL CLASSIFICATION CODE

Change to Attribute: Changed Dataset

A unique clinical classification identifier for a CODED CLINICAL ENTRY.

This could be OPCS Classification of Interventions and Procedures (OPCS-4) codes or International Classification of Diseases (ICD) codes.

See Clinical Coding for further information about the types of CODED CLINICAL ENTRIES.

CLINICAL TERMINOLOGY CODE

Change to Attribute: Changed Dataset

A unique clinical terminology identifier for a CODED CLINICAL ENTRY.

This could be Read Coded Clinical Terms, SNOMED CT concepts / expressions, or defined in the National Interim Clinical Imaging Procedure Code Set.

See Clinical Coding for further information about the types of CODED CLINICAL ENTRIES.

Note: SNOMED CT is the Information Standard for clinical terminology for use within the NHS; it is planned that in time this will be the only terminology used by the NHS.

CLINIC OR FACILITY CODE

Change to Attribute: Changed Dataset

An identifier for a CLINIC OR FACILITY.

CONSULTATION MECHANISM

Change to Attribute: Changed Dataset

The communication mechanism used to relay information between the CARE PROFESSIONAL and the PERSON who is the subject of the consultation, during a CARE CONTACT.

A non-face to face consultation should directly support diagnosis and care planning and must replace a face to face Care Professional Out-Patient Attendance, Emergency Care Attendance or Same Day Emergency Care Attendance, or other types of CARE CONTACT.

A record of the consultation must be retained in the PATIENT's records.

Contact with PATIENTS solely for the purpose of informing them of the outcome of Diagnostic Test results, with no other clinical interaction, are not classified as CARE CONTACTS.

National Codes:

01 Face to face

02 Telephone
03 Telemedicine
04 Talk type for a PERSON unable to speak
05 Email
09 Text message (Asynchronous)
10 Instant messaging (Synchronous)
11 Video Consultation
12 Message Board (Asynchronous)
13 Chat Room (Synchronous)
98 Other (not listed)

CONSULTATION MEDIUM USED will be replaced with CONSULTATION MECHANISM, which is the most recent approved national information standard to describe the required definition.

CONSULTATION TYPE

Change to Attribute: Changed Dataset

The type of consultation between the CARE PROFESSIONAL and the PATIENT.

National Codes:

01 Initial Consultation
02 Follow-up Consultation

CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL

Change to Attribute: New Attribute

A code to identify the criteria to reside in a Hospital Bed as assessed by a CARE PROFESSIONAL for a PATIENT during a Hospital Provider Spell.

If a PATIENT no longer meets the criteria to reside in a Hospital Bed the Discharge Ready Date should be populated in the PATIENT record.

01 PATIENT requires critical or high dependency care
02 PATIENT requires Oxygen Therapy or non-invasive ventilation
03 PATIENT requires intravenous fluids
04 PATIENT has a National Early Warning Score greater than 3

05	PATIENT has a diminished level of consciousness where PATIENT recovery is realistic
06	PATIENT has acute functional impairment in excess of home or community care provision
07	PATIENT is in last hours of life
08	PATIENT requires intravenous medication more than twice a day (including analgesia)
09	PATIENT has undergone lower limb surgery within the last 48 hours
10	PATIENT has undergone thorax-abdominal and/or pelvic surgery within the last 72 hours
11	PATIENT has undergone an invasive Patient Procedure within the last 24 hours, and there is an attendant risk of acute life-threatening deterioration
12	PATIENT has criteria to reside but specific criteria to reside not recorded

This attribute is also known by these names:

Context	Alias
plural	CRITERIA TO RESIDE CODES FOR HOSPITAL PROVIDER SPELL

CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL

Change to Attribute: New Attribute

CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL

Data Elements:

CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)

DESTINATION OF DISCHARGE

Change to Attribute: Changed Dataset

The destination of a PATIENT on completion of a Hospital Provider Spell.

This includes a National Code to indicate a PATIENT death or a stillbirth.

Note: National Codes 55 *'Care Home Services with Nursing'* and 56 *'Care Home Services without Nursing'* have been updated in Data Dictionary Change Notice 1897 "Care Homes". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

National Codes:

19	Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by Local Authority, housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes PATIENTS with no fixed abode.
29	Temporary place of residence when usually resident elsewhere (includes hotel, residential Educational Establishment)
30	Repatriation from high security psychiatric accommodation in an NHS Hospital Provider (NHS Trust or NHS Foundation Trust)
37	Court
40	Penal establishment
42	Police Station / Police Custody Suite
48	High Security Psychiatric Hospital, Scotland
49	NHS other Hospital Provider - high security psychiatric accommodation
50	NHS other Hospital Provider - medium secure unit
51	NHS other Hospital Provider - WARD for general PATIENTS or the younger physically disabled
52	NHS other Hospital Provider - WARD for maternity PATIENTS or Neonates
53	NHS other Hospital Provider - WARD for PATIENTS who are mentally ill or have Learning Disabilities
55	Care Home Services with Nursing
56	Care Home Services without Nursing
66	Local Authority foster care
79	PATIENT died or stillbirth
84	Independent Sector Healthcare Provider run hospital - medium secure unit
87	Independent Sector Healthcare Provider run hospital - excluding medium secure unit
88	Hospice
89	ORGANISATION responsible for forced repatriation

DISCHARGE DESTINATION will be replaced with DESTINATION OF DISCHARGE, which is the most recent approved national information standard to describe the required definition.

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

Change to Attribute: New Attribute

The sub category of the applicable Discharge Pathway, planned or actual, for a PATIENT in a Hospital Provider Spell.

National Codes:

01	Discharge Pathway 0 - Discharge to a domestic home, hotel, or other temporary accommodation without the need for new or increased care or support from health and social care
02	Discharge Pathway 0 - Discharge back to an original Care Home placement when the Care Home has confirmed they can continue to meet the PATIENT's needs with the same level of support
11	Discharge Pathway 1 - Discharge to a domestic home, hotel, or other temporary accommodation, or Hospice at home service with rehabilitation, reablement and recovery
12	Discharge Pathway 1 - Discharge to a domestic home, hotel, or other temporary accommodation, or Hospice at home service with other new or additional support (e.g. End of Life Care)
13	Discharge Pathway 1 - Discharge back to original Care Home placement with rehabilitation, reablement and recovery, or with an increased level of support
21	Discharge Pathway 2 - Discharge to short-term community bed or Hospice for rehabilitation, reablement and recovery, or End of Life Care
31	Discharge Pathway 3 - Discharge to a Care Home as a new admission (excluding for End of Life Care)
32	Discharge Pathway 3 - Discharge to a Care Home or Hospice as a new admission for End of Life Care

This attribute is also known by these names:

Context	Alias
plural	DISCHARGE PATHWAY SUB CATEGORIES FOR HOSPITAL PROVIDER SPELL

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

Change to Attribute: New Attribute

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

Data Elements:

DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)
PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

EVENT DATE

Change to Attribute: Changed Dataset

The date, month, year and century, or any combination of these elements, of an EVENT.

EVENT TIME

Change to Attribute: Changed Dataset

The time (using a 24 hour clock) at which an EVENT, or the action in an EVENT, takes place.

This may include representation of a time zone.

HODF UPDATE TYPE

Change to Attribute: New Attribute

An instruction to either delete or insert a record for the Healthcare Operational Data Flows (Acute) Data Set.

National Codes:

INSERT Insert a new record
DELETE Delete a record

This attribute is also known by these names:

Context	Alias
plural	HODF UPDATE TYPES

HODF UPDATE TYPE

Change to Attribute: New Attribute

HODF UPDATE TYPE

Data Elements:

HODF UPDATE TYPE

INTENDED MANAGEMENT

Change to Attribute: Changed Dataset

This is the intended pattern of Hospital Bed use for a PATIENT, decided when the decision is made to admit. This only applies to PATIENTS on the ELECTIVE ADMISSION LIST. It is not necessary to collect this information for maternity PATIENTS or for babies admitted to hospital shortly after birth.

National Codes:

1 PATIENT to stay in hospital for at least one night
2 PATIENT not to stay in hospital overnight
3 PATIENT to be admitted for a planned sequence of admissions each involving at least one overnight stay
4 PATIENT to be admitted for a planned sequence of admissions which do not involve an overnight stay
5 PATIENT to be admitted regularly for a planned sequence of nights who returns home for the remainder of the 24 hour period

LOCAL PATIENT IDENTIFIER

Change to Attribute: Changed Dataset

A number used to identify a PATIENT uniquely within a Health Care Provider. It may be different from the PATIENT's casenote number and may be assigned automatically by the computer system.

Where care for NHS patients is sub-commissioned in the independent sector or overseas, the NHS commissioner PAS Number should be used. If no NHS PAS Number has been assigned the independent sector or overseas PAS Number should be used.

METHOD OF ADMISSION

Change to Attribute: Changed Dataset

The method of admission to a Hospital Provider Spell.

Note: see ELECTIVE ADMISSION TYPE for a full definition of Elective Admission.

National Codes:

11 Elective Admission: Waiting list
12 Elective Admission: Booked
13 Elective Admission: Planned
21 Emergency Admission: Emergency Care Department or acute or emergency dental SERVICE
22 Emergency Admission: GENERAL PRACTITIONER: after a request for immediate admission has been made direct to a Hospital Provider, i.e. not through a Bed bureau, by a GENERAL PRACTITIONER or deputy
23 Emergency Admission: Bed bureau
24 Emergency Admission: Consultant Clinic, of this or another Health Care Provider
25 Emergency Admission: Admission via Mental Health Crisis Resolution Team
2A Emergency Admission: Emergency Care Department of another provider where the PATIENT had not been admitted
2B Emergency Admission: Transfer of an admitted PATIENT from another Hospital Provider in an emergency
2C Emergency Admission: Baby born at home as intended
2D Emergency Admission: Other emergency admission
31 Maternity Admission: Admitted ante partum
32 Maternity Admission: Admitted post partum
81 Other Admission: Transfer of any admitted PATIENT from other Hospital Provider other than in an emergency
82 Other Admission: The birth of a baby in this Health Care Provider
83 Other Admission: Baby born outside the Health Care Provider except when born at home as intended

ADMISSION METHOD will be replaced with METHOD OF ADMISSION, which is the most recent approved national information standard to describe the required definition.

METHOD OF DISCHARGE

Change to Attribute: Changed Dataset

The method of discharge from a Hospital Provider Spell.

National Codes:

1 PATIENT discharged on clinical advice or with clinical consent
3 PATIENT discharged by mental health review tribunal, Home Secretary or Court
4 PATIENT died
5 Stillbirth

6 PATIENT discharged him/herself
7 PATIENT discharged by a relative or advocate

DISCHARGE METHOD will be replaced with METHOD OF DISCHARGE, which is the most recent approved national information standard to describe the required definition.

NHS NUMBER

Change to Attribute: Changed Dataset

The NHS NUMBER, the primary identifier of a PERSON, is a unique identifier for a PATIENT within the NHS in England and Wales.

This will not vary by any ORGANISATION of which a PERSON is a PATIENT.

It is mandatory to record the NHS NUMBER. There are exceptions, such as emergency care, sexual health and major incidents, as defined in existing national policies.

The NHS NUMBER is 10 numeric digits in length. The tenth digit is a check digit used to confirm its validity. The check digit is validated using the Modulus 11 algorithm and the use of this algorithm is mandatory. There are 5 steps in the validation of the check digit:

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position
(starting from the left) Factor:

1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

Step 3 Divide the total by 11 and establish the remainder.

Step 4 Subtract the remainder from 11 to give the check digit.

If the result is 11 then a check digit of 0 is used. If the result is 10 then the NHS NUMBER is invalid and not used.

Step 5 Check the remainder matches the check digit. If it does not, the NHS NUMBER is invalid.

Further guidance is available from the NHS England website at: NHS number.

Note:
This was e-GIF approved for use in NHS England.
e-GIF and the Government Data Standards Catalogue **have been archived** and are available for reference only.

NHS NUMBER STATUS INDICATOR CODE

Change to Attribute: Changed Dataset

The trace status of the NHS NUMBER.

National Codes:

01	Number present and verified
02	Number present but not traced
03	Trace required
04	Trace attempted - No match or multiple match found
05	Trace needs to be resolved - (NHS NUMBER or PATIENT detail conflict)
06	Trace in progress
07	Number not present and trace not required
08	Trace postponed (baby under six weeks old)

ORGANISATION IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for an ORGANISATION.

Note:

- ORGANISATION IDENTIFIERS are governed by the fundamental standard for "Health and Social Care Organisation Reference Data" (HSC Org Ref Data).
- The standard only relates to ORGANISATION IDENTIFIERS which are maintained and published by the Organisation Data Service (ODS). See Health and Social Care Organisation Reference Data.

The Format/Length of a published code for an ORGANISATION is min an3 max an8.

ORGANISATION SITE IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for an ORGANISATION SITE.

Note:

- ORGANISATION SITE IDENTIFIERS are governed by the fundamental standard for "Health and Social Care Organisation Reference Data" (HSC Org Ref Data).
- The standard only relates to ORGANISATION SITE IDENTIFIERS which are maintained and published by the Organisation Data Service (ODS). See Health and Social Care Organisation Reference Data.

The Format/Length of a published code for an ORGANISATION SITE is min an5 max an9.

OUT-PATIENT ATTENDANCE OUTCOME

Change to Attribute: Changed Dataset

The outcome of a Care Professional Out-Patient Attendance.

National Codes:

1 PATIENT discharged from the care of the CARE PROFESSIONAL without Personalised Out-Patient Follow Up

2 PATIENT given a Timed Out-Patient Follow Up Appointment while at the out-patient attendance without Personalised Out-Patient Follow Up

3

PATIENT to be given a Timed Out-Patient Follow Up Appointment at a later date without Personalised Out-Patient Follow Up

4 PATIENT moved to a Personalised Out-Patient Follow Up Pathway

5 PATIENT discharged to a Personalised Out-Patient Follow Up Pathway

---

PATIENT CLASSIFICATION

Change to Attribute: Changed Dataset

A coded classification of PATIENTS who have been admitted to a Hospital Provider Spell.

National Codes:

1 **Ordinary admission**
A PATIENT not admitted electively, and any PATIENT admitted electively with the expectation that they will remain in hospital for at least one night, including a PATIENT admitted with this intention who leaves hospital for any reason without staying overnight. A PATIENT admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should be counted as an ordinary admission

2 **Day case admission**
A PATIENT admitted electively during the course of a day with the intention of receiving care who does not require the use of a Hospital Bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the PATIENT stays overnight, such a PATIENT should be counted as an ordinary admission

3 **Regular day admission**
A PATIENT admitted electively during the day, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged the same day. If the intention is not fulfilled and one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the PATIENT no longer requires frequent admissions

4 **Regular night admission**
A PATIENT admitted electively for the night, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged in the morning. If the intention is not fulfilled and one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the patient no longer requires frequent admissions

5 **Mother and baby using delivery facilities only**
Mother and baby using Delivery facilities only and not using a Hospital Bed in the Antenatal or Postnatal WARDS during the stay in hospital

PATIENT PATHWAY IDENTIFIER

Change to Attribute: Changed Dataset
An identifier, which together with the ORGANISATION CODE / ORGANISATION IDENTIFIER of the issuer, uniquely identifies a PATIENT PATHWAY.

This is a specific type of the attribute ACTIVITY IDENTIFIER.

Where a pathway is initiated by a SERVICE REQUEST using the Choose and Book system, the PATIENT PATHWAY will be uniquely identified by the Unique Booking Reference Number (UBRN) of the first referral and the ORGANISATION CODE of Choose and Book which is X09.

Where the pathway is initiated by some other method, the PATIENT PATHWAY IDENTIFIER will be allocated by the ORGANISATION receiving the SERVICE REQUEST which together with that ORGANISATION's ORGANISATION CODE / ORGANISATION IDENTIFIER will uniquely identify the PATIENT PATHWAY.

PERSON AGE

Change to Attribute: Changed Dataset

The age in years of the PERSON.

PERSON BIRTH DATE

Change to Attribute: Changed Dataset

The date on which a PERSON was born or is officially deemed to have been born.

Note:
This was e-GIF approved for use in NHS England.
e-GIF and the Government Data Standards Catalogue **have been archived** and are available for reference only.

PERSON OBSERVATION TEXT STRING

Change to Attribute: Changed Dataset

A free text string to record a PERSON PROPERTY.

PLANNED DESTINATION OF DISCHARGE

Change to Attribute: Changed Dataset

The planned destination of discharge for a PATIENT from a Hospital Provider Spell.

Note: National Codes 55 *'Care Home Services with Nursing'* and 56 *'Care Home Services without Nursing'* have been updated in Data Dictionary Change Notice 1897 "Care Homes". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

National Codes:

19	Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by Local Authority, housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes PATIENTS with no fixed abode.
29	Temporary place of residence when usually resident elsewhere (includes hotel, residential Educational Establishment)
30	Repatriation from high security psychiatric accommodation in an NHS Hospital Provider (NHS Trust or NHS Foundation Trust)
37	Court
40	Penal establishment
42	Police Station / Police Custody Suite
48	High Security Psychiatric Hospital, Scotland
49	NHS other Hospital Provider - high security psychiatric accommodation
50	NHS other Hospital Provider - medium secure unit
51	NHS other Hospital Provider - WARD for general PATIENTS or the younger physically disabled
52	NHS other Hospital Provider - WARD for maternity PATIENTS or Neonates
53	NHS other Hospital Provider - WARD for PATIENTS who are mentally ill or have Learning Disabilities
55	Care Home Services with Nursing
56	Care Home Services without Nursing
66	Local Authority foster care
79	PATIENT died or stillbirth
84	Independent Sector Healthcare Provider run hospital - medium secure unit
87	Independent Sector Healthcare Provider run hospital - excluding medium secure unit
88	Hospice
89	ORGANISATION responsible for forced repatriation

POSTCODE

Change to Attribute: Changed Dataset

The code assigned by Royal Mail to identify postal delivery areas across the United Kingdom.

POSTCODES may also be used to identify a GEOGRAPHIC AREA.

Note:
This was e-GIF approved for use in NHS England.
e-GIF and the Government Data Standards Catalogue **have been archived** and are available for reference only.

REASON FOR DISCHARGE DELAY

Change to Attribute: New Attribute

The reason why a PATIENT with a Discharge Ready Date who no longer meets the 'Criteria To Reside' in a Hospital Bed, has not been discharged from a Hospital Provider Spell.

The REASON FOR DISCHARGE DELAY should be recorded when the PATIENT has not been discharged from the Hospital Provider Spell and has incurred one or more overnight stays since being assessed as having 'No Criteria To Reside', and the recording of the Discharge Ready Date.

The REASON FOR DISCHARGE DELAY may change during the period of time during which discharge is delayed, and such changes should be submitted in the Healthcare Operational Data Flows Data Set: Acute - Current.

National Codes:

A01	Hospital process - Awaiting ALLIED HEALTH PROFESSIONAL review of need for supported discharge
A02	Hospital process - Awaiting CONSULTANT or other Registered Medical Practitioner review of need for supported discharge
A03	Hospital process - Awaiting referral to Care Transfer Hub for supported discharge
A04	Hospital process - Awaiting Patient Transport Services
A05	Hospital process - Awaiting medicines to take home, discharge letter or other discharge documentation
A06	

	Hospital process - Remaining in hospital due to infection prevention and control restrictions
A07	Hospital process - Awaiting formal decision to discharge (including diagnostic test results)
B01	Wellbeing concerns - PATIENT, family, Carer or Care Worker concerns over discharge readiness
B02	Wellbeing concerns - Ongoing safeguarding concern
B03	Wellbeing concerns - Awaiting determination of mental capacity
B04	Wellbeing concerns - Issues with discharge destination readiness
C01	Care Transfer Hub process - Awaiting confirmation of immediate care needs and Discharge Pathway
C02	Care Transfer Hub process - Awaiting necessary referrals by Care Transfer Hub
C03	Care Transfer Hub process - Awaiting confirmation of funding eligibility
D01	Interface process - Home based rehabilitation, reablement or recovery service arrangements still underway (Discharge Pathway 1)
D02	Interface process - Other home-based social care service arrangements still underway (Discharge Pathway 1)
D03	Interface process - Other home-based community health service arrangements still underway (Discharge Pathway 1)
D04	Interface process - Housing provision arrangement for homelessness still underway (Discharge Pathway 0 or 1)
D05	Interface process - Bed-based rehabilitation, reablement or recovery service arrangements still underway (Discharge Pathway 2)
D06	Interface process - Residential or Care Home Services with Nursing arrangements still underway (Discharge Pathway 3)
D07	Interface process - End of life care including Fast-Track Continuing Healthcare arrangements still underway (Discharge Pathway 1 or 3)
D08	Interface process - Further action required by receiving provider
D09	Interface process - Homeless with no recourse to public funds
D10	Interface process - Self-funded care package arrangements still underway
D11	Interface process - PATIENT, family, Carer or Care Worker choice discussions on package still underway
D12	Interface process - Out of area discharge arrangements requested but not completed
E01	Capacity - Home-based rehabilitation, reablement or recovery services not yet available (Discharge Pathway 1)
E02	Capacity - Other home-based social care services not yet available (Discharge Pathway 1)
E03	Capacity - Other home-based community health services not yet available (Discharge Pathway 1)
E04	Capacity - Housing provision not yet available (Discharge Pathway 0 or 1)

E05	Capacity - Bed-based rehabilitation, reablement or recovery services not yet available (Discharge Pathway 2)
E06	Capacity - Mental health admitted patient care not yet available (Discharge Pathway 2)
E07	Capacity - Residential or Care Home Services with Nursing not yet available (Discharge Pathway 3)
E08	Capacity - End of life care including Fast-Track Continuing Healthcare not yet available (Discharge Pathway 1 or 3)
E09	Capacity - Housing adaptations not yet completed (Discharge Pathway 1 or 3)
E10	Capacity - Equipment and associated training not yet delivered (Discharge Pathway 1 or 3)
E11	Capacity - Awaiting restart of existing social care arrangements (Discharge Pathway 0)

This attribute is also known by these names:

Context	Alias
plural	REASONS FOR DISCHARGE DELAY

REASON FOR DISCHARGE DELAY

Change to Attribute: New Attribute

REASON FOR DISCHARGE DELAY

Data Elements:

REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)

RECORD IDENTIFIER

Change to Attribute: Changed Dataset
The unique identifier, used in conjunction with ORGANISATION CODE (CODE OF PROVIDER) or ORGANISATION IDENTIFIER (CODE OF PROVIDER), to identify a record within a data set submission.

REPORTING PERIOD END DATE

Change to Attribute: Changed Dataset

The date that a REPORTING PERIOD ends.

REPORTING PERIOD START DATE

Change to Attribute: Changed Dataset

The date that a REPORTING PERIOD begins.

SOURCE OF REFERRAL FOR OUT-PATIENTS

Change to Attribute: Changed Dataset

The source of referral of each Consultant Out-Patient Episode.

Notes:

- National Code 12 *'referral from a General Practitioner with an Extended Role (GPwER) or Dentist with Enhanced Skills (DES)'* has been updated in Data Dictionary Change Notice 1752 "Practitioners with a Special Interest Name Change". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
- National Code descriptions have been updated to remove National Code headings and add prefixes where required. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
    - The explanation of the National Code description prefixes are:
        - CONSULTANT initiated: Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode
        - CONSULTANT not initiated: Not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode.
- Where a PATIENT is referred by a GENERAL PRACTITIONER acting in the capacity of a General Practitioner with an Extended Role (GPwER), National Code 12 *'CONSULTANT not initiated following a referral from a General Practitioner with an Extended Role (GPwER) or Dentist with Enhanced Skills (DES)'* should be used.
- Where a PATIENT is referred by that GENERAL PRACTITIONER acting in their capacity as an ordinary GENERAL MEDICAL PRACTITIONER, or as an ordinary GENERAL DENTAL PRACTITIONER, National Code 03 *'CONSULTANT not initiated following a referral from a GENERAL MEDICAL PRACTITIONER'* or National Code 92 *'CONSULTANT not initiated following a referral from a GENERAL DENTAL PRACTITIONER'* should be used as appropriate.
- Two Week Wait Referrals made by Specialist NURSES in Primary Care, under the authority of the GENERAL MEDICAL PRACTITIONER leading their team, should continue to be classified as referrals from the GENERAL PRACTITIONER (National Code 03 *'CONSULTANT not initiated following a referral from a GENERAL MEDICAL PRACTITIONER'*. Referrals from Specialist NURSES in Secondary Care should be

classified as National Code 13 *'CONSULTANT not initiated following a referral from a Specialist NURSE (Secondary Care)'*

- The following National Codes have been updated in DCB0092-2062: Commissioning Data Sets: Emergency Care Data Set. The Data Set specifications that contain these items will be updated in the next version of the Information Standard where it is not already correct:
  - 10 *'CONSULTANT initiated following an Emergency Care Attendance (including Minor Injuries Units, Walk In Centres and Urgent Treatment Centres)'*
  - 04 *'CONSULTANT not initiated following a referral from a General Practitioner with an Extended Role (GPwER) or Dentist with Enhanced Skills (DES)'*
  - 05 *'CONSULTANT not initiated following a referral from a CONSULTANT, other than in an Emergency Care Department'*.

National Codes:

01	CONSULTANT initiated following an emergency admission
02	CONSULTANT initiated following a Domiciliary Consultation
10	CONSULTANT initiated following an Emergency Care Attendance (including Minor Injuries, Walk In Centres and Urgent Treatment Centres)
11	CONSULTANT initiated: Other (not listed)
03	CONSULTANT not initiated following a referral from a GENERAL MEDICAL PRACTITIONER
92	CONSULTANT not initiated following a referral from a GENERAL DENTAL PRACTITIONER
12	CONSULTANT not initiated following a referral from a General Practitioner with an Extended Role (GPwER) or Dentist with Enhanced Skills (DES)
04	CONSULTANT not initiated following a referral from an Emergency Care Department (including Minor Injuries Units, Walk In Centres and Urgent Treatment Centres)
05	CONSULTANT not initiated following a referral from a CONSULTANT, other than in an Emergency Care Department
06	CONSULTANT not initiated following a self-referral
07	CONSULTANT not initiated following a referral from a Prosthetist
13	CONSULTANT not initiated following a referral from a Specialist NURSE (Secondary Care)
14	CONSULTANT not initiated following a referral from an Allied Health Professional
15	CONSULTANT not initiated following a referral from an OPTOMETRIST
16	CONSULTANT not initiated following a referral from an Orthoptist
17	CONSULTANT not initiated following a referral from a National Screening Programme
93	CONSULTANT not initiated following a referral from a Community Dental Service
97	CONSULTANT not initiated following a referral: Other (not listed)

TREATMENT FUNCTION CODE

Change to Attribute: Changed Dataset

A unique identifier for a TREATMENT FUNCTION.

A TREATMENT FUNCTION CODE is recorded to report the specialised service within which the PATIENT is treated.

It is based on MAIN SPECIALTY but also includes approved sub-specialties and treatment specialties used by lead CARE PROFESSIONALS including CONSULTANTS.

TREATMENT FUNCTION, rather than the Royal College or Faculty specialty, is required on most activity returns and in the Commissioning Data Sets.

TREATMENT FUNCTION CODES should be used for all data sets/collections unless otherwise stated e.g. National Workforce Data Set uses MAIN SPECIALTY CODES.

GENERAL MEDICAL PRACTITIONER, NURSE and Allied Health Professional/ Biomedical Scientist/ Clinical Scientist ACTIVITY should be recorded against the TREATMENT FUNCTION under which the PATIENT is treated.

Joint Consultant Clinic ACTIVITY should be recorded against the TREATMENT FUNCTION which best describes the specialised service.

Assigning a Treatment Function Code:

Further information on the groupings and scope of each TREATMENT FUNCTION CODE is provided at: Main Specialty and Treatment Function Codes Table.

- Assigning a TREATMENT FUNCTION CODE for a SERVICE is a decision which must be made locally. For national reporting purposes, only the TREATMENT FUNCTION CODES listed in the table below must be used.
- Recording of activity according to TREATMENT FUNCTION CODES is not on the basis of the procedure carried out, but should be allocated according to whether a specialised SERVICE exists within the Health Care Provider for that TREATMENT FUNCTION CODE, such as a CLINIC OR FACILITY.
- TREATMENT FUNCTION CODES have not been mapped to procedures or MAIN SPECIALTY.
- TREATMENT FUNCTION CODE should be assigned irrespective of the type of CARE PROFESSIONAL responsible. This is also applicable where the name of the

TREATMENT FUNCTION CODE suggests it is limited for use by a particular Healthcare Profession.

- A change in TREATMENT FUNCTION CODE, but no change in responsible CARE PROFESSIONAL, does not initiate a new episode of care. For the Commissioning Data Sets, the ACTIVITY TREATMENT FUNCTION CODE reported should be that which is recorded at the CDS ACTIVITY DATE.

Note:

- New National Codes for TREATMENT FUNCTION CODE were introduced from 2 April 2020 as part of the update to the DCB0028: Treatment Function and Main Specialty Standard. Submission of these codes for the Commissioning Data Sets is only possible where the healthcare provider has updated their CDS-XML schema version to CDS-XML version 6-2-0. Users of the original CDS-XML schema version 6-2 will be unable to submit the new codes introduced in the release of DCB0028: Treatment Function and Main Specialty Standard in April 2020 or the addendum to DCB0028 released in January 2021 to add a new TREATMENT FUNCTION CODE to represent Post-COVID-19 Syndrome Services.

National Codes:

100	General Surgery Service
101	Urology Service
102	Transplant Surgery Service
103	Breast Surgery Service
104	Colorectal Surgery Service
105	Hepatobiliary and Pancreatic Surgery Service
106	Upper Gastrointestinal Surgery Service
107	Vascular Surgery Service
108	Spinal Surgery Service
109	Bariatric Surgery Service
110	Trauma and Orthopaedic Service
111	Orthopaedic Service
113	Endocrine Surgery Service
115	Trauma Surgery Service
120	Ear Nose and Throat Service
130	Ophthalmology Service
140	Oral Surgery Service
141	Restorative Dentistry Service
143	Orthodontic Service
144	Maxillofacial Surgery Service
145	Oral and Maxillofacial Surgery Service

150 Neurosurgical Service
160 Plastic Surgery Service
161 Burns Care Service
170 Cardiothoracic Surgery Service
172 Cardiac Surgery Service
173 Thoracic Surgery Service
174 Cardiothoracic Transplantation Service
191 Pain Management Service
142 Paediatric Dentistry Service
171 Paediatric Surgery Service
211 Paediatric Urology Service
212 Paediatric Transplantation Surgery Service
213 Paediatric Gastrointestinal Surgery Service
214 Paediatric Trauma and Orthopaedic Service
215 Paediatric Ear Nose and Throat Service
216 Paediatric Ophthalmology Service
217 Paediatric Oral and Maxillofacial Surgery Service
218 Paediatric Neurosurgery Service
219 Paediatric Plastic Surgery Service
220 Paediatric Burns Care Service
221 Paediatric Cardiac Surgery Service
222 Paediatric Thoracic Surgery Service
223 Paediatric Epilepsy Service
230 Paediatric Clinical Pharmacology Service
240 Paediatric Palliative Medicine Service
241 Paediatric Pain Management Service
242 Paediatric Intensive Care Service
250 Paediatric Hepatology Service
251 Paediatric Gastroenterology Service
252 Paediatric Endocrinology Service
253 Paediatric Clinical Haematology Service
254 Paediatric Audio Vestibular Medicine Service
255 Paediatric Clinical Immunology and Allergy Service
256 Paediatric Infectious Diseases Service
257 Paediatric Dermatology Service
258 Paediatric Respiratory Medicine Service
259 Paediatric Nephrology Service
260 Paediatric Medical Oncology Service
261 Paediatric Inherited Metabolic Medicine Service

262 Paediatric Rheumatology Service
263 Paediatric Diabetes Service
264 Paediatric Cystic Fibrosis Service
270 Paediatric Emergency Medicine Service
280 Paediatric Interventional Radiology Service
290 Community Paediatric Service
291 Paediatric Neurodisability Service
321 Paediatric Cardiology Service
421 Paediatric Neurology Service
180 Emergency Medicine Service
190 Anaesthetic Service
192 Intensive Care Medicine Service
200 Aviation and Space Medicine Service
300 General Internal Medicine Service
301 Gastroenterology Service
302 Endocrinology Service
303 Clinical Haematology Service
304 Clinical Physiology Service
305 Clinical Pharmacology Service
306 Hepatology Service
307 Diabetes Service
308 Blood and Marrow Transplantation Service
309 Haemophilia Service
310 Audio Vestibular Medicine Service
311 Clinical Genetics Service
313 Clinical Immunology and Allergy Service
314 Rehabilitation Medicine Service
315 Palliative Medicine Service
316 Clinical Immunology Service
317 Allergy Service
318 Intermediate Care Service
319 Respite Care Service
320 Cardiology Service
322 Clinical Microbiology Service
323 Spinal Injuries Service
324 Anticoagulant Service
325 Sport and Exercise Medicine Service
326 Acute Internal Medicine Service
327 Cardiac Rehabilitation Service

328 Stroke Medicine Service
329 Transient Ischaemic Attack Service
330 Dermatology Service
331 Congenital Heart Disease Service
333 Rare Disease Service
335 Inherited Metabolic Medicine Service
340 Respiratory Medicine Service
341 Respiratory Physiology Service
342 Pulmonary Rehabilitation Service
343 Adult Cystic Fibrosis Service
344 Complex Specialised Rehabilitation Service
345 Specialist Rehabilitation Service
346 Local Specialist Rehabilitation Service
347 Sleep Medicine Service
348 Post-COVID-19 Syndrome Service
350 Infectious Diseases Service
352 Tropical Medicine Service
360 Genitourinary Medicine Service
361 Renal Medicine Service
370 Medical Oncology Service
371 Nuclear Medicine Service
400 Neurology Service
401 Clinical Neurophysiology Service
410 Rheumatology Service
420 Paediatric Service
422 Neonatal Critical Care Service
424 Well Baby Service
430 Elderly Medicine Service
431 Orthogeriatric Medicine Service
450 Dental Medicine Service
451 Special Care Dentistry Service
460 Medical Ophthalmology Service
461 Ophthalmic and Vision Science Service
501 Obstetrics Service
502 Gynaecology Service
503 Gynaecological Oncology Service
504 Community Sexual and Reproductive Health Service
505 Fetal Medicine Service
510 Retired but retained for historical purposes

520 Retired but retained for historical purposes
560 Midwifery Service
610 Retired but retained for historical purposes
620 Retired but retained for historical purposes
656 Clinical Psychology Service
700 Learning Disability Service
710 Adult Mental Health Service
711 Child and Adolescent Psychiatry Service
712 Forensic Psychiatry Service
713 Medical Psychotherapy Service
715 Old Age Psychiatry Service
720 Eating Disorders Service
721 Addiction Service
722 Liaison Psychiatry Service
723 Psychiatric Intensive Care Service
724 Perinatal Mental Health Service
725 Mental Health Recovery and Rehabilitation Service
726 Mental Health Dual Diagnosis Service
727 Dementia Assessment Service
730 Neuropsychiatry Service
800 Clinical Oncology Service
811 Interventional Radiology Service
812 Diagnostic Imaging Service
822 Chemical Pathology Service
832 Retired but retained for historical purposes
834 Medical Virology Service
650 Physiotherapy Service
651 Occupational Therapy Service
652 Speech and Language Therapy Service
653 Podiatry Service
654 Dietetics Service
655 Orthoptics Service
657 Prosthetics Service
658 Orthotics Service
659 Dramatherapy Service
660 Art Therapy Service
661 Music Therapy Service
662 Optometry Service
663 Podiatric Surgery Service

670 Urological Physiology Service
673 Vascular Physiology Service
675 Cardiac Physiology Service
677 Gastrointestinal Physiology Service
840 Audiology Service
920 Diabetic Education Service
990 Retired but retained for historical purposes

UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)

Change to Attribute: Changed Dataset
The unique booking reference number assigned by the Choose and Book system when a PATIENT accepts an APPOINTMENT DATE OFFERED of an APPOINTMENT OFFER where the offer was made via the Choose and Book system.

When a PATIENT accepts an APPOINTMENT DATE OFFERED, the unique booking reference number issued and used during the booking process is considered to be 'converted' i.e. an APPOINTMENT has been created and recorded; and the PATIENT has been placed on an Out-Patient Waiting List even if subsequently the PATIENT does not attend or cancels the APPOINTMENT.

UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) should only be recorded where the type of booking system is the Choose and Book system.

WARD CODE

Change to Attribute: Changed Dataset

A unique identification of a WARD within a Health Care Provider.

WARD INTENDED CLINICAL CARE INTENSITY

Change to Attribute: Changed Dataset

The level of resources and intensity of care which is intended to be provided in a WARD.

National Codes:

51

Mental Illness intensive care: specially designated ward for PATIENTS needing containment and more intensive management (e.g. Psychiatric Intensive Care Unit (PICU)). This is not to be confused with intensive nursing where PATIENTS may require one to one nursing while on a standard WARD

52 Mental Illness short stay: PATIENTS intended to stay less than a year

53 Mental Illness long stay: PATIENTS intended to stay a year or more

61 Learning Disability PATIENTS in a designated or interim secure unit

62 Learning Disability PATIENTS intending to stay less than a year

63 Learning Disability PATIENTS intending to stay a year or more

41 Only for maternity PATIENTS looked after by CONSULTANTS

43 Only for maternity PATIENTS looked after by GENERAL MEDICAL PRACTITIONERS

42 Joint use for maternity PATIENTS looked after by CONSULTANTS and GENERAL MEDICAL PRACTITIONERS

33 Neonates: maternity: associated with the maternity WARD in that cots are in the maternity WARD nursery or in the WARD itself

32 Neonates: non-maternity: not associated with the maternity WARD and without designated cots for intensive care

31 Neonates: not associated with the maternity WARD and in which there are some designated cots for intensive care

21 Younger physically disabled PATIENTS: spinal units, only those units which are nationally recognised

22 Younger physically disabled PATIENTS: other units

81 Terminally ill/Palliative Care PATIENTS

11 General PATIENTS: for intensive therapy, including high dependency care

12 General PATIENTS: for normal therapy: where resources permit the admission of PATIENTS who might need all but intensive or high dependency therapy

13 General PATIENTS: for limited therapy: where nursing care rather than continuous medical care is provided. Such WARDS can be used only for PATIENTS carefully selected and restricted to a narrow range in terms of the extent and nature of disease

CLINICAL CARE INTENSITY will be replaced with WARD INTENDED CLINICAL CARE INTENSITY, which is the most recent approved national information standard to describe the required definition.

WITHHELD IDENTITY REASON

Change to Attribute: Changed Description, Dataset

~~A code used in the Data Group 'Withheld Identity Structure' in the Commissioning Data Sets (version 6.2 onwards) to allow suppliers of Commissioning Data Set records to indicate to recipients of the record (for example, the Commissioner of the ACTIVITY) that the record has been purposely anonymised for a valid reason.~~

The reason that identifiable PATIENT details have been withheld in an ELECTRONIC HEALTH RECORD EXTRACT.

WITHHELD IDENTITY REASON allows suppliers of PATIENT records within ELECTRONIC HEALTH RECORD EXTRACTS to indicate the reason why the record does not contain PATIENT-identifiable details such as NHS NUMBER, PATIENT NAME, PATIENT USUAL ADDRESS etc.

See Security Issues and Patient Confidentiality for further details.

National Codes:

01	Record anonymised for legal/statutory reasons
02	Record anonymised at request of Caldicott Guardian
03	Record anonymised at request of PATIENT
97	Record anonymised for other reason

ACTIVITY TREATMENT FUNCTION CODE

Change to Data Element: Changed Dataset

Format/Length:	an3
National Codes:	See TREATMENT FUNCTION CODE
Default Codes:	199 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly surgical 499 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly medical

Notes:
ACTIVITY TREATMENT FUNCTION CODE is the same as attribute TREATMENT FUNCTION CODE.

The default codes 199 and 499 are only applicable for overseas health care providers.

ACTIVITY TREATMENT FUNCTION CODE is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to

result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

Further information on the groupings and scope of each TREATMENT FUNCTION CODE is provided at: Main Specialty and Treatment Function Codes Table.

ADMINISTRATIVE CATEGORY CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See ADMINISTRATIVE CATEGORY CODE
Default Codes:	98 - Not applicable
	99 - ADMINISTRATIVE CATEGORY CODE not known

Notes:
ADMINISTRATIVE CATEGORY CODE is the same as ADMINISTRATIVE CATEGORY CODE.

Note: the Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See ADMINISTRATIVE CATEGORY CODE
Default Codes:	98 - Not applicable
	99 - ADMINISTRATIVE CATEGORY CODE not known

Notes:
ADMINISTRATIVE CATEGORY CODE (ON ADMISSION) is the same as attribute ADMINISTRATIVE CATEGORY CODE.

ADMINISTRATIVE CATEGORY CODE (ON ADMISSION) is used to record the ADMINISTRATIVE CATEGORY CODE at the start of the Hospital Provider Spell.

Note: the Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

ADMISSION SOURCE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See ADMISSION SOURCE
Default Codes:	98 - Not applicable
	99 - ADMISSION SOURCE not known

Notes:
ADMISSION SOURCE (HOSPITAL PROVIDER SPELL) is the same as attribute ADMISSION SOURCE.

ADMISSION SOURCE (HOSPITAL PROVIDER SPELL) is the source of admission to a Hospital Provider Spell in a Hospital Site.

ADMISSION SOURCE (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of Healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL) will be replaced with ADMISSION SOURCE (HOSPITAL PROVIDER SPELL), which is the most recent approved national information standard to describe the required definition.

AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)

Change to Data Element: New Data Element

Format/Length:	max n3
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:
AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS) is the same as attribute PERSON AGE.

AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS) is the age of the PATIENT at the specified Activity Date for Age (Healthcare Operational Data Flows).

AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)

Change to Data Element: New Data Element

AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)

Attribute:

PERSON AGE

APPOINTMENT BOOKED REASON

Change to Data Element: Changed Description, Dataset

Format/Length:	an1
National Codes:	See APPOINTMENT BOOKED REASON
Default Codes:	

Notes:
APPOINTMENT BOOKED REASON is the same as attribute APPOINTMENT BOOKED REASON.

~~For the Commissioning Data Sets, APPOINTMENT BOOKED REASON refers to the reason that the APPOINTMENT record carried in the Commissioning Data Set message was booked, and not any subsequent APPOINTMENTS made as a result of that Care Professional Out-Patient Attendance.~~For the Commissioning Data Sets and the Healthcare Operational Data Flows (Acute) Data Sets, APPOINTMENT BOOKED REASON refers to the reason that the APPOINTMENT record carried in the Commissioning Data Set or Healthcare Operational Data Flows (Acute) Data Set message was booked, and not any subsequent APPOINTMENTS made as a result of that Care Professional Out-Patient Attendance.

APPOINTMENT DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
APPOINTMENT DATE is the same as attribute APPOINTMENT DATE.

Usage in the CDS:
The Outpatient (CDS version 6-2 and CDS version 6-3) and Future Outpatient (CDS version 6-2 only) CDS Types use the APPOINTMENT DATE as the "CDS ORIGINATING DATE" as a mandatory requirement of the CDS Bulk/Net Update Protocols, see CDS ACTIVITY DATE.

For the CDS V6-2 Type 021 - Future Outpatient Commissioning Data Set, where no APPOINTMENT DATE is available from the healthcare system, a default date value of 2999-12-31 may be applied. Care must be taken to generate the correct CDS Bulk/Net Update Protocol when using this default value.

When submitting a Referral To Treatment Clock Stop Administrative Event via the CDS V6-2 Type 020 - Outpatient Commissioning Data Set or CDS V6-3 Type 020 - Outpatient Commissioning Data Set , APPOINTMENT DATE is equivalent to the REFERRAL TO TREATMENT PERIOD END DATE carried in the record.

APPOINTMENT TIME

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:
APPOINTMENT TIME is the same as attribute APPOINTMENT TIME.

ATTENDANCE STATUS

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See ATTENDANCE STATUS
Default Codes:	

Notes:
ATTENDANCE STATUS is the same as attribute ATTENDANCE STATUS.

ATTENDED OR DID NOT ATTEND CODE will be replaced with ATTENDANCE STATUS, which is the most recent approved national information standard to describe the required definition.

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Description, Dataset

Format/Length:	min an1 max an35
National Codes:	
Default Codes:	

Notes:
CDS UNIQUE IDENTIFIER is the same as attribute RECORD IDENTIFIER.

~~CDS UNIQUE IDENTIFIER provides a unique identity for the life-time of an episode carried in a Commissioning Data Set message.~~CDS UNIQUE IDENTIFIER provides a unique identity for the life-time of an episode carried in a Commissioning Data Set message or a record carried in the Healthcare Operational Data Flows (Acute) Data Sets

Note that the CDS UNIQUE IDENTIFIER must be constructed without the use of PATIENT Confidential Information. This includes PATIENT Identifiers such as NHS NUMBER or LOCAL PATIENT IDENTIFIER (EXTENDED), as well as any text which may identify the PATIENT DIAGNOSIS of the PATIENT or any PATIENT procedures being undertaken.

See the Commissioning Data Set Submission Protocol for detailed information.

~~**Once assigned, a Commissioning Data Set record must retain its CDS UNIQUE IDENTIFIER otherwise duplicate Commissioning Data Set records may be generated and stored in the Secondary Uses Service database.**~~**Once assigned, the CDS UNIQUE IDENTIFIER must be retained and used when records are submitted or duplicate records may be generated and stored in the receiving system.**

The CDS UNIQUE IDENTIFIER has three components. The recommended constructs are given below.

~~**For All CDS Types EXCEPT the EAL CDS Types:**~~**For All CDS Types EXCEPT the EAL CDS Types and for the Healthcare Operational Data Flows (Acute) Data Sets:**

REF	UID	FORMAT	CODES / VALUES	COMMENT
~~1~~	~~**NHS Organisation Code Type**~~	~~an1~~	~~A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE / ORGANISATION IDENTIFIER~~	~~Mandatory For all CDS Types~~
~~2~~	~~**Provider Code**~~	~~an5~~	~~The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.~~	~~Mandatory for all CDS Types~~
~~3a~~	~~**Application Specific CDS Identity**~~	~~an29~~	~~A code of up to **29 alpha-numeric characters** generated by the Sender's application to uniquely identify the CDS within its CDS Type or family of CDS Types~~	~~Mandatory for all CDS Types **Except for EAL CDS Types**~~
1	**NHS Organisation Code Type**	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE / ORGANISATION IDENTIFIER	Mandatory For all CDS Types and for the Healthcare Operational Data Flows (Acute) Data Sets
2	**Provider Code**	an5	The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types and for the Healthcare Operational Data Flows (Acute) Data Sets
3a	**Application Specific CDS Identity**	an29	A code of up to **29 alpha-numeric characters** generated by the Sender's application to uniquely identify the CDS within its CDS Type or family of CDS Types	Mandatory for all CDS Types (**Except for EAL CDS Types)** and for the Healthcare Operational Data Flows (Acute) Data Sets

For EAL End Of Period (EOP) CDS Types only (CDS 6-2 only):

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	**NHS Organisation Code Type**	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE / ORGANISATION IDENTIFIER	Mandatory For all CDS Types
2	**Provider Code**	an5	The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3b	**Application Specific CDS Identity**	an9	A code of up to **9 alpha-numeric characters** generated by the Sender's application to uniquely identify the EAL End Of period census CDS Types with the same Admission List Entry. Additional data positions must be left blank.	**Mandatory for all EAL EOP CDS Types**
3c	**Filler**	an20	Additional data positions must be left blank.	

For EAL Event During Period (EDP) CDS Types only (CDS 6-2 only):

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	**NHS Organisation Code Type**	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE / ORGANISATION IDENTIFIER	**Mandatory For all CDS Types**
2	**Provider Code**	an5	The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	**Mandatory for all CDS Types**

3d	**Application Specific CDS Identity**	an9	A code of up to **5 alpha-numeric characters padded with 4 trailing spaces to 9 characters**. Generated by the Sender's application to uniquely identify the EAL Event During Period Census CDS Types with the same Admission List Entry.	**Mandatory for all EAL EDP CDS Types**
3e	**Filler**	an3	A code of **3 alpha-numeric characters** generated by the Sender's application to identify **the event** within the EAL Entry. Even if the events are of different types, they must have different identifiers.	**Mandatory for all EAL EDP CDS Types**
3f	**Filler**	an17	Additional data positions must be left blank.	

~~**Usage:**~~**Usage in the Commissioning Data Sets:**
CDS UNIQUE IDENTIFIER is a mandatory data item when the Net Change Update Mechanism is used. ***It is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated CDS UNIQUE IDENTIFIER within the Commissioning Data Set data. This will establish a migration path towards the use of the Net Change Mechanism and will also then minimise the risk of creating duplicate Commissioning Data Set data in the Secondary Uses Service database.***

- Note that senders of Commissioning Data Set data remain directly responsible for the integrity of the CDS UNIQUE IDENTIFIER
- It is a mandatory requirement for all submissions using the Net Change Update Mechanism that these two components are constructed correctly to ensure uniqueness of CDS UNIQUE IDENTIFIERS across the NHS.
- The structure of 3b and 3c allows the EAL End of Period Census and the EAL Event During Period Census for the same EAL Entry to be linked (CDS 6-2 only).

There are circumstances in patient care application systems where the control of the UID key integrity may be suspect. These issues include:

a) Episode deletion (not resulting in a Commissioning Data Set deletion of previously submitted data sent to the original Commissioner);
b) Episode re-sequencing (not resulting in a corresponding Commissioning Data Set records being sent);
c) Service agreement alterations not resulting in correct adjustments - Old Service Agreement

deletion / New Service Agreement addition
d) Re-admissions causing duplicate keys on the Secondary Uses Service database.

Each use of an NHS ORGANISATION CODE within a Commissioning Data Set message must be associated with the release version of the NHS Organisation Code scheme. At present this may be derived locally by NHS IT systems.

The following values have been informally used in many Commissioning Data Set implementations and are recommended to be used:

A or O*	Signifying "OLD" (pre-April 1996) to denote an ORGANISATION CODE issued before, and in use up to the 1996 major re-issue
B or N*	Signifying "NEW" (post-April 1996) to denote an ORGANISATION CODE / ORGANISATION IDENTIFIER issued from April 1996

* The values of **A and B** must be used in the formatting of the CDS UNIQUE IDENTIFIER.

Note: the Format/Length has been updated in Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

CLINIC CODE

Change to Data Element: Changed Description, Dataset

Format/Length:	max an12
National Codes:	
Default Codes:	

Notes:
CLINIC CODE is the same as attribute CLINIC OR FACILITY CODE.

~~For Commissioning Data Set version 6-2, CLINIC CODE identifies the CLINIC OR FACILITY where an Out-Patient Appointment took place.~~For the Commissioning Data Sets and the Healthcare Operational Data Flows (Acute) Data Sets, CLINIC CODE identifies the CLINIC OR FACILITY where an Out-Patient Appointment took place.

~~CLINIC CODE is an optional item in the Commissioning Data Set version 6-2, and is for local use only.~~CLINIC CODE is an optional item in the Commissioning Data Sets and the Healthcare Operational Data Flows (Acute) Data Sets, and is for local use only. However it must NOT contain any text which may identify the PATIENT DIAGNOSIS of the

PATIENTS using the CLINIC OR FACILITY (for example, it must not include the acronym 'HIV') or the Patient Procedure being undertaken (for example using the acronym 'TOP' for terminations of pregnancy). Use of such identifiers contravenes the legal requirements for withholding identifiable information about PATIENTS with identified conditions. See Security Issues and Patient Confidentiality for further details.

CONSULTATION MECHANISM

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CONSULTATION MECHANISM
Default Codes:	

Notes:
CONSULTATION MECHANISM is the same as attribute CONSULTATION MECHANISM.

CONSULTATION MEDIUM USED will be replaced with CONSULTATION MECHANISM, which is the most recent approved national information standard to describe the required definition.

CONSULTATION TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CONSULTATION TYPE
Default Codes:	

Notes:
CONSULTATION TYPE is the same as attribute CONSULTATION TYPE.

CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	See CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL
Default Codes:	98 - Not Applicable (No Criteria to Reside)

Notes:
CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL) is the same as attribute CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL.

This data element is also known by these names:

Context	Alias
plural	CRITERIA TO RESIDE CODES (HOSPITAL PROVIDER SPELL)

CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)

Attribute:

CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL

DATE AND TIME DATA SET CREATED

Change to Data Element: Changed Dataset

Format/Length:	an19 YYYY-MM-DDThh:mm:ss
National Codes:	
Default Codes:	

Notes:
DATE AND TIME DATA SET CREATED is the same as attribute EVENT DATE and EVENT TIME.

DATE AND TIME DATA SET CREATED is the date and time a data set was created.

DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See DESTINATION OF DISCHARGE
Default Codes:	98 - Not applicable - Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished 99 - DESTINATION OF DISCHARGE not known

Notes:
DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL) is the same as attribute DESTINATION OF DISCHARGE.

DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL) will be replaced with DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL), which is the most recent approved national information standard to describe the required definition.

DISCHARGE DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
DISCHARGE DATE (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY DATE.

DISCHARGE DATE (HOSPITAL PROVIDER SPELL) is the Discharge Date for a PATIENT from a Hospital Provider Spell.

DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	See DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL
Default Codes:	

Notes:
DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL) is the same as attribute DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL.

This data element is also known by these names:

Context	Alias
plural	DISCHARGE PATHWAY SUB CATEGORIES (HOSPITAL PROVIDER SPELL)

DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Attribute:

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY DATE

DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL) is the Discharge Ready Date of the Hospital Provider Spell.

DISCHARGE TIME (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:
DISCHARGE TIME (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY TIME.

DISCHARGE TIME (HOSPITAL PROVIDER SPELL) is the Discharge Time for a PATIENT from a Hospital Provider Spell.

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)

Change to Data Element: New Data Element

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:
DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS) is the same as attribute PERSON OBSERVATION TEXT STRING.

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS) is used in the Healthcare Operational Data Flows (Acute) Data Set to support the collection of nationally-notifiable data relating to outbreaks of disease, which are identified during an ACTIVITY, where a SNOMED CT CODE is NOT available.

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS) (and the containing record) is subject to personal confidential data cleaning, sensitive and legally restricted code redaction and de-identification before release to analytical output.

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)

Change to Data Element: New Data Element

DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)

Attribute:

PERSON OBSERVATION TEXT STRING

DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

Change to Data Element: New Data Element

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:
DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT) is the same as attribute CLINICAL TERMINOLOGY CODE.

DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT) is the SNOMED CT® concept ID describing nationally-notifiable outbreaks of disease.

DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT) (and the containing record) is subject to personal confidential data cleaning, sensitive and legally restricted code redaction and de-identification before release to analytical output.

DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

Change to Data Element: New Data Element

DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)

Attribute:

CLINICAL TERMINOLOGY CODE

DURATION OF ELECTIVE WAIT

Change to Data Element: Changed Dataset

Format/Length:	max an4
National Codes:	
Default Codes:	9998 - Not applicable
	9999 - Not known (no date known for DECISION TO ADMIT)

Notes:
DURATION OF ELECTIVE WAIT is the same as attribute ACTIVITY DURATION.

DURATION OF ELECTIVE WAIT is a derived item that records the waiting time in days from the ORIGINAL DECIDED TO ADMIT DATE to the admission date at the provider where the treatment actually takes place, ranging from 0 to 8887 days.

A waiting time of 0 (zero) days is only to be entered after careful scrutiny.

Please note that the PATIENT's WAITING PERIOD EXCLUSIONS (their aggregate suspended and/or self-deferred periods) should be subtracted from the DURATION OF ELECTIVE WAIT.

Note: the Format/Length has been updated in Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

EPISODE NUMBER

Change to Data Element: Changed Description, Dataset

Format/Length:	max an2
National Codes:	
Default Codes:	98 - Not applicable
	99 - EPISODE NUMBER not known

Notes:
EPISODE NUMBER is the same as attribute ACTIVITY IDENTIFIER.

~~EPISODE NUMBER is used to uniquely identify episodes, and is a sequence number for each Consultant Episode (Hospital Provider) in a Hospital Provider Spell.~~EPISODE NUMBER is used to uniquely identify episodes, and is a sequence number for each Care Professional Admitted Care Episode in a Hospital Provider Spell.

~~The first episode of each new Care Professional Admitted Care Episode (including re-admitted PATIENTS) commences at 1.~~The first episode of each new Hospital Provider Spell (including re-admitted PATIENTS) commences at 1.

A known EPISODE NUMBER can be between 1 to 87.

For other Health Care Provider episodes, it is a sequence number for a CONSULTANT/PATIENT combination; or it is a sequence number for each Sexual Health and HIV Episode.

EPISODE NUMBER is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

Notes:

- The Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
- Format/Length has been updated in Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements". The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

HODF UPDATE TYPE

Change to Data Element: New Data Element

Format/Length:	max an12
National Codes:	See HODF UPDATE TYPE
Default Codes:	

Notes:
HODF UPDATE TYPE is the same as attribute HODF UPDATE TYPE.

This data element is also known by these names:

Context	Alias
plural	HODF UPDATE TYPES

HODF UPDATE TYPE

Change to Data Element: New Data Element

HODF UPDATE TYPE

Attribute:

HODF UPDATE TYPE

HOSPITAL PROVIDER SPELL IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

HOSPITAL PROVIDER SPELL IDENTIFIER is the same as attribute ACTIVITY IDENTIFIER.

HOSPITAL PROVIDER SPELL IDENTIFIER is a unique identifier for each Hospital Provider Spell for a Health Care Provider.

Note that the HOSPITAL PROVIDER SPELL IDENTIFIER must be constructed without the use of PATIENT Confidential Information. This includes PATIENT Identifiers such as NHS NUMBER or LOCAL PATIENT IDENTIFIER, as well as any text which may identify the PATIENT DIAGNOSIS of the PATIENT or any PATIENT procedures being undertaken.

HOSPITAL PROVIDER SPELL IDENTIFIER is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

HOSPITAL PROVIDER SPELL NUMBER will be replaced with HOSPITAL PROVIDER SPELL IDENTIFIER, which is the most recent approved national information standard to describe the required definition.

INTENDED MANAGEMENT CODE

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See INTENDED MANAGEMENT
Default Codes:	8 - Not applicable

9 - INTENDED MANAGEMENT not known

Notes:
INTENDED MANAGEMENT CODE is the same as attribute INTENDED MANAGEMENT.

INTENDED MANAGEMENT CODE describes what is intended to happen to the PATIENT.

Occasionally the PATIENT's treatment does not go exactly to plan. For example, a PATIENT admitted as a day case may develop complications and have to be kept in overnight. Therefore another data item, PATIENT CLASSIFICATION, is used to describe what actually happens to the PATIENT. In this example, the PATIENT CLASSIFICATION would be 'Ordinary admission' and not 'Day case admission'.

Note: the Default Code description for 9 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

INTENDED PRIMARY PROCEDURE (OPCS)

Change to Data Element: New Data Element

Format/Length:	See OPCS-4 CODE
National Codes:	
Default Codes:	

Notes:
INTENDED PRIMARY PROCEDURE (OPCS) is the same as attribute CLINICAL CLASSIFICATION CODE.

INTENDED PRIMARY PROCEDURE (OPCS) is the OPCS Classification of Interventions and Procedures code which is used to identify the intended primary Patient Procedure to be carried out.

This data element is also known by these names:

Context	Alias
plural	INTENDED PRIMARY PROCEDURES (OPCS)

INTENDED PRIMARY PROCEDURE (OPCS)

Change to Data Element: New Data Element

INTENDED PRIMARY PROCEDURE (OPCS)

Attribute:

CLINICAL CLASSIFICATION CODE

LOCAL PATIENT IDENTIFIER (EXTENDED)

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:
LOCAL PATIENT IDENTIFIER (EXTENDED) is the same as attribute LOCAL PATIENT IDENTIFIER.

LOCAL PATIENT IDENTIFIER (EXTENDED) is used where IT systems have a LOCAL PATIENT IDENTIFIER which is longer than 10 characters and LOCAL PATIENT IDENTIFIER cannot be used for data submission.

METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See METHOD OF ADMISSION
Default Codes:	98 - Not applicable
	99 - METHOD OF ADMISSION not known

Notes:
METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL) is the same as attribute METHOD OF ADMISSION.

METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL) will be replaced with METHOD OF ADMISSION (HOSPITAL PROVIDER SPELL), which is the most recent approved national information standard to describe the required definition.

METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See METHOD OF DISCHARGE
Default Codes:	8 - Not applicable (Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished) 9 - METHOD OF DISCHARGE not known

Notes:
METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL) is the same as attribute METHOD OF DISCHARGE.

METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL) will be replaced with METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL), which is the most recent approved national information standard to describe the required definition.

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length:	n10
National Codes:	
Default Codes:	

Notes:
NHS NUMBER is the same as attribute NHS NUMBER.

For the AIDC for Patient Identification Data Set further guidance can be found on the NHS England website at: DCB1077: AIDC for Patient Identification.

NHS NUMBER STATUS INDICATOR CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See NHS NUMBER STATUS INDICATOR CODE
Default Codes:	

Notes:
NHS NUMBER STATUS INDICATOR CODE is the same as attribute NHS NUMBER STATUS INDICATOR CODE.

For specific National Code usage in different data sets, see NHS NUMBER STATUS INDICATOR CODE.

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
Default Codes:	89997 - Non-UK provider where no ORGANISATION IDENTIFIER has been issued 89999 - Non-NHS UK provider where no ORGANISATION IDENTIFIER has been issued

Notes:
ORGANISATION IDENTIFIER (CODE OF PROVIDER) is the same as attribute ORGANISATION IDENTIFIER.

ORGANISATION IDENTIFIER (CODE OF PROVIDER) is the ORGANISATION IDENTIFIER of the ORGANISATION acting as a Health Care Provider.

For Commissioning Data Sets, the ORGANISATION IDENTIFIER (CODE OF PROVIDER) should always be the ORGANISATION IDENTIFIER of the Health Care Provider receiving the National Tariff Payment System income.

ORGANISATION CODE (CODE OF PROVIDER) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

ORGANISATION CODE (CODE OF PROVIDER) will be replaced with ORGANISATION IDENTIFIER (CODE OF PROVIDER), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:
ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER) is the same as attribute ORGANISATION IDENTIFIER.

ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER) is the ORGANISATION IDENTIFIER of the ORGANISATION that assigned the LOCAL PATIENT IDENTIFIER.

ORGANISATION CODE (LOCAL PATIENT IDENTIFIER) will be replaced with ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

	Q99 - High Level Health Geography/Primary Care ORGANISATION of Residence Not Known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code. X98 - Primary Care ORGANISATION Not Applicable (Overseas Visitors) Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code.

Notes:
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY) is the same as attribute ORGANISATION IDENTIFIER.

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY) is the ORGANISATION IDENTIFIER derived from the PATIENT's POSTCODE OF USUAL ADDRESS.

This is where the PATIENT resides within the boundary of a:

- Sub Integrated Care Board Location
- Care Trust
- Local Health Board (Wales)
- Scottish Health Board
- Northern Ireland Local Commissioning Group
- Primary Healthcare Directorate (Isle of Man)
- Local Authority.

For PATIENTS who are Overseas Visitors: Organisation Data Service Default Code X98 '*Primary Care Organisation Not Applicable (Overseas Visitors)*' should be reported.
Note: A review of Organisation Data Service Default Codes is planned to be carried out and this default code will be updated as part of that.

ORGANISATION CODE (RESIDENCE RESPONSIBILITY) will be replaced with ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY),which is the most recent approved national information standard to describe the required definition.

ORGANISATION SITE IDENTIFIER (OF TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
Default Codes:	R9998 - Not a hospital site

	89999 - Non-NHS UK Provider where no ORGANISATION SITE IDENTIFIER has been issued 89997 - Non-UK Provider where no ORGANISATION SITE IDENTIFIER has been issued

Notes:
ORGANISATION SITE IDENTIFIER (OF TREATMENT) is the same as attribute ORGANISATION SITE IDENTIFIER.

ORGANISATION SITE IDENTIFIER (OF TREATMENT) is the ORGANISATION SITE IDENTIFIER of the ORGANISATION SITE where the PATIENT was treated, i.e. it should enable the treating ORGANISATION to be identified.

ORGANISATION SITE IDENTIFIER (OF TREATMENT) identifies the ORGANISATION SITE within the ORGANISATION on which the PATIENT was treated, since facilities may vary on different hospital sites.

The code recorded should always be the national code; if the treatment is sub-commissioned to another NHS Health Care Provider or an Independent Sector Healthcare Provider, the ORGANISATION SITE IDENTIFIER (OF TREATMENT) used should be the ORGANISATION SITE IDENTIFIER of the Health Care Provider actually carrying out the work.

Where treatment is sub-commissioned to an overseas provider the Organisation Data Service Default Code 89997 *'Non-UK Provider where no ORGANISATION SITE IDENTIFIER has been issued'* is applicable.

Each ORGANISATION has a unique ORGANISATION SITE IDENTIFIER. However, where an ORGANISATION has more than one site from which it provides SERVICES, then each site is uniquely identified. These sites are ORGANISATION SITES and are uniquely identified by an ORGANISATION SITE IDENTIFIER.

For out-patients, ACTIVITY may take place outside the hospital, such as in the PATIENT'S home; in such cases, raising a site code is impractical. Therefore, code R9998 *'Not a hospital site'* would be used in these circumstances.
Note: LOCATION CLASS is used in the Commissioning Data Set (CDS) message to indicate the physical LOCATION within which the ACTIVITY occurred.

Use in the Future Outpatient CDS:
If the INTENDED SITE CODE (OF TREATMENT) is not known, this data element should be omitted.

SITE CODE (OF TREATMENT) will be replaced with ORGANISATION SITE IDENTIFIER (OF TREATMENT), which is the most recent approved national information standard to describe the required definition.

OUTPATIENT ATTENDANCE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:
OUTPATIENT ATTENDANCE IDENTIFIER is the same as attribute ACTIVITY IDENTIFIER.

OUTPATIENT ATTENDANCE IDENTIFIER is a unique identifier for each Care Professional Out-Patient Attendance.

Note that the OUTPATIENT ATTENDANCE IDENTIFIER must be constructed without the use of PATIENT Confidential Information. This includes PATIENT Identifiers such as NHS NUMBER or LOCAL PATIENT IDENTIFIER, as well as any text which may identify the PATIENT DIAGNOSIS of the PATIENT or any PATIENT procedures being undertaken.

ATTENDANCE IDENTIFIER will be replaced with OUTPATIENT ATTENDANCE IDENTIFIER, which is the most recent approved national information standard to describe the required definition.

OUT-PATIENT ATTENDANCE OUTCOME

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See OUT-PATIENT ATTENDANCE OUTCOME
Default Codes:	

Notes:
OUT-PATIENT ATTENDANCE OUTCOME is the same as attribute OUT-PATIENT ATTENDANCE OUTCOME.

PATIENT CLASSIFICATION CODE

Change to Data Element: Changed Description, Dataset

Format/Length:	an1
National Codes:	See PATIENT CLASSIFICATION
Default Codes:	8 - Not applicable

Notes:
PATIENT CLASSIFICATION CODE is the same as attribute PATIENT CLASSIFICATION.

PATIENT CLASSIFICATION CODE is derived from the ADMISSION METHOD, INTENDED MANAGEMENT and the duration of stay of the PATIENT.

The duration of stay is derived by subtracting the date of admission from the date of discharge.

In the case of maternity PATIENTS, the use being made of the Delivery facilities is also used in this derivation.

PATIENT CLASSIFICATION CODE is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For the Healthcare Operational Data Flows Data Set: Acute - Current, the PATIENT CLASSIFICATION CODE will be the most likely for a PATIENT at discharge based on the progress of the PATIENT's treatment.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

PATIENT PATHWAY IDENTIFIER

Change to Data Element: Changed Description, Dataset

Format/Length:	an20
National Codes:	
Default Codes:	

Notes:
PATIENT PATHWAY IDENTIFIER is the same as PATIENT PATHWAY IDENTIFIER.

~~**Use in Commissioning Data Set version 6-0 onwards**~~

If the Commissioning Data Set record relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement, and is of the following Commissioning Data Set Types:

- CDS V6-2 Type 020 - Outpatient Commissioning Data Set / CDS V6-3 Type 020 - Outpatient Commissioning Data Set
- CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set / CDS V6-3 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set
- CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set / CDS V6-3 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set
- CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set
- CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) Commissioning Data Set
- CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) Commissioning Data Set
- CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) Commissioning Data Set

then either UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) or PATIENT PATHWAY IDENTIFIER must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

PERSON BIRTH DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
NWDS ID:	PEBD
NWDS Field Name:	Date of Birth
National Codes:	
Default Codes:	

Notes:
PERSON BIRTH DATE is the same as attribute PERSON BIRTH DATE.

PLANNED DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See PLANNED DESTINATION OF DISCHARGE

Default Codes:	98 - Not applicable (Discharge Plan not yet agreed) 99 - DESTINATION OF DISCHARGE not known

Notes:
PLANNED DESTINATION OF DISCHARGE (HOSPITAL PROVIDER SPELL) is the same as attribute PLANNED DESTINATION OF DISCHARGE.

PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	See DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL
Default Codes:	

Notes:
PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL) is the same as attribute DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL.

PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL) is the planned Discharge Pathway sub category for a PATIENT during a Hospital Provider Spell.

This data element is also known by these names:

Context	Alias
plural	PLANNED DISCHARGE PATHWAY SUB CATEGORIES (HOSPITAL PROVIDER SPELL)

PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)

Attribute:

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL

PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

Format/Length:	an1
National Codes:	See METHOD OF DISCHARGE
Default Codes:	8 - Not applicable (Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished) 9 - METHOD OF DISCHARGE not known

Notes:
PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL) is the same as attribute METHOD OF DISCHARGE.

PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL) is the planned METHOD OF DISCHARGE from a Hospital Provider Spell for a PATIENT.

This data element is also known by these names:

Context	Alias
plural	PLANNED METHODS OF DISCHARGE (HOSPITAL PROVIDER SPELL)

PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)

Attribute:

METHOD OF DISCHARGE

POSTCODE OF USUAL ADDRESS

Change to Data Element: Changed Dataset

Format/Length:	max an8
National Codes:	
Default Codes:	

Notes:
POSTCODE OF USUAL ADDRESS is the same as attribute POSTCODE.

POSTCODE OF USUAL ADDRESS is the POSTCODE of the ADDRESS nominated by the PATIENT where the ADDRESS ASSOCIATION TYPE is National Code *'Main Permanent Residence'* or *'Other Permanent Residence'.*

For further information on POSTCODES, see POSTCODE.

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description, Dataset

Format/Length:	See ICD-10 CODE
National Codes:	
Default Codes:	

Notes:
PRIMARY DIAGNOSIS (ICD) is the same as attribute CLINICAL CLASSIFICATION CODE.

PRIMARY DIAGNOSIS (ICD) is the International Classification of Diseases (ICD) code used to identify the PRIMARY DIAGNOSIS.

PRIMARY DIAGNOSIS (ICD) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

For further information on the Healthcare Operational Data Flows (Acute) Data Set, see the FutureNHS website.

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

PRIMARY PROCEDURE (OPCS)

Change to Data Element: Changed Description, Dataset

Format/Length:	See OPCS-4 CODE
National Codes:	
Default Codes:	

Notes:
PRIMARY PROCEDURE (OPCS) is the same as attribute CLINICAL CLASSIFICATION CODE.

PRIMARY PROCEDURE (OPCS) is the OPCS Classification of Interventions and Procedures code which is used to identify the primary Patient Procedure carried out.

For the Healthcare Operational Data Flows Data Set: Acute - Current and Healthcare Operational Data Flows Data Set: Acute - Discharge, PRIMARY PROCEDURE (OPCS) may be for a Patient Procedure that has been undertaken but might not be the final PRIMARY PROCEDURE (OPCS) in the episode as this may be different on discharge.

For further information on the recording of this item in the Healthcare Operational Data Flows (Acute) Data Set, see the FutureNHS website.

REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

Format/Length:	an3
National Codes:	See REASON FOR DISCHARGE DELAY
Default Codes:	

Notes:
REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL) is the same as attribute REASON FOR DISCHARGE DELAY for the Healthcare Operational Data Flows (Acute) Data Set.

This data element is also known by these names:

Context	Alias
plural	REASONS FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)

REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)

Change to Data Element: New Data Element

REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)

Attribute:

REASON FOR DISCHARGE DELAY

REPORTING PERIOD END DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
REPORTING PERIOD END DATE is the same as attribute REPORTING PERIOD END DATE.

REPORTING PERIOD END DATE is the end date of the REPORTING PERIOD and is used in conjunction with REPORTING PERIOD START DATE to specify the actual period the reported information relates to.

The date should not be before the REPORTING PERIOD START DATE although it can be the same if the period being reported only covers 1 day.

REPORTING PERIOD START DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
REPORTING PERIOD START DATE is the same as attribute REPORTING PERIOD START DATE.

REPORTING PERIOD START DATE is the start date of the REPORTING PERIOD and is used in conjunction with REPORTING PERIOD END DATE to specify the actual period the reported information relates to.

The date should not be after the REPORTING PERIOD END DATE although it can be the same if the period being reported only covers 1 day.

SECONDARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description, Dataset

Format/Length:	See ICD-10 CODE
National Codes:	
Default Codes:	

Notes:
SECONDARY DIAGNOSIS (ICD) is the same as attribute CLINICAL CLASSIFICATION CODE.

SECONDARY DIAGNOSIS (ICD) is the International Classification of Diseases (ICD) code used to identify the secondary PATIENT DIAGNOSIS.

For Commissioning Data Sets (CDS) purposes it is recommended that multiple Diagnoses are recorded and the CDS XML Schema (CDS Version 6 onwards) has been designed to carry as many Diagnoses as required.

SECONDARY DIAGNOSIS (ICD) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually resulting in lower levels of healthcare resource.

For the Healthcare Operational Data Flows (Acute) Data Set, SECONDARY DIAGNOSIS (ICD) is the next most relevant PATIENT DIAGNOSIS for the PATIENT care.

For further information on the Healthcare Operational Data Flows (Acute) Data Set, see the FutureNHS website.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

SOURCE OF REFERRAL FOR OUT-PATIENTS

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See SOURCE OF REFERRAL FOR OUT-PATIENTS
Default Codes:	

Notes:
SOURCE OF REFERRAL FOR OUT-PATIENTS is the same as attribute SOURCE OF REFERRAL FOR OUT-PATIENTS.

For specific National Code usage, see SOURCE OF REFERRAL FOR OUT-PATIENTS.

START DATE (EPISODE)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
START DATE (EPISODE) is the same as attribute ACTIVITY DATE.

START DATE (EPISODE) is the Start Date of the episode.

START DATE (EPISODE) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:
START DATE (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY DATE.

START DATE (HOSPITAL PROVIDER SPELL) is the Start Date of the Hospital Provider Spell.

The Start Date of the Hospital Provider Spell is the date of admission: the CONSULTANT or MIDWIFE has assumed responsibility for care following the DECISION TO ADMIT the PATIENT.

START DATE (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the **Healthcare Resource Group 4**. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS England website at: Payment by Results Guidance.

START TIME (EPISODE)

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:
START TIME (EPISODE) is the same as attribute ACTIVITY TIME.

START TIME (EPISODE) is the Start Time of the episode.

START TIME (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS

National Codes:
Default Codes:

Notes:
START TIME (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY TIME.

START TIME (HOSPITAL PROVIDER SPELL) is the Start Time of the Hospital Provider Spell.

UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)

Change to Data Element: Changed Description, Dataset

Format/Length:	n12
National Codes:	
Default Codes:	

Notes:
UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) is the same as attribute UNIQUE BOOKING REFERENCE NUMBER (CONVERTED).

~~**Use in Commissioning Data Set version 6-0 onwards**~~

If the Commissioning Data Set record relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement, and is of the following Commissioning Data Set Types:

- CDS V6-2 Type 020 - Outpatient Commissioning Data Set / CDS V6-3 Type 020 - Outpatient Commissioning Data Set
- CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set / CDS V6-3 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set
- CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set / CDS V6-3 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set
- CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set
- CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) Commissioning Data Set
- CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) Commissioning Data Set
- CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) Commissioning Data Set

then either UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) or PATIENT PATHWAY IDENTIFIER must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

WARD CODE

Change to Data Element: Changed Description, Dataset

Format/Length:	max an12
National Codes:	
Default Codes:	

Notes:
WARD CODE is the same as attribute WARD CODE.

~~For Commissioning Data Set version 6-2, WARD CODE identifies the WARD where ACTIVITY during a Hospital Provider Spell took place.~~For the Commissioning Data Sets and Healthcare Operational Data Flows (Acute) Data Sets, WARD CODE identifies the WARD where ACTIVITY during a Hospital Provider Spell took place.

~~WARD CODE is an optional item in the Commissioning Data Set version 6-2, and is for local use only.~~WARD CODE is an optional item in the Commissioning Data Sets and Healthcare Operational Data Flows (Acute) Data Sets, and is for local use only. However it must NOT contain any text which may identify the PATIENT DIAGNOSIS of the PATIENTS using the WARD (for example, it must not include the acronym 'HIV') or the Patient Procedure being undertaken (for example using the acronym 'TOP' for terminations of pregnancy). Use of such identifiers contravenes the legal requirements for withholding identifiable information about PATIENTS with identified conditions. See Security Issues and Patient Confidentiality for further details.

WARD INTENDED CLINICAL CARE INTENSITY

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See WARD INTENDED CLINICAL CARE INTENSITY
Default Codes:	

Notes:

WARD INTENDED CLINICAL CARE INTENSITY is the same as attribute WARD INTENDED CLINICAL CARE INTENSITY.

INTENDED CLINICAL CARE INTENSITY CODE will be replaced with WARD INTENDED CLINICAL CARE INTENSITY, which is the most recent approved national information standard to describe the required definition.

WITHHELD IDENTITY REASON

Change to Data Element: Changed Description, Dataset

Format/Length:	an2
National Codes:	See WITHHELD IDENTITY REASON
Default Codes:	99 - Identity withheld but reason not known

Notes:
WITHHELD IDENTITY REASON is the same as attribute WITHHELD IDENTITY REASON.

For the Commissioning Data Sets, WITHHELD IDENTITY REASON is used in the Withheld Identity Structure in the PATIENT Identity data group, for PATIENT records where the submitter has withheld the PATIENT identity.

For the Healthcare Operational Data Flows (Acute) Data Sets the WITHHELD IDENTITY REASON is submitted in PATIENT records where the submitter has withheld PATIENT-identifiable data elements within the PATIENT record.

Further information can be found at Faster Data Flows (FDF) - National Reporting - FutureNHS Collaboration Platform at FutureNHS for You.

For enquiries about this Change Request, please email information.standards@nhs.net