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

CRITERIA TO RESIDE CODE FOR HOSPITAL PROVIDER SPELL	New Attribute

DISCHARGE PATHWAY SUB CATEGORY FOR HOSPITAL PROVIDER SPELL	New Attribute
HODF UPDATE TYPE	New Attribute
REASON FOR DISCHARGE DELAY	New Attribute
WITHHELD IDENTITY REASON	Changed Description

Data Elements

AGE AT ACTIVITY DATE (HEALTHCARE OPERATIONAL DATA FLOWS)	New Data Element
APPOINTMENT BOOKED REASON	Changed Description
CDS UNIQUE IDENTIFIER	Changed Description
CLINIC CODE	Changed Description
CRITERIA TO RESIDE CODE (HOSPITAL PROVIDER SPELL)	New Data Element
DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)	New Data Element
DISEASE OUTBREAK NOTIFICATION DESCRIPTION (HEALTHCARE OPERATIONAL DATA FLOWS)	New Data Element
DISEASE OUTBREAK NOTIFICATION FOR HEALTHCARE OPERATIONAL DATA FLOWS (SNOMED CT)	New Data Element
EPISODE NUMBER	Changed Description
HODF UPDATE TYPE	New Data Element
INTENDED PRIMARY PROCEDURE (OPCS)	New Data Element
PATIENT CLASSIFICATION CODE	Changed Description
PATIENT PATHWAY IDENTIFIER	Changed Description
PLANNED DISCHARGE PATHWAY SUB CATEGORY (HOSPITAL PROVIDER SPELL)	New Data Element
PLANNED METHOD OF DISCHARGE (HOSPITAL PROVIDER SPELL)	New Data Element
PRIMARY DIAGNOSIS (ICD)	Changed Description
PRIMARY PROCEDURE (OPCS)	Changed Description
REASON FOR DISCHARGE DELAY (HOSPITAL PROVIDER SPELL)	New Data Element
SECONDARY DIAGNOSIS (ICD)	Changed Description
UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)	Changed Description
WARD CODE	Changed Description
WITHHELD IDENTITY REASON	Changed Description

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.

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

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)

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)

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

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)

WITHHELD IDENTITY REASON

Change to Attribute: Changed Description

~~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

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

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.

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Description

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~~		~~Mandatory for all CDS Types~~

			~~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.~~	
~~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

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.

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

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

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

EPISODE NUMBER

Change to Data Element: Changed Description

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

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

PATIENT CLASSIFICATION CODE

Change to Data Element: Changed Description

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

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.

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

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

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

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

SECONDARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

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.

UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)

Change to Data Element: Changed Description

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

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.

WITHHELD IDENTITY REASON

Change to Data Element: Changed Description

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