

NHS Data Model and Dictionary



Type:	Change Request
Reference:	1613
Version No:	1.0
Subject:	Introduction of Patient Level Contract Monitoring Data Set
Effective Date:	1 April 2019
Reason for Change:	Change to Information Standards
Publication Date:	26 April 2019

Background:

The purpose of the Patient Level Contract Monitoring Data Set (PLCM) is to enable the interchange, in a uniform format, of monthly patient level contract monitoring data between all purchasers and healthcare providers. This will ensure that contract monitoring and reporting is consistent, comparable and fit for purpose across all commissioning organisations.

The Patient Level Contract Monitoring Data Set is a patient level report containing patient identifiers. Its purpose is to substantiate and provide detail to the information contained within the Aggregate Contact Monitoring (ACM). It will contain details of patient level clinical activities that are not found in flows of standard Commissioning Data Sets (CDS) submitted to the Secondary Uses Service.

The scope of the Patient Level Contract Monitoring Data Set Information Standard is all NHS-funded acute and community clinical care (excluding drugs and medical devices not covered by the National Tariff Payment System) provided to patients as well as financial adjustments not attributed directly to clinical care, for all commissioners.

This covers:

- All acute and community NHS and Independent Sector secondary healthcare providers, but not primary care, from whom the NHS commissions healthcare
- All NHS commissioners (Clinical Commissioning Groups or their equivalents and NHS England).

The Patient Level Contract Monitoring Data Set is required to be submitted on a monthly basis to the respective Data Services for Commissioners Regional Office organisation as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the NHS Standard Contract.

This Change Request adds the Patient Level Contract Monitoring Data Set and supporting definitions to the NHS Data Model and Dictionary to support the Information Standard.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

Data Set

[PATIENT LEVEL CONTRACT MONITORING DATA SET](#)

New Data Set

Supporting Information

[ACTIVITY DATE FOR AGE \(CONTRACT MONITORING\)](#)

Changed Description

[ACTIVITY END DATE \(CONTRACT MONITORING\)](#)

New Supporting Information

[ACTIVITY START DATE \(CONTRACT MONITORING\)](#)

New Supporting Information

[PACKAGE OF CARE OR YEAR OF CARE START DATE \(CONTRACT MONITORING\)](#)

New Supporting Information

[PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW](#)

New Supporting Information

[POINT OF DELIVERY](#)

Changed Description

[SUPPORTING DATA SETS MENU](#)

Changed Description

[SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU](#)

Changed Description

Class Definitions

[SERVICE PROVIDED UNDER AGREEMENT](#)

Changed Attributes

Attribute Definitions

[ACTIVITY DATE](#)

Changed Dataset

[ACTIVITY DATE TYPE](#)

Changed Description

[ACTIVITY IDENTIFIER](#)

Changed Dataset

[BEST PRACTICE TARIFF CODE](#)

Changed Dataset

[COMMISSIONED SERVICE CATEGORY CODE](#)

Changed Dataset

[ETHNIC CATEGORY CODE](#)

Changed Dataset

[EVENT DATE](#)

Changed Dataset

[EVENT TIME](#)

Changed Dataset

[FINANCIAL AMOUNT](#)

Changed Dataset

[FINANCIAL MONTH](#)

Changed Dataset

[FINANCIAL YEAR](#)

Changed Dataset

[HEALTHCARE RESOURCE GROUP CODE](#)

Changed Dataset

[LOCAL PATIENT IDENTIFIER](#)

Changed Dataset

[LOCAL POINT OF DELIVERY DESCRIPTION](#)

Changed Dataset

[LOCAL SUB-SPECIALTY CODE](#)

Changed Dataset

[NATIONAL TARIFF INDICATOR](#)

Changed Dataset

[NHS NUMBER](#)

Changed Dataset

<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	Changed Dataset
<u>ORGANISATION CODE</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER</u>	Changed Dataset
<u>PERSON BIRTH DATE</u>	Changed Dataset
<u>PERSON STATED GENDER CODE</u>	Changed Dataset
<u>POINT OF DELIVERY CODE</u>	Changed Dataset
<u>POINT OF DELIVERY FURTHER DETAIL CODE</u>	Changed Dataset
<u>POINT OF DELIVERY FURTHER DETAIL DESCRIPTION</u>	Changed Dataset
<u>POSTCODE</u>	Changed Dataset
<u>SERVICE PROVIDED UNDER AGREEMENT TEXT STRING</u>	Changed Dataset
<u>SPECIALISED SERVICE CODE</u>	Changed Dataset
<u>SPECIALIST SERVICES FLAG</u>	Changed Dataset
<u>TREATMENT FUNCTION CODE</u>	Changed Dataset
<u>UNBUNDLED EPISODE INDICATOR</u>	New Attribute

Data Elements

<u>ACTIVITY COUNT (POINT OF DELIVERY)</u>	New Data Element
<u>ACTIVITY END DATE (CONTRACT MONITORING)</u>	New Data Element
<u>ACTIVITY START DATE (CONTRACT MONITORING)</u>	New Data Element
<u>ACTIVITY TREATMENT FUNCTION CODE</u>	Changed Dataset
<u>ACTIVITY UNIT PRICE</u>	New Data Element
<u>AGE AT ACTIVITY DATE (CONTRACT MONITORING)</u>	Changed Dataset
<u>ATTENDANCE IDENTIFIER</u>	Changed Dataset
<u>CDS UNIQUE IDENTIFIER</u>	Changed Dataset
<u>COMMISSIONED SERVICE CATEGORY CODE</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DETAIL (SECOND)</u>	Changed Dataset
<u>CONTRACT MONITORING ADDITIONAL DETAIL (THIRD)</u>	Changed Dataset
<u>DATE AND TIME DATA SET CREATED</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE IDENTIFIER</u>	Changed Dataset
<u>ETHNIC CATEGORY</u>	Changed Dataset
<u>FINANCIAL MONTH</u>	Changed Dataset

<u>FINANCIAL YEAR</u>	Changed Dataset
<u>GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)</u>	Changed Dataset
<u>HOSPITAL PROVIDER SPELL NUMBER</u>	Changed Dataset
<u>LOCAL PATIENT IDENTIFIER (EXTENDED)</u>	Changed Dataset
<u>LOCAL POINT OF DELIVERY CODE</u>	Changed Description, Dataset
<u>LOCAL POINT OF DELIVERY DESCRIPTION</u>	Changed Description, Dataset
<u>LOCAL SUB-SPECIALTY CODE</u>	Changed Dataset
<u>NATIONAL TARIFF INDICATOR</u>	Changed Dataset
<u>NHS NUMBER</u>	Changed Dataset
<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	Changed Dataset
<u>NON CDS UNIQUE IDENTIFIER</u>	New Data Element
<u>ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CODE OF PROVIDER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)</u>	Changed Dataset
<u>ORGANISATION SITE IDENTIFIER (OF TREATMENT)</u>	Changed Dataset
<u>PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)</u>	New Data Element
<u>PERSON BIRTH DATE</u>	Changed Dataset
<u>PERSON STATED GENDER CODE</u>	Changed Dataset
<u>POINT OF DELIVERY CODE</u>	Changed Dataset
<u>POINT OF DELIVERY FURTHER DETAIL CODE</u>	Changed Dataset
<u>POINT OF DELIVERY FURTHER DETAIL DESCRIPTION</u>	Changed Dataset
<u>POSTCODE OF USUAL ADDRESS</u>	Changed Dataset
<u>PROVIDER REFERENCE NUMBER</u>	Changed Dataset
<u>SPECIALISED SERVICE CODE</u>	Changed Description, Dataset
<u>TARIFF CODE</u>	Changed Dataset
<u>TOTAL COST</u>	Changed Dataset
<u>UNBUNDLED EPISODE INDICATOR</u>	New Data Element
<u>WITHHELD IDENTITY REASON</u>	Changed Dataset
<u>XML Schema Constraint</u>	
<u>PATIENT LEVEL CONTRACT MONITORING DATA SET CONSTRAINTS</u>	New XML Schema Constraint

Date: 26 April 2019

Sponsor: Ming Tang, Director of Data and Information Systems, 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.

PATIENT LEVEL CONTRACT MONITORING DATA SET

Change to Data Set: New Data Set

Patient Level Contract Monitoring Data Set Overview

For a "Full Screen" view, click Patient Level Contract Monitoring Data Set.

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

The Mandatory, Required or Optional (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.

For guidance on the Data Set constraints, see the Patient Level Contract Monitoring Data Set Constraints.

SUBMISSION HEADER

To carry the submission header details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	FINANCIAL MONTH
M	FINANCIAL YEAR
M	DATE AND TIME DATA SET CREATED

ORGANISATION DETAILS

To carry the Organisation details of the Provider and Commissioner. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
M	ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)
M	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)
M	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)

DEMOGRAPHICS

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

M/R	Data Set Data Elements
R	WITHHELD IDENTITY REASON
R	NHS NUMBER
R	LOCAL PATIENT IDENTIFIER (EXTENDED)
R	POSTCODE OF USUAL ADDRESS
R	PERSON BIRTH DATE
R	AGE AT ACTIVITY DATE (CONTRACT MONITORING)
R	PERSON STATED GENDER CODE
R	ETHNIC CATEGORY

CARE ACTIVITY DETAILS

To carry the care activity details.
One occurrence of this group is permitted.

M/R/O	Data Set Data Elements
R	CDS UNIQUE IDENTIFIER
R	NON CDS UNIQUE IDENTIFIER
R	ACTIVITY TREATMENT FUNCTION CODE
O	LOCAL SUB-SPECIALTY CODE
R	HOSPITAL PROVIDER SPELL NUMBER
R	ATTENDANCE IDENTIFIER
R	EMERGENCY CARE ATTENDANCE IDENTIFIER
R	ACTIVITY START DATE (CONTRACT MONITORING)
R	ACTIVITY END DATE (CONTRACT MONITORING)
R	PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)
M	UNBUNDLED EPISODE INDICATOR

SERVICE AGREEMENT AND COMMISSIONING DETAILS

To carry the service agreement and commissioning details.
One occurrence of this group is required.

M/R/O	Data Set Data Elements
R	PROVIDER REFERENCE NUMBER
R	NHS SERVICE AGREEMENT LINE NUMBER
M	COMMISSIONED SERVICE CATEGORY CODE
R	SPECIALISED SERVICE CODE
M	POINT OF DELIVERY CODE
R	POINT OF DELIVERY FURTHER DETAIL CODE
R	POINT OF DELIVERY FURTHER DETAIL DESCRIPTION
O	LOCAL POINT OF DELIVERY CODE

<input type="checkbox"/>	LOCAL POINT OF DELIVERY DESCRIPTION
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DETAIL (SECOND)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DETAIL (THIRD)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH)
<input type="checkbox"/>	CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH)

COST AND PRICING DETAILS

To carry the activity and costing details. One occurrence of this group is required.	
M/R	Data Set Data Elements
R	TARIFF CODE
M	NATIONAL TARIFF INDICATOR
M	ACTIVITY COUNT (POINT OF DELIVERY)
M	ACTIVITY UNIT PRICE
M	TOTAL COST

ACTIVITY DATE FOR AGE (CONTRACT MONITORING)

Change to Supporting Information: Changed Description

~~This item is being used for development purposes and has not yet been approved.~~ An Activity Date for Age (Contract Monitoring) is the ACTIVITY DATE used to calculate the age of the PATIENT, for the Contract Monitoring Data Sets.

An Activity Date for Age (Contract Monitoring) is specified according to the specific data set as follows:

DATA SET	ACTIVITY DATE
Patient Level Contract Monitoring	
Admitted Patient Care	END DATE (EPISODE)
Out-Patient Appointment	APPOINTMENT DATE
Emergency Care Attendance	EMERGENCY CARE ARRIVAL DATE / EMERGENCY CARE ARRIVAL TIME
Patient Level Devices Contract Monitoring	CLINICAL INTERVENTION DATE (MEDICAL DEVICE IMPLEMENTATION)
Patient Level Drugs Contract Monitoring	CLINICAL INTERVENTION DATE (DRUG ADMINISTERED)

ACTIVITY END DATE (CONTRACT MONITORING)

Change to Supporting Information: New Supporting Information

An Activity End Date (Contract Monitoring) is the date on which a commissioned ACTIVITY is deemed to have ended, for the purposes of Contract Monitoring.

The Activity End Date (Contract Monitoring) for:

- Admitted patient care:
 - Finished Consultant Episodes (FCEs) is END DATE (EPISODE)
 - Hospital Provider Spells is the DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
- Out-Patient Appointments (non-admitted care and diagnostic tests) is the APPOINTMENT DATE
- Packages of Care is the END DATE of the ACTIVITY within the Package of Care
- Emergency Care Attendances is the EMERGENCY CARE DEPARTURE DATE
- Critical care is the END DATE of that particular level of critical care.

This supporting information is also known by these names:

Context	Alias
plural	Activity End Dates (Contract Monitoring)

ACTIVITY START DATE (CONTRACT MONITORING)

Change to Supporting Information: New Supporting Information

An Activity Start Date (Contract Monitoring) is the date on which a commissioned ACTIVITY is deemed to have occurred, for the purposes of Contract Monitoring.

The Activity Start Date (Contract Monitoring) for:

- Admitted patient care:
 - Finished Consultant Episodes (FCEs) is START DATE (EPISODE)
 - Hospital Provider Spells is START DATE (HOSPITAL PROVIDER SPELL)
- Out-Patient Appointments (non-admitted care and diagnostic tests) is the APPOINTMENT DATE
- Packages of Care is the date of the ACTIVITY within the Package of Care
- Emergency Care Attendances is the EMERGENCY CARE ARRIVAL DATE
- Critical care is the START DATE of that particular level of critical care.

This supporting information is also known by these names:

Context	Alias
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plural

Activity Start Dates (Contract Monitoring)

PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)

Change to Supporting Information: New Supporting Information

A Package of Care or Year of Care Start Date (Contract Monitoring) is an ACTIVITY DATE TIME.

A Package of Care or Year of Care Start Date (Contract Monitoring) is the agreed initial Start Date of a Package of Care or year of care for the purpose of Contract Monitoring.

This supporting information is also known by these names:

Context	Alias
plural	Package of Care or Year of Care Start Dates (Contract Monitoring)

PATIENT LEVEL CONTRACT MONITORING DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

Introduction

The purpose of the Patient Level Contract Monitoring Data Set (PLCM) is to enable the interchange, in a uniform format, of monthly PATIENT level Contract Monitoring data between all purchasers and Health Care Providers. This will ensure that Contract Monitoring and reporting is consistent, comparable and fit for purpose across all commissioning Organisations.

The Patient Level Contract Monitoring Data Set is a PATIENT level report containing PATIENT identifiers. Its purpose is to substantiate and provide detail to the information contained within the Aggregate Contract Monitoring Data Set (ACM). It will contain details of PATIENT level clinical activities that are not found in flows of standard Commissioning Data Sets (CDS) submitted to the Secondary Uses Service.

Scope

The scope of the Patient Level Contract Monitoring Data Set Information Standard is all NHS-funded acute and community clinical care (excluding drugs and MEDICAL DEVICES not covered by the National Tariff Payment System) provided to PATIENTS, as well as financial adjustments not attributed directly to clinical care, for all commissioners.

This covers:

- All acute and community NHS and secondary care Independent Sector Healthcare Providers, but not primary care, from whom the NHS commissions healthcare
- All NHS commissioners (Clinical Commissioning Groups (CCG) or their equivalents and NHS England).

Note that the that the totality of expenditure in the [Patient Level Contract Monitoring Data Set](#) must be equivalent to the monetary value (excluding drugs and [MEDICAL DEVICES](#) not covered by the [National Tariff Payment System](#)) shown in the Aggregate Contract Monitoring Data Set.

Submission

The [Patient Level Contract Monitoring Data Set](#) is submitted on a monthly basis to the respective [Data Services for Commissioners Regional Office \(DSCRO\)](#) as nominated by each commissioning function in line with the dates documented in the data submission timetable within Schedule 6 of the [NHS Standard Contract](#).

The completed monthly [Patient Level Contract Monitoring Data Set](#) should be transmitted using the [NHS Digital Data Landing Portal \(DLP\)](#).

For further information on the [Patient Level Contract Monitoring Data Set](#), see the [NHS England](#) website at: [Specialised Services Reporting Requirements](#).

POINT OF DELIVERY

Change to Supporting Information: Changed Description

~~This item is being used for development purposes and has not yet been approved.~~ A [Point of Delivery](#) is a means of classification for a commissioned health care [ACTIVITY](#), event or item.

A [Point of Delivery](#) describes, for the purposes of reporting, one of a uniform set of commissioned [ACTIVITY](#), event or item types and their associated standard unit of volume (measure) for use by all commissioning functions regardless of [Organisation](#). A [Point of Delivery](#) may relate to an event or item that cannot be described by a specific [ACTIVITY GROUP](#) or [CARE ACTIVITY](#). In cases such as this a [Point of Delivery](#) may relate to physical resource e.g. [WARD](#) capacity, a block contract payment or a contract adjustment.

The [NHS Standard Contract](#) with [Health Care Providers](#) stipulates that it is important to provide a mechanism to validate requests for payment. Service Level Agreement Monitoring systems in widespread use by [Health Care Providers](#) and commissioners use the concept of [Point of Delivery](#) and the standard measures by which each is counted.

The concept of a standard [Point of Delivery](#) is recognised contractually as the means by which differing commissioned health care [ACTIVITIES](#), events or items are reported in the monthly reconciliation statement and is expected to mirror the financial value of the monthly [Health Care Provider](#) invoice.

For further information on [Points of Delivery](#), see the [NHS England](#) website at: [Specialised Services Reporting Requirements](#).

SUPPORTING DATA SETS MENU

Change to Supporting Information: Changed Description

- [Message Documentation](#)

Contract Monitoring:

- Aggregate Contract Monitoring
- ~~Patient Level Contract Monitoring~~
- [Patient Level Contract Monitoring](#)
- Patient Level Devices Contract Monitoring
- Patient Level Drugs Contract Monitoring

Critical Care:

- [Critical Care](#)
- [Neonatal Critical Care](#)
- [Paediatric Critical Care](#)

Other:

- [Information Sharing to Tackle Violence](#)

SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU

Change to Supporting Information: Changed Description

[Supporting Data Sets](#)

XML Schema Download:

- [XML Schema TRUD Download](#)

XML Schema Constraints:

- [Information Sharing to Tackle Violence](#)

Data Set Constraints:

Data Set Constraints:

- [Patient Level Contract Monitoring](#)

SERVICE PROVIDED UNDER AGREEMENT

Change to Class: Changed Attributes

Attributes of this Class are:

BEST PRACTICE TARIFF CODE

COMMISSIONED SERVICE CATEGORY CODE

HEALTHCARE RESOURCE GROUP CODE
LOCAL POINT OF DELIVERY DESCRIPTION
POINT OF DELIVERY CODE
POINT OF DELIVERY FURTHER DETAIL CODE
POINT OF DELIVERY FURTHER DETAIL DESCRIPTION
SERVICE PROVIDED UNDER AGREEMENT TEXT STRING
SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE
SPECIALISED SERVICE CODE
SPECIALIST SERVICES FLAG
UNBUNDLED EPISODE INDICATOR

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](#).

The specific nature of the [ACTIVITY DATE](#) will be identified by the [ACTIVITY DATE TYPE](#).

ACTIVITY DATE TYPE

Change to Attribute: Changed Description

The type of date that defines the usage with regard to the [ACTIVITY](#).

An [ACTIVITY](#) may have many dates associated with it but may only have one date of a particular type.

National Codes:

- 001 Angiogram Date (Retired July 2012)
- 002 [Arrival Date At Accident and Emergency Department](#)
- 003 Breast Assessment Date (Retired 1 January 2013)
- 004 Cancer Dental Assessment Date (Retired September 2018)
- 005 Colorectal or Stoma Nurse Seen Date (Retired 1 January 2013)
- 006 Coronary Angiography Date (Retired July 2012)
- 007 Care Programme Approach Review Date (Retired September 2018)
- 008 Date Biopsy Taken (Retired 01 April 2014)
- 009 [Discharge Date](#)
- 010 [Discharge Ready Date](#)
- 011 [End Date](#)
- 012 Event Date (Retired July 2012)
- 013 Expected Delivery Date (Retired September 2012)
- 014 [First Antenatal Assessment Date](#)

015 Full Postnatal Examination Date (Retired September 2012)
016 Initial Patient Contact Date (Retired July 2012)
017 Investigation Transfer Date (Retired July 2012)
018 Intrauterine Device Application Date (Retired September 2012)
019 Intrauterine Device Fitted Date (Retired September 2012)
020 Last Dosage Date (Retired April 2019)
021 Mental Health Care Assessment Date (Retired September 2012)
022 Miscarriage Date (Retired September 2012)
023 Pathology Result Due Date (Retired April 2019)
024 Patient Informed Biopsy Result Date (Retired April 2019)
025 Patient Informed Of Outcome Date (Retired September 2012)
026 Smoking Quit Date (Retired October 2017)
027 Review Planned Date (Retired 01 April 2014)
028 Screening Result Date (Retired 01 April 2014)
029 Screening Result Sent Date (Retired April 2019)
030 Specialist Palliative Care Date (Retired 01 April 2014)
031 [Start Date](#)
032 Cancer Symptoms First Noted Date (Retired September 2018)
033 Attendance Date (Retired September 2018)
034 [Clinical Intervention Date](#)
035 Immunisation Completion Date (Retired 01 September 2015)
036 Clinical Status Assessment Date (Retired September 2018)
037 Dose Given Date (Retired September 2012)
038 Test Date (Retired September 2012)
039 Contact Date (Retired September 2018)
040 Appointment Date (Retired September 2018)
041 Primary Procedure Date (Retired September 2018)
042 Second Operation Date (Retired 01 April 2014)
043 Speech and Language Assessment Date (Retired September 2018)
044 Third Operation Date (Retired 01 April 2014)
045 Date First Seen (Retired September 2018)
046 Statutory Assessment Date (Retired 01 January 2016)
047 Screening Test Date (Retired September 2018)
048 Genitourinary Care Contact Date (Retired January 2014)
049 [Consultant Upgrade Date](#)
101 Referral Closure Date (Community Care) (Retired 01 September 2015)
102 Discharge Letter Issued Date (Community Care) (Retired 01 September 2015)
103 Systemic Anti-Cancer Therapy Administration Date (Retired September 2018)
104 [Procedure Date](#)
105 Immunisation Date (Retired September 2018)
106 Antenatal Appointment Date (Retired 1 April 2019)
107 Antenatal Booking Appointment Date (Retired September 2018)
108 [Pregnancy First Contact Date](#)
109 Screening Test Information Given Date (Retired 1 April 2019)
110 [Assessment Date For Transplant Suitability](#)

- 111 [Accident and Emergency Initial Assessment Date](#)
- 112 [Accident and Emergency Date Seen For Treatment](#)
- 113 [Accident and Emergency Attendance Conclusion Date](#)
- 114 [Accident and Emergency Departure Date](#)
- 115 Clinical Assessment Date (Retired September 2018)
- 116 Imaging or Radiodiagnostic Event Date (Retired September 2018)
- 117 [Neonatal Critical Care Daily Care Date](#)
- 118 Two Year Neonatal Outcomes Assessment Date (Retired September 2018)
- 119 Date of Pregnancy Outcome (Current Fetus) (Retired 1 April 2019)
- 120 Neonatal Critical Incident Date (Retired 1 April 2019)
- 121 American Joint Committee on Cancer Stage Date (Retired September 2018)
- 122 Ann Arbor Stage Date (Retired September 2018)
- 123 Barcelona Clinic Liver Cancer Stage Date (Retired September 2018)
- 124 Binet Stage Date (Retired September 2018)
- 125 Chang Staging System Stage Date (Retired September 2018)
- 126 Clinical Stage Date (Pancreatic Cancer) (Retired September 2018)
- 127 Final Figo Stage Date (Retired September 2018)
- 128 Holistic Needs Assessment Completed Date (Retired September 2018)
- 129 Intergroup Rhabdomyosarcoma Study Post Surgical Group Date (Retired September 2018)
- 130 International Neuroblastoma Staging System Date (Retired 01 April 2017)
- 131 Myeloma International Staging System Stage Date (Retired September 2018)
- 132 Modified Dukes Stage Date (Retired September 2018)
- 133 [Multidisciplinary Team Discussion Date \(Cancer\)](#)
- 134 [Multidisciplinary Team Meeting Date \(Cancer\)](#)
- 135 Murphy St Jude Stage Date (Retired September 2018)
- 136 Rai Stage Date (Retired 01 April 2017)
- 137 Retinoblastoma Assessment Date (Retired September 2018)
- 138 TNM Stage Grouping Date (Final Pretreatment) (Retired September 2018)
- 139 TNM Stage Grouping Date (Integrated) (Retired September 2018)
- 140 Wilms Tumour Stage Date (Retired September 2018)
- 141 [Care Contact Cancellation Date](#)
- 142 [Care Contact Date](#)
- 143 Child Protection Plan End Date (Retired September 2018)
- 144 Child Protection Plan Start Date (Retired September 2018)
- 145 [Discharge Letter Issued Date \(Mental Health and Community Care\)](#)
- 146 Health Visitor First Antenatal Visit Date (Retired September 2018)
- 147 Infant Physical Examination Date (Retired September 2018)
- 148 Onward Referral Date (Retired September 2018)
- 149 [Referral Closure Date](#)
- 150 [Referral Rejection Date](#)
- 151 [Replacement Appointment Booked Date](#)
- 152 [Replacement Appointment Date Offered](#)
- 153 Service Discharge Date (Retired September 2018)
- 154 Date of Restrictive Intervention (Retired 01 April 2019)

- 155 [Indirect Activity Date](#)
- 156 Mental Health Crisis Plan Creation Date (Retired 01 April 2017)
- 157 Mental Health Crisis Plan Last Updated Date (Retired 01 April 2017)
- 158 [Care Plan Agreed Date](#)
- 159 [Care Plan Creation Date](#)
- 160 [Care Plan Implementation Date](#)
- 161 [Care Plan Last Updated Date](#)
- 162 Five Forensic Pathways Assessment Date (Retired September 2018)
- 163 International Neuroblastoma Risk Group Staging System Stage Date (Retired September 2018)
- 164 Stage Grouping Date (Testicular Cancer) (Retired September 2018)
- 165 [Emergency Care Arrival Date](#)
- 166 [Emergency Care Initial Assessment Date](#)
- 167 [Emergency Care Date Seen For Treatment](#)
- 168 [Emergency Care Attendance Conclusion Date](#)
- 169 [Emergency Care Departure Date](#)
- 170 Injury Date (Retired September 2018)
- 171 Referred To Service Assessment Date (Retired September 2018)
- 172 Intended Smoking Quit Date (Moved to [PLANNED ACTIVITY DATE TYPE](#) September 2018)
- 173 [Cancer Transformation Agreed Date \(Primary Cancer Pathway\)](#)
- 174 [Cancer Progression Agreed Date \(Primary Cancer Pathway\)](#)
- 175 [Clinical Trial Decision Date](#)
- 176 Treatment Start Date (Cancer) (Retired September 2018)
- 177 Cancer Faster Diagnosis Pathway End Date (Retired September 2018)
- 178 Cancer Referral To Treatment Period Start Date (Retired September 2018)
- 179 Cancer Treatment Period Start Date (Retired September 2018)
- 180 [Observable Entity Date](#)
- [Package of Care or Year of Care Start Date \(Contract Monitoring\)](#)

Note: This list is not in alphabetical order.

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](#).

BEST PRACTICE TARIFF CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ A code representing a national price for [ACTIVITY](#) that is designed to incentivise quality and cost-effective care.

The aim of a [BEST PRACTICE TARIFF CODE](#) is to reduce unexplained variation in clinical quality and spread best practice.

[BEST PRACTICE TARIFF CODES](#) may introduce an alternative currency to a [Healthcare Resource Group](#), including a description of [ACTIVITIES](#) that more closely corresponds to the delivery of outcomes for a [PATIENT](#).

An incentive to move from usual care to best practice is created by creating a price differential between agreed best practice, which attracts the [BEST PRACTICE TARIFF CODE](#), and usual care, thereby universalising best practice.

For further information, see the [NHS Improvement](#) website at: see the [National tariff payment system](#).

COMMISSIONED SERVICE CATEGORY CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The category of a commissioned [SERVICE](#) in a [SERVICE PROVIDED UNDER AGREEMENT](#).

A [COMMISSIONED SERVICE CATEGORY CODE](#) identifies which commissioning area an [ACTIVITY](#), event or item falls under for the purposes of reporting commissioning information.

The [COMMISSIONED SERVICE CATEGORY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#).

ETHNIC CATEGORY CODE

Change to Attribute: Changed Dataset

The ethnicity of a [PERSON](#), as specified by the [PERSON](#).

Note: [ETHNIC CATEGORY](#) is the classification used for the 2001 census.

The [Office for National Statistics](#) has developed a further breakdown of the group from that given, which may be used locally.

National Codes:

White

- A British
- B Irish
- C Any other White background

Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

Black or Black British

- M Caribbean
- N African
- P Any other Black background

Other Ethnic Groups

- R Chinese
- S Any other ethnic group

- Z Not stated

National code Z - Not Stated should be used where the [PERSON](#) has been given the opportunity to state their [ETHNIC CATEGORY](#) but chose not to.

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.

FINANCIAL AMOUNT

Change to Attribute: Changed Dataset
An amount of money.

FINANCIAL MONTH

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~The financial month in which an ACTIVITY is deemed to have occurred.

- 1 Month 1 (April)
- 2 Month 2 (May)
- 3 Month 3 (June)
- 4 Month 4 (July)
- 5 Month 5 (August)
- 6 Month 6 (September)
- 7 Month 7 (October)
- 8 Month 8 (November)
- 9 Month 9 (December)
- 10 Month 10 (January)
- 11 Month 11 (February)
- 12 Month 12 (March)

FINANCIAL YEAR

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~The financial year in which an ACTIVITY is deemed to have occurred.

HEALTHCARE RESOURCE GROUP CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~The code of the Healthcare Resource Group under which an ACTIVITY is grouped.

The HEALTHCARE RESOURCE GROUP CODE National Codes are published as part of the Reference Costs guidance which can be accessed at the gov.uk website at: Publications.

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.

LOCAL POINT OF DELIVERY DESCRIPTION

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The description of a locally-defined [POINT OF DELIVERY CODE](#).

LOCAL SUB-SPECIALTY CODE

Change to Attribute: Changed Dataset

A unique identifier for a [LOCAL SUB-SPECIALTY](#).

NATIONAL TARIFF INDICATOR

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ An indication of whether an [ACTIVITY](#) attracts a [National Tariff Payment System](#) tariff.

National Codes:

- Y Yes - [ACTIVITY](#) attracts [National Tariff Payment System](#) tariff
- N No - [ACTIVITY](#) attracts locally-agreed tariff

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 Accident and 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 Digital](#) 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 SERVICE AGREEMENT LINE NUMBER

Change to Attribute: Changed Dataset

A number (alphanumeric) to provide a unique identifier for a line within a [NHS SERVICE AGREEMENT](#).

ORGANISATION CODE

Change to Attribute: Changed Dataset

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

An [ORGANISATION CODE](#) is a code which identifies an [Organisation](#) uniquely.

[ORGANISATION CODES](#) are managed by:

- [Organisation Data Service \(ODS\)](#)
- [NHS Prescription Services](#)
- [NHS Dental Services](#).

Notes:

- [Organisation Data Service](#) codes can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION CODING FRAMES

- All NHS [Organisations](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier	Organisation Identifier						

B Frame	Organisation Type Identifier	Organisation Identifier					
C Frame	Organisation Type Identifier	Organisation Identifier					
D Frame	Organisation Type Identifier	Organisation Identifier					
E Frame	Organisation Identifier						
F Frame	Organisation Type Identifier	Organisation Identifier					
G Frame	Organisation Type Identifier	Practice Identifier					
H Frame	Organisation Type Identifier	Organisation Identifier					
I Frame	Organisation Type Identifier	Organisation Identifier					
K Frame	Organisation Identifier						
L Frame	Organisation Type Identifier	Organisation Identifier	Organisation Type Identifier				

M Frame	Organisation and Organisation Type Identifier					
N Frame	Organisation Type Identifier	Organisation Identifier				

A Frame:

Example

Non NHS Organisation ([Independent Provider](#)) e.g. 8HA03

- 8 = Organisation Type Identifier
- Remainder = Organisation Identifier

B Frame:

Example

Local Service Provider e.g. LSP01

- LSP = Organisation Type Identifier
- 01 = Organisation Identifier

Also:

Application Service Provider

e.g. YGM01

[Education Establishment](#)

e.g. YDF01

NHS Support Agency

e.g. YDD01

C Frame:

Example

[School](#) e.g. EE134290

- EE = Organisation Type Identifier
- Remainder = Organisation Identifier

D Frame:

Example

[Care Trust](#) e.g. TAK

- T = Organisation Type Identifier

- AK = Organisation Identifier

Also:

Commissioning Support Unit (CSU) /	e.g. 0AA
Data Services for Commissioners Regional Office (DSCRO)	
High Level Health Geography, e.g. NHS England (Region Local Office)	e.g. Q72
Local Health Board (Wales)	e.g. 7A1
NHS Trust	e.g. RH8
Justice Organisation	e.g. VAA

E Frame:

Example

[Government Office Region \(GOR\)](#) e.g. K

- K = Organisation Identifier

Note: [Government Office Region \(GOR\)](#) is identified by a one character code; no other one character code exists.

F Frame:

Example

[Pharmacy](#) Headquarters e.g. P001

- P = Organisation Type Identifier
- 001 = Organisation Identifier

Also:

Care Home Headquarters	e.g. CA0A
Optical Headquarters	e.g. T1A1

G Frame:

Example

[GP Practices](#) in England and Wales e.g. Y00001

- Y = Organisation Type Identifier
- 00001 = Practice Identifier

Also:

Dental Practice	e.g. V20052
---------------------------------	-------------

H Frame:

Example

Cancer Network e.g. N01

- N0 (where the 2nd character is numeric and not alpha) = Organisation Type Identifier
- 1 = Organisation Identifier

Also:

Booking Management System (BMS) Call Centre Establishment	e.g. YF1
Government Department	e.g. XDA
Independent Sector Healthcare Provider (ISHP) (where the 2nd character is alpha)	e.g. NV7
National Application Service Provider	e.g. YEA
Other Statutory Authority (OSA)	e.g. X16

I Frame:

Example

[Special Health Authority \(SpHA\)](#) e.g. T1150

- T1 = Organisation Type Identifier
 - 150 = Organisation Identifier
-

K Frame:

Example

[NHS Wales Informatics Service](#) e.g. W00

- W00 = Organisation Identifier
-

L Frame:

Example

[Northern Ireland Local Commissioning Group](#) e.g. ZC010

- Characters 1-3 (ZC0) AND character 5 (0) = Organisation Type Identifier
- Character 4 = Organisation Identifier

Note: this is a 5 character method of displaying [Northern Ireland Local Commissioning Group](#) identifiers.

Characters 3 and 5 are 'fillers'. If a 3 character code is required (as used by the [Office for National Statistics](#) in the [NHS Postcode Directory](#)) zeros can be omitted, e.g. ZC1.

The 3 character method of displaying the [Northern Ireland Local Commissioning Group](#) identifiers fit under the H Frame.

Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#).

M Frame:

Example

[Clinical Commissioning Group \(CCG\)](#) e.g. 12A

- 12A = Organisation and Organisation Type Identifier

Also:

[Local Authority](#)

e.g.000

N Frame:

Example

GP Abeyance and Dispersal [GP Practice](#) e.g. G7817414

- G78 = Organisation Type Identifier
 - 17414 = Organisation Identifier
-

The structure and format of [ORGANISATION CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#), [NHS Dental Services](#) and other agencies are detailed in the tables below.

ORGANISATION CODES TABLES

Table 1: CODING FORMATS FOR ORGANISATIONS IN ENGLAND AND WALES

Organisation Type	Frame Type	Character Position								Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8		
Application Service Provider	B	Y	G	M	A-9	A-9				ODS	E.g. YGM01
Booking Management System (BMS)	H	Y	F	A-9						ODS	E.g. YF1

Call Centre Establishment											
Cancer Network	H	N	0-9	A-9						ODS	E.g. N01
Cancer Registry	A	Y	0-9	0-9	0-9	0-9				ODS	E.g. Y0401 All Cancer Registries in England are now part of the National Cancer Registration and Analysis Service
Care Home Headquarters	F	A, C or D	A-9	A-9	A-9					ODS	E.g. CA0A
Care Trust (CT)	D	T	A-Y	A-Y						ODS	E.g. TAK
Clinical Commissioning Group (CCG)	M	0-9	0-9	A-Y						ODS	E.g. 12A
Clinical Network	B	Y	D	G	A-9	A-9				ODS	E.g. YDG01
Commissioning Support Unit (CSU) / Data Services for Commissioners Regional Office (DSCRO)	D	0	A-Y	A-Y						ODS	E.g. 0AA

Dental Practice - England and Wales	G	V	0-9	0-9	0-9	0-9	0-9			NHS Dental Services	E.g. V20052
Education Establishment	B	Y	D	F	A-9	A-9				ODS	E.g. YDF01
Executive Agency	N/A See Note 1	X	0-9	0-9						ODS	E.g. X09
Executive Agency Programme	N/A See Note 1	X	0-9	0-9	0-9	0-9	0-9			ODS	First three characters denote Executive Agency E.g. X09001
Government Department	H	X	A-Y	A-Y						ODS	E.g. XDA
Government Office Region (GOR)	E	A-Y								ONS	E.g. K Government Office Regions (GORs) closed 31 March 2011 - from 1 April 2011 referred to as Regions
GP Abeyance and Dispersal GP Practice	N	G	7	8	0-9	0-9	0-9	0-9	0-9	ODS	E.g. G7817414

GP Practices in England and Wales	G	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9			NHS Prescription Services	Char 1 = W for Welsh GP Practice . All other values represent GP Practices in England. Note: from 2003, ALL newly allocated Practice Codes in England begin with a Y E.g. Y00001
Justice Organisation	D	V or W	A-Y	A-9						ODS	E.g. VAA
High Level Health Geography, e.g. NHS England (Region Local Office)	D	Q	A-9	A-9						ODS	E.g. Q72
Independent Sector Healthcare Provider (ISHP)	H	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9						ODS	E.g. NV7

Local Authority (LA)	M	0-9	0-9	0-9						ODS	E.g. 000
Local Health Board (Wales)	B	7	A-9	A-9						ODS	E.g. 7A1
Local Service Provider (LSP)	B	L	S	P	0-9	0-9				ODS	E.g. LSP01
Military Hospital	B	X	M	D	A-9	A-9				ODS	E.g.XMDA1
National Application Service Provider	H	Y	E	A-9						ODS	E.g. YEA
National Groupings (England)	H	Y	5	0-9						ODS	E.g. Y51
NHS Support Agency	B	Y	D	D	A-9	A-9				ODS	E.g. YDD01
NHS Trust	D	R	A-9	A-9						ODS	E.g. RH8
NHS Wales Informatics Service (NWIS)	K	W	0	0						ODS	Only one organisation of this type exists for Wales E.g. W00

Non NHS Organisation (Independent Provider)	A	8	A-Y	A-9	0-9	0-9				ODS	E.g. 8HA03
Northern Ireland Health & Social Care Board	N/A	Z	B	0	0	1				ODS	E.g. ZB001
Northern Ireland Health & Social Care Trust	I	Z	T	0-9	0-9	0-9				ODS	E.g. ZT001
Northern Ireland Local Commissioning Group	L	Z	C	0	0-9	0				Department for Health, Social Services and Public Safety (DHSSPS), Northern Ireland	E.g. ZC010 Note that characters 3 and 5 are 'fillers' to create a 5 character code. If a 3 character code is required (as used by the Office for National Statistics in the NHS Postcode Directory), zeros can be omitted and fits under the H frame: E.g. ZC1. <i>Guidance on the use of Northern Ireland codes can be found in Data Set Change Notice 19/2009.</i>
Optical Headquarters	F	T	0-9	A-9	A-9					ODS	E.g. T1A1

Other Statutory Authority (OSA)	H	X	0-9	0-9						ODS	E.g. X16
Pharmacy	A	F	A-Y	A-9	A-9	A-9				ODS	E.g. FA002
Pharmacy Headquarters	F	P	A-9	A-9	A-9					ODS	E.g. P001
Primary Care Trust (PCT)	D	5	A-9	A-9						ODS	E.g. 5CT All Primary Care Trusts closed 31 March 2013
Prison Health Service	B	Y	D	E	A-9	A-9				ODS	E.g. YDE01
School	C	E	E	A-9	A-9	A-9	A-9	A-9	A-9	Department for Education and ODS	E.g. EE134290
Special Health Authority (SpHA)	I	T	1	0-9	0-9	0				ODS	E.g. T1150
Strategic Health Authority (SHA)	D	Q	A-9	A-9						ODS	E.g. Q30 All Strategic Health Authorities in England closed 31 March 2013

Welsh Assembly	D	W	0-9	0-9						ODS	E.g. W01
Welsh Health Commission	A	W	0-9	0-9	A-Y	A-Y				ODS	E.g. W01HC

Notes:

- Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency. Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

- A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This applies to all [ORGANISATION CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Providers \(ISHP\)](#).

Table 2: CODING FORMATS FOR ORGANISATIONS IN SCOTLAND

Scottish [ORGANISATION CODES](#) are supplied by the Information Standards Directorate (ISD) from NHS Scotland and published by the [Organisation Data Service](#).

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Scotland	S	0-9	0-9	0-9	0-9	0-9	NHS	
Scottish GP Fundholder	S	A-Z	B	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the

								GPFH reports to. 3rd character (always B) shows GPFH status.
Scottish Health Agency	S	D	0-9	0-9	0-9		ISD, Scotland	2nd character (D) identifies Scottish Office agencies
Scottish Health Board	S	A-Z	9	9	9		ISD, Scotland	
Scottish Provider	S	A-Z	A,C,D	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the organisation reports to. 3rd character identifies the organisation type: A= Health Unit C = Hospital Trust D = Nursing Home

Table 3: CODING FORMATS for ORGANISATIONS in OTHER HOME COUNTRIES

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Alderney	A	L	D	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Guernsey	G	U	E	0-9	0-9	0-9		

							NHS Prescription Services	
GP Practice - Isle of Man (IOM)	Y	0-9	0-9	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Jersey	J	E	R	0-9	0-9	0-9	NHS Prescription Services	
Primary Healthcare Directorate (Isle of Man)	Y	K	A-9				ODS	E.g. YK1

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

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](#) is min an5 max an9.

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

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 STATED GENDER CODE

Change to Attribute: Changed Dataset

The gender of a [PERSON](#).

[PERSON STATED GENDER CODE](#) is self declared or inferred by observation for those unable to declare their [PERSON STATED GENDER](#).

National Codes:

- 1 Male
- 2 Female
- 9 Indeterminate (unable to be classified as either male or female)

[PERSON GENDER CODE](#) will be replaced with [PERSON STATED GENDER CODE](#) or [PERSON PHENOTYPIC SEX CLASSIFICATION](#), which is the most recent approved national information standard to describe the required definition.

POINT OF DELIVERY CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The code of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#).

The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#).

POINT OF DELIVERY FURTHER DETAIL CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The further detail code of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#), where the [Point of Delivery](#) has been identified as requiring more information.

The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at: [Specialised Services Reporting Requirements](#).

POINT OF DELIVERY FURTHER DETAIL DESCRIPTION

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The further detail description of the [Point of Delivery](#) for an [ACTIVITY](#), event or item in a [SERVICE PROVIDED UNDER AGREEMENT](#), where the [Point of Delivery](#) has been identified as requiring more information.

The [POINT OF DELIVERY CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#).

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.

SERVICE PROVIDED UNDER AGREEMENT TEXT STRING

Change to Attribute: Changed Dataset

This item is being used for development purposes and has not yet been approved.

SPECIALISED SERVICE CODE

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ The type of [Specialised Service](#) provided in a [SERVICE PROVIDED UNDER AGREEMENT](#).

The [SPECIALISED SERVICE CODE](#) National Codes are published by [NHS England](#) and can be accessed at [Specialised Services Reporting Requirements](#).

SPECIALIST SERVICES FLAG

Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ A flag indicating that [Specialised Service](#) top-up payments are to be paid to reimburse [Health Care Providers](#) for the higher costs of treating [PATIENTS](#) who require this specialised care.

National prices in the [National Tariff Payment System](#) are calculated on the basis of average costs. They do not therefore take into account cost differences between [Health Care Providers](#) that arise because some [Health Care Providers](#) serve [PATIENTS](#) with more complex needs.

The purpose of [Specialised Service](#) top-up payments for inpatient care relating to some [Specialised Services](#) is to recognise these cost differences and to improve the extent to which prices paid reflect the actual costs of providing healthcare, when this is not sufficiently differentiated in the [Healthcare Resource Group](#) design.

For further information, see the [NHS Improvement](#) website at: see the [National tariff payment system](#).

TREATMENT FUNCTION CODE

Change to Attribute: Changed Dataset

[TREATMENT FUNCTION CODE](#) is a unique identifier for a [TREATMENT FUNCTION](#).

[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 aggregate Central Returns unless otherwise stated eg [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:

- 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](#).

For further information, contact [NHS Digital](#) by email at: enquiries@nhsdigital.nhs.uk with the subject "Main Specialty and Treatment Function Codes".

National Codes:

Code	Treatment Function Title	Comments
Surgical Specialties		
100	GENERAL SURGERY	Includes sub-categories not elsewhere listed e.g. endocrine surgery
101	UROLOGY	Surgical treatment of disorders of the urinary system and male reproductive system
102	TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
103	BREAST SURGERY	Includes treatment for cancer, suspected neoplasms, cysts and post-cancer reconstructive surgery. Excludes cosmetic surgery
104	COLORECTAL SURGERY	Surgical treatment of disorders of the lower intestine (colon, anus and rectum)
105		

	HEPATOBIILIARY & PANCREATIC SURGERY	Includes liver surgery, but liver transplantation should be recorded in 102 Transplantation Surgery
106	UPPER GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the upper parts of the gastrointestinal tract
107	VASCULAR SURGERY	Surgical treatment of diseases of the vascular system
108	SPINAL SURGERY SERVICE	Surgery concentrating on specialised and complex treatment of the back and spine. The SERVICE has a significantly different composition and profile from the SERVICE provided in TREATMENT FUNCTION CODE - 110 Trauma & Orthopaedic. Excludes Spinal Injuries - see TREATMENT FUNCTION CODE 323
110	TRAUMA & ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
120	ENT	Ear, nose and throat
130	OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye. Excludes Medical Ophthalmology - see TREATMENT FUNCTION CODE 460
140	ORAL SURGERY	The diagnosis and surgical treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws and neck
141	RESTORATIVE DENTISTRY	Endodontics, Periodontics and Prosthodontics are all part of Restorative Dentistry
142	PAEDIATRIC DENTISTRY	Dentistry SERVICES dedicated to children with appropriate facilities and support staff
143	ORTHODONTICS	The treatment of malocclusions (improper bites). Orthodontic treatment can focus on dental displacement only, or can deal with the control and modification of facial growth
144	MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
150	NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
160	PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns
161	BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
170	CARDIOTHORACIC SURGERY	Should only be used where there are no separate SERVICES for Cardiac Surgery and Thoracic Surgery
171	PAEDIATRIC SURGERY	This is paediatric general surgery

172	CARDIAC SURGERY	Surgical treatment of the heart or great vessels
173	THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
174	CARDIOTHORACIC TRANSPLANTATION	To be used by recognised specialist units and associated outreach services only. Includes pre- and post-operative services
180	ACCIDENT & EMERGENCY	SERVICES to care for PATIENTS with urgent problems delivered as part of an Accident and Emergency Attendance or admission at an Accident and Emergency Department
191	PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
<p>Other Children's Specialist Services - The Paediatric TREATMENT FUNCTION CODES represent CLINICS OR FACILITIES intended to provide dedicated SERVICES to children with appropriate facilities and support staff, i.e. they are designed for children only. If a CLINIC OR FACILITY provides this but also treats adult PATIENTS as part of the SERVICE then a Paediatric TREATMENT FUNCTION CODE may not be appropriate. The age of the PATIENT attending does not initiate a change to the TREATMENT FUNCTION CODE for the ACTIVITY.</p>		
211	PAEDIATRIC UROLOGY	Surgical treatment of disorders of the urinary system and male reproductive system
212	PAEDIATRIC TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
213	PAEDIATRIC GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the gastrointestinal tract
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
215	PAEDIATRIC EAR NOSE AND THROAT	Ear, nose and throat
216	PAEDIATRIC OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye.
217	PAEDIATRIC MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
218	PAEDIATRIC NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
219	PAEDIATRIC PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns

220	PAEDIATRIC BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
221	PAEDIATRIC CARDIAC SURGERY	Surgical treatment of the heart or great vessels
222	PAEDIATRIC THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
223	PAEDIATRIC EPILEPSY	Designated clinic which provides SERVICES to children led by CONSULTANT paediatrician with expertise in epilepsy supported by specialist staff
241	PAEDIATRIC PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
242	PAEDIATRIC INTENSIVE CARE	Only to be used by designated Paediatric Intensive Care Units
251	PAEDIATRIC GASTROENTEROLOGY	The treatment of disorders of the digestive system
252	PAEDIATRIC ENDOCRINOLOGY	The treatment of disorders of the endocrine system
253	PAEDIATRIC CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
254	PAEDIATRIC AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests
255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY SERVICE	Clinical Immunology is the treatment of disorders of the immune system. Allergy Service is the diagnosis and management of allergic disease
256	PAEDIATRIC INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
257	PAEDIATRIC DERMATOLOGY	SERVICES for the treatment of diseases of the skin
258	PAEDIATRIC RESPIRATORY MEDICINE	Also known as Thoracic Medicine
259	PAEDIATRIC NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
260	PAEDIATRIC MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy of PATIENTS with cancer
261	PAEDIATRIC METABOLIC DISEASE	The diagnosis and management of inherited metabolic conditions
262	PAEDIATRIC RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
263	PAEDIATRIC DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
264	PAEDIATRIC CYSTIC FIBROSIS	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of

		PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
290	COMMUNITY PAEDIATRICS	Includes routine health surveillance, health promotion, behavioural paediatrics and Looked After Children . Excludes Paediatric Neuro-Disability
291	PAEDIATRIC NEURO-DISABILITY	Dedicated SERVICES for children with Cerebral Palsy and non-progressive handicapping neurological conditions, with or without Learning Disability
Medical Specialties		
190	ANAESTHETICS	This can be used in out-patients only. Pain Management should be recorded in 191
192	CRITICAL CARE MEDICINE	also known as Intensive Care Medicine
300	GENERAL MEDICINE	Includes sub-categories not elsewhere listed e.g. Metabolic Medicine.
301	GASTROENTEROLOGY	The treatment of disorders of the digestive system
302	ENDOCRINOLOGY	The treatment of disorders of the endocrine system
303	CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
304	CLINICAL PHYSIOLOGY	Physiological measurement including ECG (e.g. exercise testing, stress testing), gastrointestinal physiology, cardiac physiology, vascular technology, urodynamics, and ophthalmic and vision science. Excludes Clinical Neurophysiology - see TREATMENT FUNCTION CODE 401, Audiology - see TREATMENT FUNCTION CODE 840 or Respiratory Physiology - see TREATMENT FUNCTION CODE 341
305	CLINICAL PHARMACOLOGY	SERVICES providing drug information, medication safety and other aspects of pharmacy practice
306	HEPATOLOGY	Also known as liver medicine
307	DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
308	BLOOD AND MARROW TRANSPLANTATION	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303). Includes haemopoietic stem cell transplantation
309	HAEMOPHILIA SERVICE	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303).
310	AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests

311	CLINICAL GENETICS	Diagnosis of disorders caused by genetic mechanisms and counselling SERVICE to PATIENTS and affected family members. To be used by recognised specialist units and associated outreach SERVICES only
312	not a Treatment Function	
313	CLINICAL IMMUNOLOGY and ALLERGY SERVICE	Should only be used where there are no separate SERVICES for Clinical Immunology and Allergy
314	REHABILITATION SERVICE	SERVICES to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. Excludes Mental Health Recovery and Rehabilitation Service - see TREATMENT FUNCTION CODE 725
315	PALLIATIVE MEDICINE	The treatment for curable illnesses and those living with chronic diseases, as well as PATIENTS who are nearing the end of life
316	CLINICAL IMMUNOLOGY	The treatment of disorders of the immune system
317	ALLERGY SERVICE	The diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions
318	INTERMEDIATE CARE	Intermediate care encompasses a range of multi-disciplinary SERVICES designed to safeguard independence by maximising rehabilitation and recovery after illness or injury
319	RESPIRE CARE	SERVICES providing temporary care of a dependant person, providing relief for their usual caregivers
320	CARDIOLOGY	SERVICES treating diseases and abnormalities of the heart
321	PAEDIATRIC CARDIOLOGY	Dedicated SERVICES to children with diseases and abnormalities of the heart, with appropriate facilities and support staff
322	CLINICAL MICROBIOLOGY	SERVICES to treat diseases caused by bacteria, viruses, fungi and parasites
323	SPINAL INJURIES	To be used by recognised specialist units and associated outreach SERVICES only, Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
324	ANTICOAGULANT SERVICE	The monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in out-patients only
325	SPORT AND EXERCISE MEDICINE	The diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment
327	CARDIAC REHABILITATION	Rehabilitation SERVICE for PATIENTS with or recovering from heart related conditions such as heart

		attacks or from procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health
328	STROKE MEDICINE	For stroke services excluding Transient Ischaemic Attack - see TREATMENT FUNCTION CODE 329
329	TRANSIENT ISCHAEMIC ATTACK	A multidisciplinary SERVICE for rapid diagnosis and treatment of PATIENTS presenting with suspected Transient Ischaemic Attack and mini-strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke
330	DERMATOLOGY	SERVICES for the treatment of diseases of the skin
331	CONGENITAL HEART DISEASE SERVICE	The management and treatment of congenital heart disease, this includes the ongoing care of children in to adulthood
340	RESPIRATORY MEDICINE	Also known as Thoracic Medicine
341	RESPIRATORY PHYSIOLOGY	Physiological measurement of the function of the respiratory system. Includes Sleep Studies (the diagnosis and treatment of sleep disordered breathing, including upper airway resistance syndrome and sleep apnoea)
342	PROGRAMMED PULMONARY REHABILITATION	A multidisciplinary programme of care for PATIENTS with chronic respiratory impairment that is individually tailored and designed to optimise the individual's physical and social performance and autonomy
343	ADULT CYSTIC FIBROSIS SERVICE	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
344	COMPLEX SPECIALISED REHABILITATION SERVICE	Complex specialised rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 1 service. For further information see the NHS Specialised Services website
345	SPECIALIST REHABILITATION SERVICE	Specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2a service. For further information see the NHS Specialised Services website
346	LOCAL SPECIALIST REHABILITATION SERVICE	Local specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2b service. For further information see the NHS Specialised Services website
350	INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
352	TROPICAL MEDICINE	

		SERVICES to diagnose and treat diseases that are found most often in tropical or sub-tropical regions
360	GENITOURINARY MEDICINE	Primarily related to medicine dealing with sexually transmitted diseases
361	NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
370	MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy , of PATIENTS with cancer
371	NUCLEAR MEDICINE	The treatment of PATIENTS through the use of radioactive substances
400	NEUROLOGY	SERVICES to diagnose and treat conditions and diseases of the central nervous system
401	CLINICAL NEUROPHYSIOLOGY	The study of the central and peripheral nervous systems through the recording of bioelectrical activity. Includes Electroencephalogram (EEG)
410	RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
420	PAEDIATRICS	SERVICES to treat infants, children, and adolescents
421	PAEDIATRIC NEUROLOGY	Dedicated SERVICES to children to diagnose and treat conditions and diseases of the central nervous system, with appropriate facilities and support staff
422	NEONATOLOGY	Special Care, High Dependency and Intensive Care
424	WELL BABIES	Use when NEONATAL LEVEL OF CARE = 0 - Normal Care: Care given by the mother/substitute with medical and neonatal nursing advice if needed. See Well Baby
430	GERIATRIC MEDICINE	SERVICES to treat diseases and disabilities in older adults. There is no set age at which PATIENTS may be under the care of Geriatric Medicine, this decision should be determined by the individual PATIENT 's needs
450	DENTAL MEDICINE SPECIALTIES	Includes Oral Medicine.
460	MEDICAL OPHTHALMOLOGY	SERVICES to diagnose and treat medical conditions affecting the eye, orbits, and visual pathways
500	not a Treatment Function	
501	OBSTETRICS	The management of pregnancy and childbirth including miscarriages and still births but excluding planned terminations. Excludes Midwifery Service see TREATMENT FUNCTION CODE 560
502	GYNAECOLOGY	Disorders of the female reproductive system. Includes planned terminations
503	GYNAECOLOGICAL ONCOLOGY	SERVICES to treat cancers of the female reproductive system
510	Retired	

		Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required
520	Retired	Record as Obstetrics, postnatal clinic can be used as a local sub-specialty if required
560	MIDWIFERY SERVICE	SERVICES provided under the direct care of a MIDWIFE . Excludes Obstetrics see TREATMENT FUNCTION CODE 501
600	not a Treatment Function	
610	Retired	Record as Obstetrics
620	Retired	Use the appropriate function under which the patient is treated
Therapies		
650	PHYSIOTHERAPY	The treatment of human function and movement to help people to achieve their full physical potential. The use of physical approaches to promote, maintain and restore wellbeing
651	OCCUPATIONAL THERAPY	The use of specific activities to limit the effects of disability and promote independence in all aspects of daily life
652	SPEECH AND LANGUAGE THERAPY	The assessment, treatment and help to prevent speech, language and swallowing difficulties
653	PODIATRY	Also known as Chiropody. The diagnosis and treatment of disorders, diseases and deformities of the feet. Excludes Podiatric Surgery see TREATMENT FUNCTION CODE 663
654	DIETETICS	The application of the science of nutrition to devise eating plans for PATIENTS to treat medical conditions. The promotion of good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities
655	ORTHOPTICS	The diagnosis and treatment of visual problems involving eye movement and alignment
656	CLINICAL PSYCHOLOGY	The diagnosis and treatment of emotional and behavioural disorders
657	PROSTHETICS	The supply of prosthetics for PATIENTS
658	ORTHOTICS	The supply of orthoses for PATIENTS
659	DRAMA THERAPY	The use of drama and theatre techniques including role play, voice work and storytelling for therapeutic purposes
660	ART THERAPY	The use of art techniques including clay, paint and paper for therapeutic purposes and as a means of communication
661	MUSIC THERAPY	The use of music and all of its facets to help clients to improve or maintain their health
662	OPTOMETRY	The diagnosis and non-surgical treatment of disorders of the eye and vision care

663	PODIATRIC SURGERY	The treatment of foot problems, including soft tissue, bone and joint surgery of the foot, ankle and associated structures, excludes Podiatry see TREATMENT FUNCTION CODE - 653
Psychiatry		
700	LEARNING DISABILITY	SERVICES provided to PATIENTS with a Learning Disability
710	ADULT MENTAL ILLNESS	SERVICES provided to adult PATIENTS for the assessment, diagnosis and treatment of mental illness
711	CHILD and ADOLESCENT PSYCHIATRY	SERVICES providing diagnosis, treatment, and prevention of psychopathological disorders of children and adolescents
712	FORENSIC PSYCHIATRY	SERVICES to assess PATIENTS who have committed an offence and are receiving treatment in high, medium and low secure units or prisons
713	PSYCHOTHERAPY	SERVICES providing therapy used to treat emotional problems and mental health conditions
715	OLD AGE PSYCHIATRY	SERVICES providing the diagnosis, treatment, and prevention of mental and emotional disorders in older adult PATIENTS
720	EATING DISORDERS	A specialist SERVICE for the diagnosis and treatment of eating disorders including anorexia, bulimia and compulsive overeating
721	ADDICTION SERVICES	The prevention and treatment of substance misuse including drugs and alcohol. If PATIENTS have both severe mental illness and problematic substance misuse, see TREATMENT FUNCTION CODE 726 Dual Diagnosis Service
722	LIAISON PSYCHIATRY	The provision of psychiatric treatment to PATIENTS attending general hospitals including out-patient clinics, Accident and Emergency Departments and admission to wards. Deals with the interface between physical and psychological health.
723	PSYCHIATRIC INTENSIVE CARE	The provision of psychiatric SERVICES to vulnerable individuals who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings
724	PERINATAL PSYCHIATRY	A specialist psychiatric SERVICE for the diagnosis and treatment of ante-natal and post-natal psychiatric problems
725	MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE	SERVICES provided to support recovery from mental illness that maximises the PATIENT 's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy
726	MENTAL HEALTH DUAL DIAGNOSIS SERVICE	SERVICES to provide support to PATIENTS with both severe mental illness and substance misuse problems.

		Personality disorder may coexist with psychiatric illness and/or substance misuse
727	DEMENTIA ASSESSMENT SERVICE	SERVICES for the assessment of PATIENTS with dementia, which may complicate care giving and can occur at any stage of the illness. In addition to memory impairment, dementia may include behavioural and psychological problems
Radiology		
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)	The diagnosis and treatment, typically with Radiotherapy , of PATIENTS with cancer.
810	not a Treatment Function	
811	INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
812	DIAGNOSTIC IMAGING	The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, Ultrasound Scan , MRI Scan , PET Scan or CT Scan .
Pathology		
820	not a Treatment Function	
821	not a Treatment Function	
822	CHEMICAL PATHOLOGY	To be used for clinical management only
823	not a Treatment Function	See Clinical Haematology
824	not a Treatment Function	
830	not a Treatment Function	See Clinical Immunology
831	not a Treatment Function	See Clinical Microbiology
832	Retired	
834	MEDICAL VIROLOGY	The diagnosis and management and prevention of virus and related infections, in hospital and in the community including HIV/AIDS, other blood-borne infections like hepatitis B and C and viruses such as SARS and avian flu
Other		
840	AUDIOLOGY	Physiological measurement and diagnosis of hearing disorders, and the rehabilitation of PATIENTS with hearing loss
900	not a Treatment Function	
901	not a Treatment Function	
920	DIABETIC EDUCATION SERVICE	SERVICES providing dedicated small group education courses regarding self management for diabetic PATIENTS
950	not a Treatment Function	Use the appropriate function under which the patient is treated

960	not a Treatment Function	Use the appropriate function under which the patient is treated
990	Retired	

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
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UNBUNDLED EPISODE INDICATOR

Change to Attribute: New Attribute

An indication of whether an episode of care is unbundled from the main [Healthcare Resource Group](#) for the [National Tariff Payment System](#).

National Codes:

- Y Yes - the episode is unbundled
- N No - the episode is not unbundled

This attribute is also known by these names:

Context	Alias
plural	UNBUNDLED EPISODE INDICATORS

UNBUNDLED EPISODE INDICATOR

Change to Attribute: New Attribute

UNBUNDLED EPISODE INDICATOR

Data Elements:

UNBUNDLED EPISODE INDICATOR

ACTIVITY COUNT (POINT OF DELIVERY)

Change to Data Element: New Data Element

Format/Length:	max n10
National Codes:	
Default Codes:	

Notes:

[ACTIVITY COUNT \(POINT OF DELIVERY\)](#) is the total count of [ACTIVITIES](#) relating to a particular [Point of Delivery](#) and its associated measure.

The POINT OF DELIVERY CODE National Codes are published by NHS England and can be accessed on the NHS England website at: Specialised Services Reporting Requirements.

This data element is also known by these names:

Context	Alias
plural	ACTIVITY COUNTS (POINT OF DELIVERY)

ACTIVITY END DATE (CONTRACT MONITORING)

Change to Data Element: New Data Element

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

Notes:

ACTIVITY END DATE (CONTRACT MONITORING) is the date specified by Activity End Date (Contract Monitoring) for the type of ACTIVITY carried in the Patient Level Contract Monitoring Data Set.

This data element is also known by these names:

Context	Alias
plural	ACTIVITY END DATES (CONTRACT MONITORING)

ACTIVITY END DATE (CONTRACT MONITORING)

Change to Data Element: New Data Element

ACTIVITY END DATE (CONTRACT MONITORING)

Attribute:

ACTIVITY DATE

ACTIVITY START DATE (CONTRACT MONITORING)

Change to Data Element: New Data Element

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

Notes:

ACTIVITY START DATE (CONTRACT MONITORING) is the date specified by Activity Start Date

(Contract Monitoring) for the type of [ACTIVITY](#) carried in the [Patient Level Contract Monitoring Data Set](#).

This data element is also known by these names:

Context	Alias
plural	ACTIVITY START DATES (CONTRACT MONITORING)

ACTIVITY START DATE (CONTRACT MONITORING)

Change to Data Element: [New Data Element](#)

ACTIVITY START DATE (CONTRACT MONITORING)

Attribute:

ACTIVITY DATE

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 Digital](#) website at: [Payment by Results Guidance](#).

ACTIVITY UNIT PRICE

Change to Data Element: [New Data Element](#)

Format/Length:	max n18.max n8
National Codes:	

Default Codes:

Notes:

ACTIVITY UNIT PRICE is the same as attribute FINANCIAL AMOUNT.

ACTIVITY UNIT PRICE is the FINANCIAL AMOUNT charged per unit of ACTIVITY.

This data element is also known by these names:

Context	Alias
plural	ACTIVITY UNIT PRICES

ACTIVITY UNIT PRICE

Change to Data Element: New Data Element

ACTIVITY UNIT PRICE

Attribute:

FINANCIAL AMOUNT

AGE AT ACTIVITY DATE (CONTRACT MONITORING)

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

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 (CONTRACT MONITORING) is the age of the PATIENT at the specified Activity Date for Age (Contract Monitoring).

ATTENDANCE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an12
National Codes:	
Default Codes:	

Notes:

ATTENDANCE IDENTIFIER is the ACTIVITY IDENTIFIER for the attendance.

[ATTENDANCE IDENTIFIER](#) is a sequential number or time of day used to enable an attendance to be uniquely identified.

If a [PATIENT](#) is seen by a doctor, sent elsewhere for a test or X-ray and then seen again by a doctor of the same [CONSULTANT](#)'s firm during the same clinic session, it would be recorded as one attendance - not two.

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an35
National Codes:	
Default Codes:	

Notes:

See the supporting information in the [Commissioning Data Set Submission Protocol](#).

A Commissioning Data Set data element providing a unique identity for the life-time of an episode carried in a Commissioning Data Set message.

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.

The [CDS UNIQUE IDENTIFIER](#) has three components. The recommended constructs are given below.

For All CDS Types EXCEPT the EAL CDS Types:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code 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

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

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code 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:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code 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	Mandatory for all EAL EDP CDS Types

			the event within the EAL Entry. Even if the events are of different types, they must have different identifiers.	
3f	Filler	an17	Additional data positions must be left blank.	

Usage:

See the supporting information in the [Commissioning Data Set Submission Protocol](#) for detailed information.

This is a mandatory data item when the Net Change Update Mechanism is used and strongly recommended for use with the Bulk Replacement Update Mechanism.

However it is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated [CDS UNIQUE IDENTIFIER](#) within the Commissioning 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.

1. Note that senders of Commissioning Data Set data remain directly responsible for the integrity of the [CDS UNIQUE IDENTIFIER](#).
2. The first two components, the [ORGANISATION CODE TYPE](#) and the [ORGANISATION CODE \(CODE OF PROVIDER\)](#), are required for all [CDS Types](#).
3. 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.
4. 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.

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.

COMMISSIONED SERVICE CATEGORY CODE

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	an2
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National Codes: See COMMISSIONED SERVICE CATEGORY CODE

Default Codes:

Notes:

COMMISSIONED SERVICE CATEGORY CODE is the same as attribute COMMISSIONED SERVICE CATEGORY CODE.

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH)

Change to Data Element: Changed Dataset

Format/Length: max an100

National Codes:

Default Codes:

Notes:

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIFTH) is the fifth additional description for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)

Change to Data Element: Changed Dataset

Format/Length: max an100

National Codes:

Default Codes:

Notes:

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST) is the same attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST) is the first additional description for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH)

Change to Data Element: Changed Dataset

Format/Length: max an100

National Codes:

Default Codes:

Notes:

CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DESCRIPTION (FOURTH) is the fourth additional description for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND)

Change to Data Element: Changed Dataset

Format/Length: max an100

National Codes:

Default Codes:

Notes:

CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DESCRIPTION (SECOND) is the second additional description for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD)

Change to Data Element: Changed Dataset

Format/Length: max an100

National Codes:

Default Codes:

Notes:

CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DESCRIPTION (THIRD) is the third additional description for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH)

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DETAIL (FIFTH) is the fifth additional detail for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

CONTRACT MONITORING ADDITIONAL DETAIL (FIRST) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DETAIL (FIRST) is the first additional detail for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH)

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DETAIL (FOURTH) is the fourth additional detail for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DETAIL (SECOND)

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

CONTRACT MONITORING ADDITIONAL DETAIL (SECOND) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DETAIL (SECOND) is the second additional detail for the SERVICE being commissioned for Contract Monitoring.

CONTRACT MONITORING ADDITIONAL DETAIL (THIRD)

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

CONTRACT MONITORING ADDITIONAL DETAIL (THIRD) is the same as attribute SERVICE PROVIDED UNDER AGREEMENT TEXT STRING.

~~This item is being used for development purposes and has not yet been approved.~~ CONTRACT MONITORING ADDITIONAL DETAIL (THIRD) is the third additional detail for the SERVICE being commissioned for Contract Monitoring.

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.

EMERGENCY CARE ATTENDANCE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	min an1 max an12
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ATTENDANCE IDENTIFIER](#) is same as attribute [ACTIVITY IDENTIFIER](#).

[EMERGENCY CARE ATTENDANCE IDENTIFIER](#) is an identifier allocated by an [Emergency Care Department](#) to provide a unique identifier for each [Emergency Care Attendance](#).

ETHNIC CATEGORY

Change to Data Element: Changed Dataset

Format/Length:	an2
NWDS ID:	PETH
NWDS Field Name:	Ethnic Category
ESR Field Name:	Ethnic Origin
National Codes:	See ETHNIC CATEGORY CODE
Default Codes:	99 - Not known*

Notes:

[ETHNIC CATEGORY](#) is the same as attribute [ETHNIC CATEGORY CODE](#).

The 16+1 ethnic data categories defined in the 2001 census is the national mandatory standard for the collection and analysis of ethnicity.

The national code must be transmitted as the first character in the 2 character field. The second character is optional for use locally. It must, however, be able to be grouped consistently with the 16 main categories.

National code Z should be used where the [PERSON](#) has been given the opportunity to state their [ETHNIC CATEGORY](#) but chose not to. Default code 99 should be used where the [PERSON](#)'s [ETHNIC CATEGORY](#) is not known.

*For the [Stop Smoking Services Quarterly Data Set](#) default code 99 'Not Known' is **NOT** valid.

FINANCIAL MONTH

Change to Data Element: Changed Dataset

Format/Length:	max an2
National Codes:	See FINANCIAL MONTH
Default Codes:	

Notes:

[FINANCIAL MONTH](#) is the same as attribute [FINANCIAL MONTH](#).

~~This item is being used for development purposes and has not yet been approved.~~ For the Aggregate Contract Monitoring Data Set and the Patient Level Contract Monitoring Data Set, where an [ACTIVITY](#) spans more than one [FINANCIAL MONTH](#) (for example, a [Hospital Provider Spell](#)), this is the [FINANCIAL MONTH](#) in which the [ACTIVITY](#) ended.

For the Patient Level Devices Contract Monitoring Data Set, this is the [FINANCIAL MONTH](#) in which the High Cost Tariff Excluded Device was inserted in or provided to the [PATIENT](#).

For the Patient Level Drugs Contract Monitoring Data Set, this is the [FINANCIAL MONTH](#) in which the [PRESCRIBED ITEM](#) was administered.

FINANCIAL YEAR

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

[FINANCIAL YEAR](#) is the same as attribute [FINANCIAL YEAR](#).

~~This item is being used for development purposes and has not yet been approved.~~ The format of the data element is the full 4-digit starting year, followed by the last two digits of the end year (with no separator). For example, [FINANCIAL YEAR](#) 2017 to 2018 would be reported as "201718".

For the Aggregate Contract Monitoring Data Set and the Patient Level Contract Monitoring Data Set, where an [ACTIVITY](#) spans more than one [FINANCIAL YEAR](#) (for example, a [Hospital Provider Spell](#)), this is the [FINANCIAL YEAR](#) in which the [ACTIVITY](#) ended.

For the Patient Level Devices Contract Monitoring Data Set, this is the [FINANCIAL YEAR](#) in which the High Cost Tariff Excluded Device was inserted in or provided to the [PATIENT](#).

For the Patient Level Drugs Contract Monitoring Data Set, this is the [FINANCIAL YEAR](#) in which the [PRESCRIBED ITEM](#) was administered.

GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
<u>ODS Default Codes:</u>	V81997 - No Registered GP Practice
	V81998 - GP Practice Code not applicable
	V81999 - GP Practice Code not known

Notes:

[GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is the same as attribute [ORGANISATION CODE](#).

The data for [GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is supplied by the [NHS Prescription Services](#).

[GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is the [ORGANISATION CODE](#) of the [GP Practice](#) that the [PATIENT](#) is registered with.

Use of [Organisation Data Service Default Codes](#)

- **V81997** should be used when a [PATIENT](#) presents, who is not currently registered at a [GP Practice](#), *but is eligible to be registered should they wish to*.
- **V81998** should be used where a [PATIENT](#) should not have a registered [GP Practice](#), due for instance to them having only recently entered the country.
- **V81999** should be used where it is not possible to determine a [PATIENT](#)'s registered [GP Practice](#) code, but it is known that they should have one, or where it is impossible to determine whether they should or shouldn't have a registered practice (for instance the [PATIENT](#) cannot communicate and is unidentified).

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an12
National Codes:	
Default Codes:	

Notes:

[HOSPITAL PROVIDER SPELL NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

A [HOSPITAL PROVIDER SPELL NUMBER](#) is a unique identifier for each [Hospital Provider Spell](#) for a [Health Care Provider](#).

[HOSPITAL PROVIDER SPELL 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 Digital](#) website at: [Payment by Results Guidance](#).

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.

For the [Cancer Outcomes and Services Data Set](#), [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) can be recorded as well as or instead of [NHS NUMBER](#) as part of a [Cancer Care Spell](#).

LOCAL POINT OF DELIVERY CODE

Change to Data Element: Changed Description, Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

[LOCAL POINT OF DELIVERY CODE](#) is the same as attribute [POINT OF DELIVERY CODE](#), where the [Point of Delivery](#) is coded locally.

~~This item is being used for development purposes and has not yet been approved.~~ [LOCAL POINT OF DELIVERY CODES](#) must be mapped to the National Code set defined by [NHS England](#).

LOCAL POINT OF DELIVERY DESCRIPTION

Change to Data Element: Changed Description, Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length: max an100

National Codes:

Default Codes:

Notes:

LOCAL POINT OF DELIVERY DESCRIPTION is the same as attribute LOCAL POINT OF DELIVERY DESCRIPTION.

LOCAL SUB-SPECIALTY CODE

Change to Data Element: Changed Dataset

Format/Length: max an8

National Codes:

Default Codes:

Notes:

LOCAL SUB-SPECIALTY CODE is the same as the attribute LOCAL SUB-SPECIALTY CODE.

LOCAL SUB-SPECIALTY CODE is an optional item in the Commissioning Data Set version 6-2, and is for local use only. However it must NOT contain any text which may identify the PATIENT DIAGNOSIS of the PATIENT to which the ACTIVITY relates (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.

NATIONAL TARIFF INDICATOR

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length: an1

National Codes: See NATIONAL TARIFF INDICATOR

Default Codes:

Notes:

NATIONAL TARIFF INDICATOR is the same as attribute NATIONAL TARIFF INDICATOR.

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](#), [NHS NUMBER](#) must be displayed in accordance with the [NHS Common User Interface Information Standard - NHS Number Input and Display \(ISB 1504\)](#).

For the [Cancer Outcomes and Services Data Set](#), [NHS NUMBER](#) can be recorded as well as or instead of [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) as part of a [Cancer Care Spell](#).

NHS SERVICE AGREEMENT LINE NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an10
National Codes:	
Default Codes:	

Notes:

[NHS SERVICE AGREEMENT LINE NUMBER](#) is the same as attribute [NHS SERVICE AGREEMENT LINE NUMBER](#).

The [NHS SERVICE AGREEMENT LINE NUMBERS](#) may be used to identify a specific [NHS SERVICE AGREEMENT](#) reference where the main identifier refers to a general omnibus agreement.

NON CDS UNIQUE IDENTIFIER

Change to Data Element: New Data Element

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

Notes:

The [NON CDS UNIQUE IDENTIFIER](#) is used in conjunction with the [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) to uniquely identify a record within a [Patient Level Contract Monitoring Data Set](#) submission, where there is no [CDS UNIQUE IDENTIFIER](#) present in the record.

This data element is also known by these names:

Context	Alias
plural	NON CDS UNIQUE IDENTIFIERS

ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
<u>ODS Default Codes:</u>	VPP00 - Private PATIENTS / Overseas Visitor liable for charge
	XMD00 - Commissioner Code for Ministry of Defence (MoD) Healthcare
	YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) commissioning health care.

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) should always be the [ORGANISATION IDENTIFIER](#) of the original commissioner to support the [National Tariff Payment System](#).

The [NHS England](#) document ["Who pays? Determining responsibility for payments to providers"](#) sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, (i.e. determining who pays for a [PATIENT](#)'s care.)

The document includes information on the following:

- General Rules
- Applying the rules to [Clinical Commissioning Group](#) and [NHS England](#) commissioned services
- Exceptions to the general rules
- Examples to help clarify the boundaries of responsibility between commissioning [Organisations](#).

For further information on this document contact [NHS England](#) at "[Contact us](#)".

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION IDENTIFIERS](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
ODS 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 the 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 Digital](#) website at: [Payment by Results Guidance](#).

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
ODS Default Codes:	Q99 - High Level Health Geography/Primary Care Organisation of Residence Not Known
	X98 - Primary Care Organisation Not Applicable (Overseas Visitors)

Notes:

[ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) responsible for the [GP Practice](#) where the [PATIENT](#) is registered, irrespective of whether they reside within the boundary of the [Clinical Commissioning Group](#).

[ORGANISATION CODE \(GP PRACTICE RESPONSIBILITY\)](#) will be replaced with [ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#), when it has been approved for use in national information standards.

ORGANISATION SITE IDENTIFIER (OF TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	R9998 - Not a hospital site
	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued
	89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) is the [ORGANISATION 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 UK provider, the [ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) used should be the [ORGANISATION 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 IDENTIFIER](#) has been issued' is applicable.

Each [Organisation](#) has a unique [ORGANISATION 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 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 classification of 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 \(OF TREATMENT\)](#), when it has been approved for use in national information standards.

PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)

Change to Data Element: New Data Element

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

Notes:

[PACKAGE OF CARE OR YEAR OF CARE START DATE \(CONTRACT MONITORING\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Package of Care or Year of Care Start Date \(Contract Monitoring\)](#)'.

PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)

Change to Data Element: New Data Element

PACKAGE OF CARE OR YEAR OF CARE START DATE (CONTRACT MONITORING)

Attribute:

ACTIVITY DATE

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](#).

PERSON STATED GENDER CODE

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See PERSON STATED GENDER CODE
Default Codes:	X - Not Known (PERSON STATED GENDER CODE not recorded)

Notes:

[PERSON STATED GENDER CODE](#) is the same as attribute [PERSON STATED GENDER CODE](#).

[PERSON GENDER CODE CURRENT](#) will be replaced with [PERSON STATED GENDER CODE](#) or [PERSON PHENOTYPIC SEX](#), which is the most recent approved national information standard to describe the required definition.

POINT OF DELIVERY CODE

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	max an10
National Codes:	
Default Codes:	

Notes:

[POINT OF DELIVERY CODE](#) is the same as attribute [POINT OF DELIVERY CODE](#).

POINT OF DELIVERY FURTHER DETAIL CODE

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	max an10
National Codes:	
Default Codes:	

Notes:

[POINT OF DELIVERY FURTHER DETAIL CODE](#) is the same as attribute [POINT OF DELIVERY FURTHER DETAIL CODE](#).

POINT OF DELIVERY FURTHER DETAIL DESCRIPTION

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	max an100
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National Codes:

Default Codes:

Notes:

POINT OF DELIVERY FURTHER DETAIL DESCRIPTION is the same as attribute POINT OF DELIVERY FURTHER DETAIL DESCRIPTION.

POSTCODE OF USUAL ADDRESS

Change to Data Element: Changed Dataset

Format/Length: See [POSTCODE](#)

National Codes:

Default Codes:

Notes:

[POSTCODE OF USUAL ADDRESS](#) is the same as data element [POSTCODE](#).

[POSTCODE OF USUAL ADDRESS](#) is the [POSTCODE](#) of the [ADDRESS](#) nominated by the [PATIENT](#) where the [ADDRESS ASSOCIATION TYPE](#) is 'Main Permanent Residence' or 'Other Permanent Residence'.

PROVIDER REFERENCE NUMBER

Change to Data Element: Changed Dataset

Format/Length: an17

National Codes:

Default Codes:

Notes:

[PROVIDER REFERENCE NUMBER](#) is a number convention agreed locally between a provider and Commissioner for use within a Commissioning Data Set message.

SPECIALISED SERVICE CODE

Change to Data Element: Changed Description, Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length: max an12

National Codes:

Default Codes:

Notes:

[SPECIALISED SERVICE CODE](#) is the same as attribute [SPECIALISED SERVICE CODE](#).

SPECIALISED SERVICE CODE

Change to Data Element: Changed Description, Dataset

- Changed Description
- null

TARIFF CODE

Change to Data Element: Changed Dataset

Format/Length:	max an50
National Codes:	
Default Codes:	

Notes:

TARIFF CODE is derived from attributes HEALTHCARE RESOURCE GROUP CODE, SPECIALIST SERVICES FLAG and BEST PRACTICE TARIFF CODE.

~~This item is being used for development purposes and has not yet been approved.~~ The applicable values for an ACTIVITY are presented in the following format, with a forward slash (/) as a delimiter between the components:

HEALTHCARE RESOURCE GROUP CODE/SPECIALIST SERVICES FLAG/BEST PRACTICE TARIFF CODE.

TOTAL COST

Change to Data Element: Changed Dataset

This item is being used for development purposes and has not yet been approved.

UNBUNDLED EPISODE INDICATOR

Change to Data Element: New Data Element

Format/Length:	an1
National Codes:	See UNBUNDLED EPISODE INDICATOR
Default Codes:	

Notes:

UNBUNDLED EPISODE INDICATOR is the same as attribute UNBUNDLED EPISODE INDICATOR.

This data element is also known by these names:

Context	Alias

plural

UNBUNDLED EPISODE INDICATORS

UNBUNDLED EPISODE INDICATOR

Change to Data Element: New Data Element

UNBUNDLED EPISODE INDICATOR

Attribute:

UNBUNDLED EPISODE INDICATOR

WITHHELD IDENTITY REASON

Change to Data Element: Changed Dataset

Format/Length: an2

National Codes:

Default Codes: 99 - Identity withheld but reason not known

Notes:

WITHHELD IDENTITY REASON is used in Data Group 'Withheld Identity Structure' in the Commissioning Data Sets (version 6-2 onwards). It allows 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.

Permitted 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

PATIENT LEVEL CONTRACT MONITORING DATA SET CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

Data Set constraints applied to the Patient Level Contract Monitoring Data Set.

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ATTENDANCE IDENTIFIER	max an12	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an12
HOSPITAL PROVIDER SPELL NUMBER	max an12	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is

				used in other data sets. Data Set allows max an12
<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	max an10	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an10
<u>PROVIDER REFERENCE NUMBER</u>	max an17	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an17

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

