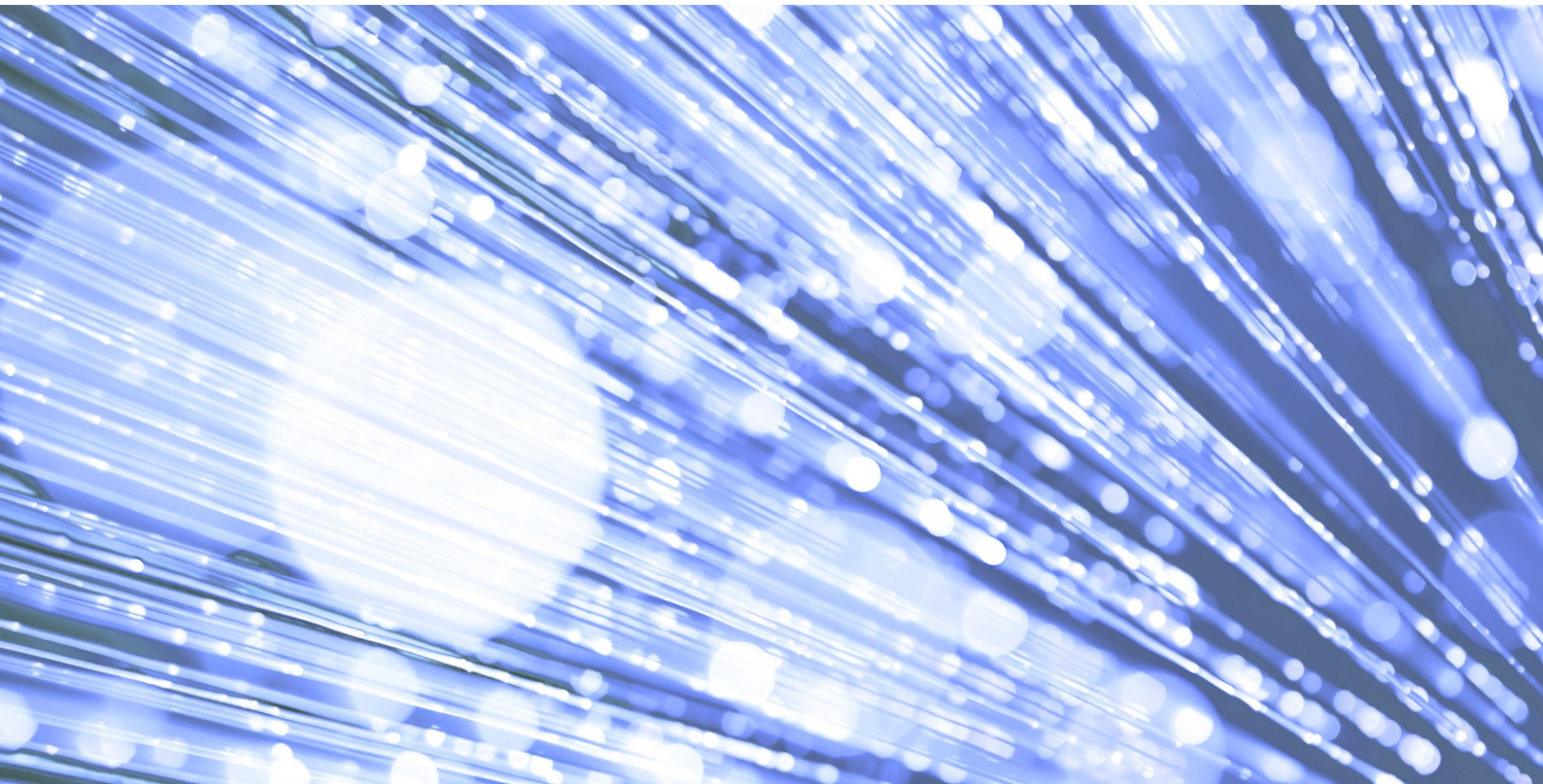


# Health and Social Care Organisation Reference Data (DCB0090): Requirement Specification

Published 8 March 2018



**Information and technology**  
**for better health and care**

# Data Coordination Board

This information standard (DCB0090) has been approved for publication by the Department of Health and Social Care under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirement Specification
- Implementation Plan and Guidance
- Change Specification.

An Information Standards Notice (DCB0090 Amd 81/2017) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 8 March 2018.



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## Glossary of Terms

Term / Abbreviation	What it stands for
API	Application Programming Interface. A way of communicating with a particular computer program or internet service.
Assigning Authority	The organisation responsible for maintaining a range of identifiers.
Cardinality	The number of occurrences of a given object or data item at each end of an association or relationship
Component	In XML terms this is a structural element of the document hierarchy.
CSV	Comma Separated Values. A common, relatively simple file format for storing tabular data in plain-text form, particularly well-suited to fixed length records.
Data Item Catalogue	A detailed technical description of all data items contained within the Object model which supports Organisation Reference Data.
DCB	Data Co-ordination Board. The DCB meets on a monthly basis to review and approve the assurance of information standards and data collections (including extractions), known collectively as ISCE  <a href="http://content.digital.nhs.uk/isce/dcb">http://content.digital.nhs.uk/isce/dcb</a>
Entity	An organisation, site or location which physically exists in the real world.
HSCIC	Health and Social Care Information Centre - a data, information and technology resource for the health and care system which plays a fundamental role in driving better care, better services and better outcomes for patients in England. Operates under the trading name of NHS Digital
HSCOrg	The name for the record class in the data model of a Health and Social Care Organisation.
HSCSite	The name for the record class in the data model of a Health and Social Care Organisation Site.
Intelligence	The ability for a consumer to interpret the Primary Role of a given organisation from the format of the organisation code.
Issuing Authority	The organisation responsible for publishing Health and Social Care Organisation Reference Data – currently the Organisation Data Service (ODS).
Meta Data	'Data about data' - in this context additional information about an organisation or site entity (i.e. indicating its Roles, Relationships, etc).
Multiple-frame Identifier Structure	(See also 'Unified Identifier Structure') Historically, multiple structures have been used for Organisation Reference Data identifiers to denote organisation types (referred to as 'code-frames'). For example NHS Trust codes are 3 characters long and begin with an 'R'. Code frames also convey organisation-to-site relationships

NHS Digital	The trading name for HSCIC
ODS	Organisation Data Service <sup>1</sup> – part of NHS Digital responsible for the publication of organisation and practitioner codes, and for the national policy and standards with regard to the majority of organisation codes. These code standards form part of the NHS data standards. This service was previously known as National Administrative Codes Service (NACS).
Partial	Partial in the context of this document is used to describe releases restricted to changed records, designed to allow updates only to be applied to reference data, avoiding the need to refresh the entire data set.
Record	The representation of an entity within Organisation Reference Data.
Reference Data	Data that defines the set of permissible values to be used by other data fields.
Referential Integrity	Referential integrity is a database concept that ensures that relationships between tables remain consistent. When one table has a foreign key <sup>2</sup> to another table, the concept of referential integrity states that you may not add a record to the table that contains the foreign key unless there is a corresponding record in the linked table.
SCCI	Standardisation Committee for Care Information - superseded by Data Co-ordination Board. Ceased to exist as of end March 2017 when the approval of standards was transferred to the DCB.
Subject	The current record within Organisation Reference Data.
Target	Identifies the records to which relationships on the current record point.
Unified Identifier Structure	(See also 'Multiple-frame Identifier Structure') Unique identifiers, with a single, unified standard structure of 5 alternating alphabetic and numeric characters (ANANA) <i>with no inherent meaning</i> .
UPRN	Unique Property Reference Number - a unique identifier for spatial addresses in Great Britain provided in AddressBase (an Ordnance Survey product).
URI	Uniform Resource Identifier (URI). A string of characters used to identify the name of a resource. Such identification enables interaction with representations of the resource over a network, typically the World Wide Web. The most common form of URI is the Uniform Resource Locator (URL), frequently referred to informally as a web address.
URL	Uniform Resource Locator - a reference (an address) to a resource on the Internet. For example a URL could be the name of a file on the World Wide Web because most URLs refer to a file on some machine on the network such as an XML Schema. However, URLs also can point to other

<sup>1</sup> <https://digital.nhs.uk/organisation-data-service>

<sup>2</sup> <http://databases.about.com/cs/specificproducts/g/foreignkey.htm>

	resources on the network, such as database queries and command output.
XML	Extensible Markup Language. A set of rules for encoding documents in machine-readable form.

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# 1 About this Document

## 1.1 Scope of Document

This paper provides a baseline requirement specification for a fundamental information standard for Health and Social Care Organisation Reference Data (DCB0090). It provides users with a detailed description of the data, where and why it applies and what is required of stakeholders to comply with the standard. New users who are undertaking a brand new implementation of Health and Social Care Organisation Reference Data should require only this paper, the accompanying Implementation Guidance and relevant technical supporting documents.

This paper was updated in January 2018 to introduce a new delivery mechanism for weekly/daily updates to Health and Social Care Organisation Reference Data. The information standards notice (0090), when originally published, forecasted that by February 2018 users would be able to access partial amendment XML files (containing updated records) via Technology Reference data Update Distribution (TRUD). However, the strategic direction of the issuing authority has changed, and in place of weekly/daily TRUD releases, an Application Programming Interface (API) will be introduced providing data consumers with direct access to updates of the data.

Relevant sections of the 0090 Health and Social Care Organisation Reference Data fundamental standard have been updated accordingly as part of this amendment release. The introduction of an API service makes no substantive difference to the organisation reference data changes, or their nature, as described by the original standard.

## 1.2 Associated Documents

All the published component documents of the standard are detailed below.

Note that this fundamental standard has evolved from a set of legacy products that first came into being in the 1990's. Other documents provided in the standard outline the changes made to the legacy products as part of establishing the Fundamental Standard, detail the differences between the old and new states and provide guidance on transition from one to the other as well as the likely impacts. These should only be required by those who have already implemented the data prior to February 2017.

Reference	Content
<a href="#">Management Summary_DCB0090 Amd 24-2015 v 1.0.docx</a>	High-level overview of the change from the legacy state to the new, for existing users that must transition
<a href="#">Implementation Plan &amp; Guidance_DCB0090 Amd 81-2017</a>	Guidance on implementation of Organisation data, for both new and existing users
<a href="#">Change Specification_DCB0090 Amd 81-2017</a>	Describes the changes made to legacy ODS products to establish the Fundamental Standard DCB0090, as well as a subsequent update to the standard regarding the release mechanism and frequency of updates to the XML data.

Full Business Justification_DCB0090 Amd 24-2015 v 2.0.docx	Details the drivers for the changes made to legacy products to establish the Fundamental Standard DCB0090 (for existing users of data prior to February 2017 only)
XML Organisation Data Products Web Pages <sup>3</sup>	Additional web resources supporting transition from legacy products to the Fundamental Standard, published on ODS pages of the NHS Digital website. Includes the Technical Specification which provides the technical information required to understand XML Organisation data products.

### 1.3 Document Conventions

Throughout this document, the phrase ‘Health and Social Care Organisation Reference Data’ or ‘Organisation Reference Data’ is used to refer to all in-scope data, including both Organisation *and* Organisation Site data.

Note that the previous name for this standard was ‘Organisation Data Service’.

<sup>3</sup> <https://digital.nhs.uk/Organisation-data-service/XML-Organisation-Data-Products>

## 2 Standard Description

<b>Amendment</b>	
Standard Number	DCB0090
Standard Title	Health and Social Care Organisation Reference Data
Standard Description	<p>Describes reference data about the Organisations that comprise the health and social care services including non-direct-care Organisations, primarily in England but also in the other UK-constituent countries.</p> <p>The data is distributed and uploaded to health IT systems. It supports user security, access control, messaging and is used as reference data for both operations and reporting.</p>
Applies to:	All end-users of Organisation Reference Data. Including but not limited to: NHS Trusts, primary care & commissioning organisations, independent sector healthcare organisations, healthcare organisations in other UK-constituent countries, suppliers of systems, SUS/NTS & data set owners, social care, arm's length bodies, government departments & non-departmental public bodies, executive agencies, inspectorates, health and social care educational establishments, professional bodies, etc.
<b>Business Lead</b>	
Name	Mike Presence
Organisation	NHS Digital
Contact details	Organisation Data Service (ODS) <a href="mailto:exeter.helpdesk@nhs.net">exeter.helpdesk@nhs.net</a>
<b>Publication</b>	
Date of publication	8 March 2018

## 3 Background

Health and Social Care Organisation Reference Data comprises:

- authoritative national lists for a wide range of organisations of interest to the NHS and social care;
- a standard set of identification codes which are unique across the data set;
- a change history record and reference data to support NHS and social care information systems;
- details of the relationships between organisations, and organisations and their sites, where appropriate.

### 3.1 Business Need

Organisation Reference Data has existed within the health and social care services in one form or another for a very long time. Simply put, this is because reliable data about the organisations that provide, commission, and otherwise interact with health and social care services is essential for those organisations' strategic development, auditing, performance management and – ultimately – delivery of patient care.

An identifier and a record within the Organisation Reference Data is a prerequisite for many of the interactions an organisation might wish to have with health and social care. For example, an identifier is needed in order to complete the IG toolkit, have NHSmail accounts for employees, set up smart cards, receive referrals from the e Referrals Service, amongst many others.

Use of the data is universal within health and social care informatics, allowing systems in disparate organisations to communicate with one another and with centralised systems. For this to be possible the data must be uniformly interpreted; interoperability is vital.

Such interoperability may only be fostered if the data is supported by health and social care information standards, providing clear definitions of concepts, stakeholder requirements, scope, comprehensive technical specifications and guidance for users.

This paper and the related documents provide this information, as well as outlines of the business processes and rules that govern the maintenance and development of Organisation Reference Data. As such they constitute a centrally mandated and controlled fundamental information standard, to serve as a building block for the future development of information standards and systems that use the concept of organisation, and to ensure business needs are supported by any implementations of Organisation Reference Data.

## 4 Overview of Health and Social Care Organisation Reference Data

An overview of the standard including relevant definitions, content, core characteristics and behaviours, and the central business rules adhered to in its maintenance and production are provided below.

Note that the information provided in this section is necessary to fully understand the scope of Organisation Reference Data and suitable applications of it. It is not intended to inform technical implementations; detailed technical information suitable for this purpose is supplied in a suite of supporting products published alongside the data, including the Technical Specification document, XML Schema, interactive object model and Data Item Catalogue. Additional guidance on implementation is also provided in the Implementation Plan and Guidance document.

### 4.1 Data Sources

The vast majority of Organisation Reference Data is maintained centrally within the issuing authority via requests that come directly from users, or information from various ratified sources (for example; statutory instruments are monitored, NHS Improvement will notify when existing NHS Trusts gain foundation status, etc.).

A small number of data sets are maintained by separate third party suppliers that produce the data in support of their own business operations, and supply regular updates to the issuing authority for onward publication. The issuing authority maintains a close working relationship with these suppliers however users should bear in mind that ultimate control over the data remains with the supplier.

### 4.2 XML Release Format

The primary release vehicle for Health and Social Care Organisation Reference Data is eXtensible Markup Language (XML):

- Concepts such as mandated content and the cardinality of the content for a record are core to the XML standard. This allows only the appropriate information to be included within a given record; the content of the record can grow or shrink as required, without any redundancy
- XML supports the inclusion of sub elements which can convey meta-data such as Organisation roles
- The Organisation information defined as being in scope can be represented via a single schema
- XML is a free and open international standard which has been developed and ratified by W3C<sup>4</sup>. It has existed since 1999 and is used by many systems across the NHS and in other domains/markets. XML version 1.0 (fifth edition) was last updated in 2008 and is considered a stable release.
- XML is non-proprietary and its primary goals are to support the storage and transportation of data between IT systems.

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<sup>4</sup> <https://www.w3.org/XML/>

The XML provides a single, standard structure within which all records are contained and reflects the main components of the data model as outlined in section 4.3. Note that many more elements and attributes are available but omitted from this document for brevity; detailed technical information is supplied in a suite of supporting products published alongside the data, including the Technical Specification document, XML Schema, interactive object model and Data Item Catalogue. See section 4.8 for information on how the data is released.

## 4.3 Organisation Identifiers

The primary unique identifier used within Organisation Reference Data employs a unified structure of 5 alternating alphabetic and numeric characters (ANANA). These identifiers do NOT hold any inherent meaning; all supplementary information about a given entity must be obtained from the relevant meta-data provided in the XML.

Users should note however that there are some exceptions whereby different structures of identifier will be in evidence:

- ANANA is only used by the issuing authority. Data sourced from third party suppliers exhibits a range of different structures (see section 4.3.1 for a listing)
- Legacy identifiers that pre-date the introduction of ANANA *will not be replaced*. These will remain in the data and continue to exhibit one of a number of legacy structures

Organisation identifiers are specified with a minimum length of 1 character, and a maximum length of 9 characters, based on the range of code structures that exist in the legacy data and that supplied by third party suppliers.

Importantly, all data sets are published in the XML format, so the full range of meta-data values is available for all records.

Note: **no legacy identifiers will be re-coded to ANANA at any point**. No mapping exercises will therefore be required and providing **all** identifiers are treated the same (i.e. their structure does not imply any meaning) this mixed economy does not pose any implementation or interoperability issues.

The ANANA structure provides a total of 1.76 million codes. A total of 191,000 codes have been issued over 25 years (up to June 2016) so the new structure should provide enough to last for a considerable time, even allowing for a significant increase in the volume needed.

### 4.3.1 Data Out of Scope for Unified Identifier Structure

The table below lists data sets which are supplied by third parties that are unable to adopt the uniform identifier structure for the data they provide to the issuing authority. These data sets are therefore out of scope for the adoption of ANANA and will retain a legacy identifier structure devised by the respective data owner (although note they will still be published in the XML release files).

Supplier	Primary Role (Organisation Type)	Current & Related CSV Files	File Content	
NHS Business Services Authority	Prescribing Cost Centre (GP Practice) – England, Wales & Channel Islands	Epracur	Current Prescribing Cost Centres (GP Practices <sup>5</sup> )	
		Egpam	Monthly changes to Prescribing Cost Centres and GP Practitioners	
		Egpaq	Quarterly changes to Prescribing Cost Centres and GP Practitioners	
		Egpcur	Current GP Practitioners	
		Epracmem	Prescribing Cost Centre Membership (mapping GP Practitioners to Prescribing Cost Centres)	
		Epcm	Prescribing Cost Centres making up each Primary Care Organisation	
		Egparc	Archived GP Practitioners	
		Epracarc	Archived Prescribing Cost Centres	
		Enurse	Nurse Prescribers	
	Dispensaries	Edispensary	Dispensaries	
		Edispensaryam	Monthly changes to Dispensaries	
		Edispensaryaq	Quarterly changes to Dispensaries	
	Dental Practices	Egdp	General Dental Practitioners	
		Egdpam	Monthly changes to General Dental Practitioners	
		Egdpaq	Quarterly Changes to General Dental Practitioners	
		Egdprac	General Dental Practices	
		Egdpracam	Monthly changes to General Dental Practices	
		Egdpracaq	Quarterly changes to General Dental Practices	
		Egdpracmem	General Dental Practitioner's membership of General Dental Practices	
	Scotland	Scottish GP Practices	Scotprac	GP Practices in Scotland
			Scotgp	GPs in Scotland
			Scotmem	Scottish practice membership (mapping GPs to practices)

<sup>5</sup> Note that Prescribing Cost Centres were previously referred to as GP Practices

Supplier	Primary Role (Organisation Type)	Current & Related CSV Files	File Content
	Scottish Organisations	Scotorg	Purchaser and Provider organisations in Scotland
	Scottish Health Boards (old format)		
	Scottish Health Boards (new format)		
	Scottish Other Providers		
Northern Ireland	Northern Ireland GP Practices	Npracur	GP Practices in Northern Ireland
		Nlhscgpr	Northern Ireland GP Practices making up each LHSCG
		Ngpcur	GPs in Northern Ireland Mapped to GP Practices
	Northern Ireland Organisations	Niorg	Boards, Trusts and Local Health & Social Care Groups
		Niarchive	Northern Ireland Archive
Department for Education and Skills	Schools in England	Echool	'Edubase' Identifiers for Schools in England

**Table 1: Organisation data out of scope for unified identifier structure**

## 4.4 Composition

This standard describes and governs reference data about the Organisations that comprise health and social care services, and the Sites they provide services from. This reference data is comprised of a number of core components, listed in the below table.

Note that this listing is only intended to provide a high-level view of the core components to aid in understanding the scope of the standard – exhaustive technical detail on the object model covering all elements and attributes, including cardinalities, formats, structures and business rules is published in the Technical Specification<sup>6</sup>.

Attribute Name	Description
<b>Dates</b>	Various dates are supplied as an integral part of the other components e.g. to denote when an Organisation or Site opened or closed, or when a Relationship started or ended, etc.
<b>Name</b>	Name of the Organisation or Site, either legally-defined or informally provided by the subject Organisation, or Site owner.

<sup>6</sup> <https://digital.nhs.uk/Organisation-data-service/XML-Organisation-Data-Products>

Attribute Name	Description
<b>Identifier</b>	<p>Primary key for identifying the Organisation or Site.</p> <p>In terms of code structure, two key principles apply and all codes will fall within these parameters:</p> <ul style="list-style-type: none"> <li>• minimum length of 1 character, and a maximum of 9;</li> <li>• various combinations of standard alphabetic characters and numbers;</li> <li>• identifier structure does <u>not</u> convey any meaning and should never be implemented as such.</li> </ul>
<b>Geographic Location</b>	<p>Postal address including postcode and UPRN.</p> <p>NOTE: postal County is an optional attribute within addresses and will not always be supplied</p>
<b>Contacts</b>	<p>A range of different contact information relating to an HSCOrg or HSCSite instance. One of: tel, fax, mailto or http.</p>
<b>Roles</b>	<p>A single 'Primary' Role describes what an Organisation is and what overall functions it serves (i.e. NHS Trust, Local Authority, Clinical Commissioning Group, etc.). Further, optional 'non-Primary' Roles can describe additional information if required</p>
<b>Relationship(s)</b>	<p>Indicates other Organisations and/or Sites that the entity may have a relationship with. Might be genuine operational links, lines of authority or virtual geographical associations. Each Relationship has a name that indicates its nature.</p>
<b>Succession</b>	<p>Records lines of succession, i.e. where one or more new or existing entities displace or merge with one or more records which have closed.</p>

Attribute Name	Description
<b>Additional Attributes</b>	<p>When new attributes or elements need to be introduced to the data, the standards assurance process must be followed to approve and publish the detail in an Information Standards Notice. However, this necessarily takes time in order that the appropriate assurances can be undertaken to ensure the new data is reliable and of an acceptable quality.</p> <p>The Additional Attributes element has been incorporated to provide an improved speed of response in the case of emergency requirements for new attributes. If a new requirement is urgent enough, the Additional Attributes element may be used to introduce new data to the XML in lieu of the formal information standard change processes being completed.</p> <p>It must be stressed that any information included in this element, by definition, will not have been assured via the standards process and as such is used at the stakeholder's own risk. No information standards will be released to inform end-users of new content in this component, additions can be made at short notice, and they will only be advised through general communications channels.</p> <p>Users should ignore the content of this component by default and only process information published here when explicitly required to, having appropriately assessed risks.</p> <p>Should any data introduced to the files by this route prove to be required more widely, steps will be taken to formally incorporate it into the XML schema via the appropriate assurance processes and ultimately an ISN.</p> <p>More information is available within the Technical Specification and Implementation Plan and Guidance documents.</p>

Table 2 – composition of Health and Social Care Organisation Reference Data

## 4.5 Organisation Definition

The following definition underpins this information standard:

***A unique framework of authority within which a person or persons act, or are designated to act towards some purpose.***

This definition is adopted from the ISO (the International Organisation for Standardisation) and IEC (the International Electrotechnical Commission) standard ISO/IEC 6523-1:1998 which defines a structure for a globally unique and unambiguous identification of organisations and organisation parts. This is itself referenced by ISO 13940:2015 which defines the concepts needed to achieve continuity of care.

## 4.6 Record Class Definitions

The data model for Health and Social Care Organisation Reference Data employs four top-level Record Classes.

Currently, this fundamental standard applies only to two of these; Health and Social Care Organisation (HSCOrg) and Health and Social Care Organisation Site (HSCSite). These are both actively used in live data within the current model.

Health and Social Care Location (HSCLoc) and Health and Social Care Service (HSCServ) will be introduced at a point in the future and, although it is anticipated that they will share large parts of the same model as HSCOrg and HSCSite, their implementation may require the inclusion of new components and may require an update to the fundamental standard. Their exact form will be notified within a change to the standard when they are introduced; outlines are included below however this is purely to provide a notice of future intent and they have no further bearing on the rest of this paper.

Note that HSCOrg and HSCSite should be viewed only as defining what *may* be captured; the below statements do not imply that *all* known instances of entities that match the given description are included in the published data products. Data is only captured and maintained if end-users require it, and if a suitably reliable source for the information is available.

### 4.6.1 Health and Social Care Organisation (HSCOrg)

An entity within the Health and Social Care Organisation Reference Data which conforms to the definition for Organisation provided above.

### 4.6.2 Health and Social Care Organisation Site (HSCSite)

The primary function of HSCSite is to identify an association between an HSCOrg and a place with which it is affiliated. All HSCSite entities have an association to an HSCOrg and the HSCSite record is generally real estate that the HSCOrg owns, provides a service at or has some staff based within. HSCSite does *not* provide unique identifiers for locations. Multiple HSCSite instances can point to the same physical place if more than one HSCOrg owns or provides patient care at that place; in this instance each HSCOrg may have its own HSCSite to reflect its affiliation with the same physical place (e.g. a hospital).

### 4.6.3 Health and Social Care Location (HSCLoc)

NOTE: currently, this class is present in the XML schema but not supported in the initial release of XML. It has been included as a statement of intent for future development only and formal adoption (if it occurs) will be communicated in a future change to the fundamental information standard for Health and Social Care Organisation Reference Data.

It is intended that Locations (places where healthcare and support services are delivered) will be uniquely identified within the HSCLoc record class. Any given Location may be coded once and once only and it is anticipated that the Unique Property Reference Number (UPRN) will be used to quantify a Location, and then

associated with HSCOrg, HSCSite or HSCServ records (through the GeoLoc element of the XML).

#### 4.6.4 Health and Social Care Service (HSCServ)

NOTE: currently, this class is not supported in the XML. It has been included as a statement of intent for future development only, and formal adoption (if it occurs) will be communicated in a future change to the fundamental information standard for Health and Social Care Organisation Reference Data.

It is intended that the HSCServ class will provide a method to identify health and social care services offered by Organisations. HSCServ entities will be stored in a separate record in the data and referenced from HSCOrg records, possibly other classes. Business rules are yet to be defined in detail and plans for how this information may be sourced and maintained are currently being explored; further information will be released as soon as it is available

### 4.7 Geographical Scope

This fundamental standard is primarily applicable to data concerning organisations in England. Data concerning Organisations in Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man is made available; however this is produced by or in close collaboration with independent information services within each country.

### 4.8 Release/Publication Mechanisms

The Health and Social Care Organisation Reference Data XML products are released via three mechanisms:

- The Technology Reference-data Update Distribution service (TRUD) is an NHS Digital-owned online service which facilitates the publication of data from various services<sup>7</sup>. The XML data and XML Supporting Products are available via separate packs within TRUD.
- The issuing authority's web pages contain the XML supporting products which are available to the public<sup>8</sup>; Links to TRUD are provided as the XML data files are not published via these webpages.
- The ODS Application Programming Interface (API) Suite which allows consumers of the XML data to read changes to records<sup>9</sup>.

Users should however note that this area is particularly prone to change and future developments will almost certainly affect the methods by which the data is made available. Further updates will be made to this standard to reflect this when appropriate and extensive communications will be issued to all users covering any such changes.

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<sup>7</sup> Further information on TRUD plus the appropriate application forms to gain access can be found on the TRUD Welcome Page at <https://isd.digital.nhs.uk/trud3/user/guest/group/0/home>

<sup>8</sup> <https://digital.nhs.uk/organisation-data-service>

<sup>9</sup> <https://digital.nhs.uk/organisation-data-service/APIs>

## 4.9 Licensing

Health and Social Care Organisation Reference Data is made freely available to the public under the terms of the Open Government Licence (OGL)<sup>10</sup>

Further information can be found at <https://digital.nhs.uk/organisation-data-service>

## 4.10 User Support

The issuing authority provides query resolution through the NHS Digital Exeter Helpdesk service. Queries can be raised by email or phone with Exeter Helpdesk first-line support and if necessary, these are passed through to a dedicated second-line support team within the issuing authority itself<sup>11</sup>.

The issuing authority also provides ongoing communications and updates through a quarterly newsletter, and a regular user group meeting, open to all.<sup>12</sup>

## 4.11 Support Tools

Note that one of the advantages of releasing data in an XML format is the ease with which it may be transformed into other formats (including CSV). Simple tools and guidance to aid transformation of the XML data are provided – more information on these can be found in the Technical Specification<sup>13</sup>.

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<sup>10</sup> <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

<sup>11</sup> <https://digital.nhs.uk/organisation-data-service>

<sup>12</sup> Subscribe to the Newsletter and messages regarding the user group at the bottom of the page at <https://digital.nhs.uk/organisation-data-service>

<sup>13</sup> <https://digital.nhs.uk/Organisation-data-service/XML-Organisation-Data-Products>

## 5 Purpose of Organisation Reference Data

### 5.1 Application

Health and Social Care Organisation Reference Data is applicable across all of the health and social care sector in England. *This fundamental standard must be implemented in all contexts where there is a requirement to identify the organisation entity within the NHS and social care.*

Any systems throughout the health and social care system in England that undertake a new implementation of Organisation data in any form must refer to this fundamental standard.

There are certain contexts where use of an alternative may be necessary<sup>14</sup> but in the context of Health and Social Care, primacy of this fundamental standard should always be assumed. Any instance where it is disregarded in favour of another standard should be carefully considered and justified. See section 5.3 for more details.

### 5.2 Benefits

Health and Social Care Organisation Reference Data brings a range of benefits:

- one version of the truth for Organisation information;
- higher visibility of Organisation Reference Data and thus increased usage of it in health and social care informatics, thereby improving interoperability;
- assured business processes and business rules ensuring high quality and fit for purpose data;
- established and proven infrastructure supporting the maintenance and publication of Organisation Reference Data products;
- controlled change and development processes (via information standards assurance process);
- integration into NHS Data Model and Dictionary, driving use of the standard by monitoring organisations and further increasing interoperability.

### 5.3 Alternative Products

A number of alternative data sets exist which are concerned either in whole or in part with Health and Social Care Organisations, but have been developed (and are maintained) independently by other authorities. As such they are not governed by this fundamental standard.

Despite similarities to Health and Social Care Organisation Reference Data, these alternative products each perform a different task and cater for different requirements. As such the data sets diverge; some divergences may appear subtle, others are more obvious; however all would prove problematic if the data were to be used inappropriately in place of Health and Social Care Organisation Reference Data

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<sup>14</sup> See the appendices for examples of other ways in which Organisation is identified, and the circumstances where their use is justified over the fundamental standard

– very probably in terms of system functionality, and certainly with respect to interoperability.

It follows that wherever there is a need for data about Organisations in the context of Health and Social Care information systems, the primacy of this fundamental standard should always be assumed and the products that it governs should be implemented by default.

This said; there *are* contexts where use of an alternative may be necessary, if the intended end-use raises certain requirements that may only be met by another data set – but justification for any such instance should be extremely carefully considered. See the appendices for examples of other ways in which Organisations are identified, and the circumstances that may justify their use over the fundamental standard.

Mappings will be provided by the issuing authority where possible to foster interoperation and make this easier for users. The XML schema for Organisation Reference Data has provision for inclusion of additional codes should a need arise; see the Technical Specification document for detail on the schema and the Data Item Catalogue and Interactive Object Model<sup>15</sup> for information on whether additional identifiers are currently included within the products. See section 1.2 for a listing of Associated Documents.

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<sup>15</sup> <https://digital.nhs.uk/Organisation-data-service/XML-Organisation-Data-Products>

## 6 Scope

### 6.1 In Scope

This fundamental standard governs all Organisation Reference Data of the Record Classes HSCOrg and HSCSite, which is published within the following release products:

- HSCOrgRefData\_Full\_yyyymmdd.xml;
- HSCOrgRefData\_Archive.xml;

More detail on these files and their specifications is available within the Technical Specification document.

The above definition is in necessarily broad terms for the purposes of this document, because the range of the data is dynamic. New kinds of organisation may be required at any point to meet the requirements of stakeholders, and to keep pace with the changing structure of health and social care; as and when new data is introduced, it will conform to the fundamental standard unless explicitly stated.

An exhaustive list of the types of Organisations that are currently coded can be found in the Data Item Catalogue, a supporting product published with the data releases. As a supporting product this is a 'live' document and will be updated as the data set grows and develops over time, so can be relied upon to provide a complete and accurate record of its scope of content at any given time.

### 6.2 Out of Scope

Other products and data are published by the issuing authority that are not in scope for the simple reason that they are not straightforward Organisation Reference Data; for example this might be reference data about people, mapping files, or various forms of support products. These products and data are not therefore governed by the fundamental standard. Note that new fundamental information standards will be developed to govern these products in the near future.

For clarity, the out of scope products are outlined below. However note that this list is correct as of the time of writing; new out of scope products may be introduced in the future but this document will not be updated purely to reflect them, so should not be considered an exhaustive list. As a general rule, any data that is not available in one of the in-scope files defined above should *not* be considered compliant Organisation Reference Data. In lieu of the new information standards mentioned above, notices regarding changes, additions and/or development of these products will be issued through the issuing authority's normal communication channels.

#### 6.2.1 Healthcare Professional Data

The issuing authority publishes various codes that identify healthcare professionals (HCP) i.e. People, as opposed to Organisations. As these do not concern Organisations they are not governed by and do not comply with the fundamental standard. A number of the files that contain HCP data *do* however map the people to the Organisation they are associated with, and therefore incorporate one or more

fields that contain an Organisation code. Other than this however they should be considered as out of scope.

Currently, the relevant files include the following:

Filename	Contents
Egpcur.csv	General Medical Practitioners
Enurse.csv	Nurse Prescribers
Egdp.csv	General Dental Practitioners
Econcur	Hospital Consultants in England
Edconcur	Dental Consultants in England
Wconcur	Hospital Consultants in Wales
Scotgp.csv	General Medical Practitioners in Scotland
Ngpcur.csv	General Medical Practitioners in Northern Ireland
Epracmem.csv	GP membership file mapping GPs to Practices
Egdppracmem.csv	Dental membership file mapping dentists to Practices
Scotmem.csv	Scottish membership file mapping GPs to Practices

Table 3 – current files containing healthcare professional data

## 6.2.2 Geographical Products

The issuing authority commissions the Office for National Statistics (ONS) to provide versions of their postcode directory products tailored for use within health and social care (e.g. the NHS Postcode Directory<sup>16</sup>).

Note that these products do contain an element of in-scope data, in that they map a number of statistical geographies to the Organisation they are associated with.

## 6.2.3 Default Codes

The issuing authority maintains a set of 'default' codes, published within a product called default.csv. These codes are for use within messages, reports and returns wherever a value is required but a valid code is not known or not available.

The codes have a unique use and follow a different, distinct set of business rules. Whilst they may hold codes that comply in terms of identifier structure and might appear superficially similar they do not identify real Organisational entities, so are not governed by and do not comply with the fundamental standard.

## 6.3 Related Standards

A very large volume of stand-alone information standards require the use of Organisation Reference Data within data sets, for example to identify commissioners,

<sup>16</sup> <http://systems.digital.nhs.uk/data/ods/datadownloads/onsdata>

referrers, those responsible for payment, and many other use-cases. It is not practical to list them all here.

A large number of changes have been made over the years to 0090 relating to the introduction or amendment of Health and Social Care Organisation Reference Data. These can be accessed at the NHS Digital web pages<sup>17</sup>. These are superseded by this standard which forms a baseline for Organisation Reference Data; ALL information standards which have a dependency on Organisation or Organisation-related information, or specify its use, must now reference and comply with this fundamental standard.

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<sup>17</sup> <http://webarchive.nationalarchives.gov.uk/20150107151806/http://www.isb.nhs.uk/documents/isb-0090>

## 7 Requirements

This section defines all the requirements placed on stakeholders for them to comply with the fundamental standard, addressed in broad areas of impact.

Every effort has been made to ensure the requirements are defined in a concise, measurable and unambiguous nature such that they will facilitate stakeholders' verification, validation and tracing of work they undertake to meet them. To keep the requirements succinct full technical detail has not been included here; a complete description is supplied in the Technical Specification document as well as supporting materials for the release products.

Conformance criteria are supplied which describe tests that will measure whether the business has successfully implemented the information standard (note that conformance criteria have only been supplied in response to requirements that 'must' be implemented).

Note that the term 'Systems' encompasses all Information Technology systems in an Organisation.

The word **MUST**<sup>18</sup> means the definition is an absolute requirement of the specification.

The word **MAY**<sup>18</sup> means the item is truly optional. Some stakeholders may choose to include the item while another vendor may omit the same item. An implementation which does not include a particular option **MUST** be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option **MUST** be prepared to interoperate with another implementation which does not include the option.

### 7.1 Scoping

ID	Implementation Date	Requirement
1	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders <b>MUST</b> determine the Primary Roles, XML elements and XML attributes they require
Conformance Criterion		A list is produced of all the kinds of Organisation that need to be identified, using Primary Roles
		A list is produced of all the XML elements needed for each Primary Role, and the reasons why they are required
		A list is produced of all the XML attributes needed for each Primary Role, and the reasons why they are required
2	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders <b>MUST</b> determine what format they require data in

<sup>18</sup> Definition taken from RFC2119

ID	Implementation Date	Requirement
	Conformance Criterion	Formal decision to do one of the following: <ul style="list-style-type: none"> <li>import XML release file as-is;</li> <li>convert XML release file into a different format and then import that</li> </ul>
3	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders <b>MUST</b> determine if/how they will extract the data required (as identified in requirement 1)
	Conformance Criterion	Plans are in place to one of the following: <ul style="list-style-type: none"> <li>import ALL data using the single full XML file;</li> <li>extract a subset of data from the full XML file prior to import</li> </ul>
4	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders <b>MUST</b> determine whether updates will replace all Organisation records each time, or apply partial updates <sup>19</sup>
	Conformance Criterion	Plans are in place for the following: <ul style="list-style-type: none"> <li>obtain and apply full updates at each refresh;</li> <li>obtain and apply partial updates at each refresh (e.g. using the LastChangeDate attribute to construct partial updates to local data stores from full XML extracts).</li> </ul>
5	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders <b>MUST</b> determine how often updates are required
	Conformance Criterion	Plans are in place to undertake one or more of the following: <ul style="list-style-type: none"> <li>obtain and apply updates daily;</li> <li>obtain and apply updates weekly;</li> <li>obtain and apply updates monthly;</li> <li>obtain and apply updates quarterly</li> </ul>

## 7.2 Implementation

ID	Implementation Date	Requirement
6	From 17 August 2016	All stakeholders planning to implement Organisation Reference Data <b>MUST</b> be in receipt of the following communications from the issuing authority in advance of their planned implementation start date: <ul style="list-style-type: none"> <li>newsletters from the issuing authority;</li> <li>ad-hoc email notifications from the issuing authority;</li> <li>minutes from every issuing authority User Group meeting</li> </ul>
	Conformance Criterion	Your organisation is subscribed to the Organisation Data Services (ODS) bulletin via: <a href="https://digital.nhs.uk/organisation-data-service">https://digital.nhs.uk/organisation-data-service</a>

<sup>19</sup> From April 2018 partial updates will only be available via the ODS API Suite

ID	Implementation Date	Requirement
		(subscribers receive all newsletters and ad-hoc email bulletins) Your organisation obtains user group meeting minutes from: <a href="https://digital.nhs.uk/organisation-data-service/news-and-updates">https://digital.nhs.uk/organisation-data-service/news-and-updates</a>
7	From 24 February 2017	DCB0090 <b>MUST</b> be implemented wherever there is a requirement to identify the Organisation entity in health and social care (note section 5.3)
Conformance Criterion		Any implementation of Organisation Reference Data complies fully with the information provided in the following products: <ul style="list-style-type: none"> <li>• organisation Reference Data XML products;</li> <li>• supporting information (Technical Specification, XML Schema, Data Item Catalogue, Interactive Object Model);</li> <li>• conformance criteria detailed within this document;</li> <li>• accompanying user guidance.</li> </ul>
8	From 24 February 2017	From the point they go-live, systems and processes that make use of Organisation Reference Data <b>MUST</b> successfully import all of the records, elements and attributes they require using a file of the required format(s)
Conformance Criterion		All the entities identified in conformance for requirement 1 are present within the system or process, following an import of file(s) in the format(s) identified in conformance for requirement 2, which have been processed according to the chosen conformance for requirement 3
9	From 24 February 2017	Consistent updates of Organisation Reference Data <b>MUST</b> be made to the system or process at a maximum of three month intervals from the point it first goes-live, until it either ceases to be used or is decommissioned
Conformance Criterion		Updates are made using the approach defined by the chosen conformance for requirement 4, following which it must hold the most recent values for all the records, elements and attributes that it contains, where they have either been amended or created inside the determined time boundary defined in the chosen conformance for requirement 5
10	From 24 February 2017	XML Support Tools <b>MAY</b> be used to convert XML products into other formats before implementation <sup>20</sup>
11	From 30 April 2018	Stakeholders <b>MAY</b> make use of the ODS API Suite to access weekly / daily updates of Health and Social Care Organisation Reference Data.
12	From 30 April 2018	The current status of the data provided via the ODS API Suite <b>MAY</b> be obtained using an appropriate API query.

<sup>20</sup> See Technical Specification for details

# Appendix

## Alternative Standards

See section 5.3. This fundamental standard and the products that it governs should always be assumed primary ahead of other reference data about Organisations, and be implemented by default when Organisation data is required. However common sense must be applied and if a robust business need exists for different characteristics that may be offered by an alternative data set, then it should be used, with caution.

Note that the following list of alternative organisation data sets is not exhaustive; it is supplied for illustrative purposes only and other valid alternatives may well exist.

## Reporting Data Sets

There are agencies that develop their own organisation codes for specific purposes, for example the National Drug Treatment Monitoring Agency has developed organisation codes for Drug Misuse Agencies.

Use of such codes must be restricted to the requiring system (e.g. the National Drug Treatment Monitoring System).

Such systems will naturally require a relatively small number of codes and have a tight scope. It is therefore unlikely that locally-controlled reporting data sets will be confused with the fundamental standard so their co-existence is not problematic. This said; agencies that do create their own organisation identifiers in this way are encouraged to migrate to the fundamental standard in future.

## Clinical Terminology Data Sets

The clinical terminologies (Read codes and the Systematised Nomenclature of Medicine Clinical Terms or 'SNOMED CT') are lists of terms which describe the care and treatment of patients, and cover a wide range of topics in categories such as signs and symptoms, treatments and therapies, investigations, occupations, diagnoses and drugs and appliances.

As such the vast majority of both Read and SNOMED CT codes are not concerned with the organisation concept however they do incorporate names and identifiers for 'organisation types' like hospitals, GP practices, etc. and 'places' like operating theatres, the community, etc. The organisation types are requested by users and added to the data set by the UK Terminology Centre.

The terminology codes must only be used in clinical settings by healthcare professionals to support the management of care i.e. to record the fact that a patient has been referred to occupational therapy, discharged from hospital, that a report has been sent to the oncology department etc.

Equivalent codes identifying generic settings like these do not exist within the fundamental standard. The contexts that each should be used in are also clearly separated and so unlikely to cause confusion. Co-existence of the fundamental standard with the clinical terms is therefore not problematic.

## Spatial Information

A set of codes exist for identifying organisations' geographical boundaries. These are maintained by the Office for National Statistics (ONS)<sup>21</sup> for use in their postcode directory and other geography products.

At first glance the ONS geography codes appear to identify NHS organisations however they in fact identify their boundaries, and are maintained to a different set of business rules. Co-existence of the fundamental standard with the geographical codes is therefore not problematic.

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<sup>21</sup><https://www.ons.gov.uk/methodology/geography/geographicalproducts/namescodesandlookups/codehistorydatabasechd>