

Title	Commissioning Data Sets (CDS) v6.2 Standard Specification		
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Commissioning Data Sets (CDS) v6.2 Standard Specification

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0.6	02/07/2012	Final draft incorporating details of CDS baseline
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Approvals:

Name	Organisation	Version	Date
Stuart Richardson	Health and Social Care Information Centre	1.0	27/08/2012
Cath Chilcott	Department of Health	1.0	27/08/2012
Jeremy Thorp	Department of Health	1.0	27/08/2012

Glossary of Terms:

Term	Acronym	Definition
Accident and Emergency	A&E	Also referred to as Emergency department. These may be either major units, providing a 24 hour service seven days a week to which the great majority of emergency ambulance cases are taken, or small units commonly called Minor Injury Units, in which services are often only available for limited hours and which may not deal with emergency ambulance. An accident and emergency service offers care to patients who arrive with urgent problems
Ambulance Electronic Patient Report	AEPR	The Ambulance Electronic Patient Report (AEPR) standard defines the minimum clinical information that ambulance staff record in electronic systems in relation to all patients who receive an NHS emergency ambulance response in England.
Allied Health Professional	AHP	A group of medically prescribed healthcare services, such as occupational therapy, physiotherapy and podiatry, provided by professionals registered with the Health and Care Professions Council www.hpc-uk.org .
Choose and Book	CAB	Choose and Book is a national electronic referral service which gives patients a choice of place, date and

		time for their first outpatient appointment in a hospital or clinic.
Common Assurance Process	CAP	The assurance process used to ensure supplier compliance for systems connecting to the spine. http://www.connectingforhealth.nhs.uk/industry/compliance/cap
Clinical Commissioning Group	CCG	Every GP Practice will become a member of a group of GP practices known as Clinical Commissioning Groups, from April 2013 replacing PCTs. These groups of GP Practices, working with other healthcare professionals and in partnership with local communities and local authorities will commission the majority of NHS Services for patients within their local communities. They will have a duty to work with local authorities in relation to health and adult social care, early years services, public health etc. They will not be responsible for commissioning dentistry, community pharmacy, and primary ophthalmic services or directly involved in commissioning services that GPs provide.
Critical Care Minimum Data Set	CCMDS	Relates to any part of the patient's hospital spell within adult, paediatric and neonatal that requires care in a designated critical care bed. The purpose of the Critical Care Minimum Data Set (CCMDS) is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, and Resource Management. The CCMDS is used in all units where Critical Care is provided.
Commissioning Data Sets	CDS	The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Outpatient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data etc.
Community Information Data Sets	CIDS	The Community Information Data Set is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information on patients in contact with community services. It defines the data items, definitions and associated value sets to be extracted or derived from local systems.
Care Quality Indicators	CQI	A new approach to health 'targets' under the coalition government, removing process based targets with no clinical justification and moving towards outcomes based measures.
Department of Health Informatics Directorate	DHID	Supports the NHS to deliver better, safer care to patients through improved IT systems and services
Data Protection Act	DPA	The Data Protection Act 1998 is a United Kingdom Act of Parliament which defines UK law on the processing of data on identifiable living people. It is the main provision for the regulation of the processing of

		information relating to individuals, including the obtaining, holding, use or disclosure of such information.
Ethics and Confidentiality Committee	ECC	Established to undertake the responsibilities of the National Information Governance Board for Health and Social Care (NIGB) under section 251 of the NHS Act 2006 and to consider and advise on ethical issues relating to the processing of health or social care information as referred to it by the NIGB.
Hospital Episode Statistics	HES	National statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals
Healthcare Resource Group	HRG	Standard groupings of clinically similar treatments which use common levels of healthcare resource. HRGs offer organisations the ability to understand their activity in terms of the types of patients they care for, and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time
Health and Social Care Information Centre	HSCIC	Also referred to as The Information Centre for health and social care; the NHS Information Centre for health and social care; England's central, authoritative source of health and social care information. Acting as a hub for high quality, national, comparative data for secondary uses, it delivers information for local decision makers to improve the quality and efficiency of frontline care.
Information Standards Board	ISB	The board established in England for the governance and approval of information standards for health and social care.
Mental Health Minimum Data Set	MHMDS	Approved NHS Information Standard that delivers robust, comprehensive, nationally consistent and comparable person-based information on patients in contact with specialist secondary mental health services. It captures key information from the mental health care pathway.
National Application Service Provider	NASP	Responsible for purchasing and integrating IT systems and services which are common to all users across the country including the Spine element of the NHS Care Records Service, Choose and Book, NHSmail and the National Network for the NHS (N3).
National Integration Centre and Assurance	NICA	The National Integration Centre and Assurance (NICA) provides integration, assurance and testing facilities for IT across the 'whole' English Health and Social Care as

		part of the overall aims of the Department of Health Informatics Directorate. Its primary reason for existing is to serve the NHS and its partners, including Social Care, Arms Length Bodies, the Voluntary Sector and relevant interfaces with the Independent/Private sectors as well as supporting Foundation Trusts.
National Information Governance Board	NIGB	An independent statutory body established to promote, improve and monitor information governance in health and adult social care.
NHS Informatics Reporting Service	NIRS	<ul style="list-style-type: none"> • Enable the collection of data from operational systems; • Provide reporting and analysis capability to support planning, management, research, audit and public health at local, regional and national level.
NHS Wide Clearing Service	NWCS	The NHS-Wide Clearing Service was decommissioned on 31 December 2006 and replaced by the Secondary Uses Service, which is now the single NHS-wide system for processing Commissioning Data Sets (CDS).
Organisation Data Services	ODS	Responsible for national policy and standards for organisation and practitioner codes, which form part of the NHS data standards. ODS was previously known as the National Administrative Codes Service (NACS).
Patient Administration System	PAS	A computerised administration solution that assists with planning, tracking and recording the patient's contact with the outpatient department or admission and discharge.
Payment by Results	PbR	Department of Health initiative which aims to provide a transparent, rule-based system for paying trusts, with payment being linked to activity and adjusted for casemix. http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSFinancialReforms/DH_900
Primary Care Trust	PCT	Local NHS organisation responsible for the commissioning, administration and performance management of healthcare within a defined locality. (To be replaced by CCG's from April 2013)
Public Health Observatory	PHO	Produce information, data and intelligence on people's health and health care for practitioners, commissioners,

		policy makers and the wider community. Their expertise lies in turning information and data into meaningful health intelligence.
Parliamentary Questions	PQs	Tools that can be used by Members of Parliament to seek information or to press for action, they oblige ministers to explain and defend the work, policy decisions and actions of their departments
Role Based Access Control	RBAC	RBAC defines a national standard set of Job Roles and related Activities and Areas of Work which can be approved by a Sponsor and granted by the Registration Authority to a User. Each application, such as Choose and Book, uses these definitions to enable access to specific functionality and information in their system.
Review of Central Returns	ROCR	A body within the HSCIC whose task is to maintain and review requirements. ROCR's role is to rigorously review all central returns to ensure that they are fit for purpose and minimise the burden on the NHS. Membership includes wide representation from the NHS, as well as DH, HSCIC and NHS Connecting for Health (DHID).
Referral to Treatment	RTT	Waiting Times measurement policy for consultant led and Allied Health Professional activity, which monitors the waiting time between the referral of a patient to a service, to the time they receive first definitive treatment for their condition
Strategic Health Authority	SHA	SHAs are responsible for managing the NHS locally and acting as a conduit between NHS organisations and the Department of Health. They oversee the local implementation of national policy and are responsible for devising overarching local plans for the NHS to improve services and the health of their population.
SUS User Group	SUG	Provides advice and support to the SUS Programme Board on: Technical and local operational issues associated with the submission of data to SUS and access to data maintained within SUS for analysis, reporting and extraction. Issues, which impact on the quality of data submitted to SUS and actions that need to be taken both locally and centrally to address these issues. The quality of services and support provided to local users of SUS by the commercial suppliers of systems and services, the Health and Social Care Information Centre and NHS Connecting for Health. Priorities for the development of additional or enhanced functionality within the core SUS warehouse and associated data marts.
Secondary Uses Service	SUS	Single source of comprehensive data to enable a range of reporting and analysis. SUS supports the NHS and

		its partners in the areas of planning, commissioning, management, research, audit, public health and a number of national initiatives, such as Payment by Results, the reimbursement mechanism for acute care
Treatment Function Code	TFC	A division of clinical work based on Main Specialty, but incorporating approved sub-specialties and treatment interests used by lead care professionals including but not limited to Consultants
Treatment Function Maintenance Group	TFMG	The TFMG provide an independent clinical review of candidate Treatment Function Codes to assess their suitability for inclusion on the list of Treatment Functions based on pre-existing acceptance criteria, on an annual basis, to align with the SUS release cycle.
User Role Profile	URP	Each NHS Care Record Service user can be assigned one or more User Role Profiles (URPs). A URP identifies the Organisation within which the user works, the Job Role they will be performing, one or more Areas of Work and one or more additional RBAC Activities.
Unique User Identification	UUID	A unique identifier used with IT systems and data set messages
Very General Purpose	VGP	Free-text fields within the CDS XML schema which are used to exchange data locally between Providers and Commissioners, and which are not part of the CDS specification in the NHS Data Model and Dictionary.
Extensible Markup Language	XML	XML is a markup language designed to carry data, not to display data. It is used to create the CDS XML schemas which carry data in the Commissioning Data Set format between health care providers and the Secondary Uses Services

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1 Purpose

The purpose of this document is to precisely define the Commissioning Data Sets (CDS) version 6.2 information standard: what it is and how it should be implemented.

CDS is an existing, approved information standard with version CDS 6.1 and sub version 6.1.1 currently operational across the health service. This specification will focus upon the changes between CDS 6.1 (and sub versions) and CDS 6.2. It does however also provide the full specification for CDS 6.2 as a standalone information standard.

This specification is intended to provide the necessary information to support the following uses for different types of user:

Existing users of CDS 6.1 – this document will provide the information required to successfully transition from CDS 6.1 to CDS 6.2 (see CDS 6.2 Change Request)

New users of CDS – this document will provide the information required to successfully implement the CDS 6.2 information standard.

This document also describes the existing CDS Information Standard baseline.

1.1 Background

Commissioning Data Sets are patient level data sets intended to deliver robust, comprehensive, nationally consistent and comparable person-based information on activity to support a variety of secondary use purposes (i.e. not for the direct care of the patient).

The Commissioning Data Sets (CDS) are the primary mechanism for the reporting of secondary care activity which is either NHS funded, and/or provided by NHS Organisations, via the Secondary Uses Service (SUS). They support a variety of high profile national requirements including Payment by Results (PbR) and Referral to Treatment (RTT) as well as national reporting of activity through Hospital Episode Statistics (HES).

The introduction of Commissioning Data Sets (CDS) version 6.2 incorporates changes to support new and changing national policy and legislative requirements, support commissioning and to meet the needs of the NHS.

Commissioning Data Set Data Flow Definitions

The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Outpatient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data.

Commissioning Data Set Messages have been defined in specific components known as a CDS type. Each Commissioning Data Set Type as configured into the Commissioning Data Set Message carries only one specific Commissioning Data Set Type, an example being the Finished Consultant Episode Commissioning Data Set Type.

Full details of the current baseline Commissioning Data Sets (CDS) including the specification for the CDS types outlined above, including definitions and supporting guidance, XML schemas and submission rules are available on the NHS Data Dictionary website:

http://www.datadictionary.nhs.uk/web_site_content/navigation/commissioning_data_sets_menu.asp?shownav=1

The table below lists the different Commissioning Data Set types used to flow details of activity and planned activity.

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
Accident and Emergency Commissioning Data Set Type:				
010	Accident and Emergency CDS	Contains details of all Accident and Emergency Attendances.	M	Monthly
Outpatient Commissioning Data Set Types:				
020	Outpatient CDS	Contains details of all Outpatient Attendance or a cancelled/missed appointment. It covers all NHS and private Outpatient activity taking place in any: - acute, community or mental health NHS Trust - other NHS hospital - non-NHS hospitals or institutions where the care delivered is NHS-funded.	M	Monthly
021	Future Outpatient CDS	Contains details of all Future Outpatient Attendance or a future cancelled appointment. It covers all NHS and private Outpatient activity taking place in any: - acute, community or mental health NHS Trust - other NHS hospital - non-NHS hospitals or institutions where the care delivered is NHS-funded. This CDS is not approved by ISB so should be used for piloting purposes only.	PO	N/A
Admitted Patient Care Commissioning Data Set Types:				
120	Admitted Patient Care - Finished Birth Episode CDS	Contains details of all Finished Birth Episodes. This is required when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) which has taken place in either an NHS Hospital or in non-NHS organisations funded by the NHS.	M	Monthly

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
130	Admitted Patient Care - Finished General Episode CDS	<p>Contains details of all Finished General Episodes.</p> <p>It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any:</p> <ul style="list-style-type: none"> - acute, community or mental health NHS Trust - other NHS hospital - non-NHS hospitals or institutions where the care delivered is NHS-funded. 	M	Monthly
140	Admitted Patient Care - Finished Delivery Episode CDS	<p>Contains details of all Finished Delivery Episodes occurring when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation).</p> <p>This may take place in either NHS Hospitals or in non-NHS organisations funded by the NHS.</p>	M	Monthly
150	Admitted Patient Care - Other Birth Event CDS	<p>Contains details of all Other Births.</p> <p>This CDS applies to:</p> <ul style="list-style-type: none"> - NHS funded home births and - all other birth events which are not NHS-funded, either directly or under an NHS Service Agreement. 	M	Monthly
160	Admitted Patient Care - Other Delivery Event CDS	<p>Contains details of all Other Deliveries.</p> <p>This CDS applies to:</p> <ul style="list-style-type: none"> - NHS funded home deliveries and - all other delivery events which are not NHS-funded, either directly or under an NHS Service Agreement. 	M	Monthly
170	Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS	<p>Contains details of all patients admitted as at 31 March each year for which the patient is detained or the episode is part of a Hospital Provider Spell which has lasted longer than one year and for which the majority of time has been spent under the care of a consultant in one of the psychiatric specialties.</p> <p>May optionally be sent more regularly, usually monthly.</p>	R	Annually

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
180	Admitted Patient Care - Unfinished Birth Episode CDS	<p>Contains details of all Unfinished Birth Episodes.</p> <p>This is required when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) which has taken place in either an NHS Hospital or in non-NHS organisations funded by the NHS, and the episode has not finished.</p> <p>May optionally be sent more regularly, usually monthly.</p>	R	Annually
190	Admitted Patient Care - Unfinished General Episode CDS	<p>Contains details of all Unfinished General Episodes.</p> <p>It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any:</p> <ul style="list-style-type: none"> - acute, community or mental health NHS Trust - other NHS hospital - non-NHS hospitals or institutions where the care delivered is NHS-funded <p>where the episode has not finished.</p> <p>May optionally be sent more regularly, usually monthly.</p>	R	Annually
200	Admitted Patient Care - Unfinished Delivery Episode CDS	<p>Contains details of all Unfinished Delivery Episodes occurring when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) where the episode has not finished.</p> <p>This may take place in either NHS Hospitals or in non-NHS organisations funded by the NHS.</p> <p>May optionally be sent more regularly, usually monthly.</p>	R	Annually
Elective Admission List Commissioning Data Set Types - End Of Period Census Types:				
030	Elective Admission List - End of Period Census (Standard) CDS	<p>Contains details of all booked, planned and waiting list admissions.</p> <p>This consists of records for patients waiting for Elective Admission at a specified date.</p>	R	Monthly (if submitted)

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
040	Elective Admission List - End Of Period Census (Old) CDS	Contains details of Elective Admission List Entries for which the responsibility has transferred to another commissioner and is used to report details to the previous (old) Commissioner.	O	Monthly (if submitted)
050	Elective Admission List - End Of Period Census (New) CDS	Contains details of Elective Admission List Entries for which the responsibility has transferred to another commissioner and is used to report details to the new Commissioner.	O	Monthly (if submitted)
Elective Admission List Commissioning Data Set Types - Event During Period Types:				
060	Elective Admission List - Event During Period (Add) CDS	Contains details of Elective Admission List Entries that have been added to the Health Care Provider's Elective Admission List.	O	Monthly (if submitted)
070	Elective Admission List - Event During Period (Remove) CDS	Contains details of Elective Admission List Entries that have been removed from the Health Care Provider's Elective Admission List.	O	Monthly (if submitted)
080	Elective Admission List - Event During Period (Offer) CDS	Contains details of all Offers of Admission made to patients on the Health Care Provider's Elective Admission List.	O	Monthly (if submitted)
090	Elective Admission List - Event During Period (Available / Unavailable) CDS	Contains details of all changes in the patient's availability for treatment for patients on the Health Care Provider's Elective Admission List.	O	Monthly (if submitted)
100	Elective Admission List - Event During Period (Old Service Agreement) CDS	Contains details of Elective Admission List Entries for which the responsibility has transferred to another commissioner and is used to report details to the previous (old) Commissioner.	O	Monthly (if submitted)
110	Elective Admission List - Event During Period (New Service Agreement) CDS	Contains details of Elective Admission List Entries for which the responsibility has transferred to another commissioner and is used to report details to the new Commissioner.	O	Monthly (if submitted)

M = Mandatory, R = Required, O = Optional, PO = Piloting Only

Supporting CDS Types

The table below lists the different Commissioning Data Set types used to support the national flow of CDS information.

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
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CDS Type	CDS Title	CDS Description	Status	
Commissioning Data Set Interchange and Message Controls				
001	CDS Interchange Header	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the start of a CDS submission.	M	Must be submitted for every CDS Interchange
002	CDS Interchange Trailer	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the end of a CDS submission.	M	Must be submitted for every CDS Interchange
003	CDS Message Header	Contains the metadata that describes the content of the message and signals the start of CDS message.	M	Must be submitted for every CDS Message
004	CDS Message Trailer	Contains the metadata that describes the content of the message and signals the end of CDS message.	M	Must be submitted for every CDS Message
Commissioning Data Set Transaction Header Group				
005B	CDS Transaction Header Group - Bulk Update Protocol	Contains the metadata that describe the controls for a bulk submission.	M	Must be submitted for every bulk CDS submission
005N	CDS Transaction Header Group - Net Change Protocol	Contains the metadata that describe the controls for a net submission.	M	Must be submitted for every net CDS submission

CDS Status

M = Mandated: these CDS Types are mandated to flow.

R = Required: these CDS Types are required to flow and NHS business processes cannot be delivered without these.

O = Optional: the flow of these CDS Types is optional and should be agreed between the Provider and Commissioner.

PO = Piloting only: these CDS Types have not been formally approved by Information Standards Board (ISB) so should only be submitted for piloting purposes.

Please see the NHS Data Dictionary website for further details on Mandated CDS data flows:

http://www.datadictionary.nhs.uk/web_site_content/cds_supporting_information/cds_mandated_data_flows.asp?shownav=1

2 Overview

2.1 Summary

Standard	
Standard Number	ISB 0092
Standard Title	Commissioning Data Sets (CDS)
Description	<p>The Commissioning Data Sets (CDS) are the primary mechanism for the national reporting of secondary care activity which is either NHS funded, and/or provided by NHS organisations.</p> <p>The Commissioning Data Sets (CDS) Information Standard comprises:</p> <ul style="list-style-type: none"> • CDS Data Set Specifications (A&E, Outpatient, Admitted Patient Care, Elective Admission Lists) • CDS Messaging Specifications (Interchange and Message Headers and Trailers, Transaction Header Bulk/Net Protocol) • Supporting Guidance (NHS Data Model & Dictionary) • Business Rules • CDS XML Schemas • Method of submission of CDS into SUS and associated guidance. <p>Commissioning Data Sets are patient level data sets intended to deliver robust, comprehensive, nationally consistent and comparable person-based information on activity to support a variety of secondary use purposes (i.e. not for the direct care of the patient).</p> <p>These include:</p> <ul style="list-style-type: none"> • Monitor and manage NHS service agreements • Develop commissioning plans • Support the Payment by Results processes • Support NHS Comparators • Monitor Health Improvement Programmes • Underpin clinical governance • Understand the health needs of the population • Support reporting against referral to treatment (RTT) times. <p>The Department of Health requires accurate data for the following types of patient activity:</p> <ul style="list-style-type: none"> • Accident and Emergency attendances • Outpatient Appointments (including Did Not Attends) • Admitted Patient Care (Hospital Admissions) • Elective Admission Lists. <p>This includes all secondary care activity of this nature undertaken by NHS Hospital Providers, including patients receiving private treatment, and NHS patients treated electively in the independent sector (including Any Qualified Provider) and overseas.</p> <p>Commissioning Data Sets are securely submitted to the Secondary Uses Service (SUS) in XML format.</p> <p>Commissioning Data Sets form the basis of the Hospital Episode Statistics (HES) data set.</p>

Applies to	<ul style="list-style-type: none"> • Providers of NHS Funded Care (including Trusts and Independent Sector Providers) • Suppliers of secondary care systems , including Patient Administration Systems (PAS), Clinical Care Record systems and other operational systems such as Accident and Emergency, Maternity and Critical Care • CDS XML/middleware suppliers.
Release	
Release Number	Amd 16/010
Release Title	Version 6.2
Description	<p>This release introduces Version 6.2 of the Commissioning Data Sets (CDS), incorporating changes to support new and changing national policy and legislative requirements, support commissioning and to meet the needs of the NHS.</p> <p>These include changes to support the following areas:</p> <ul style="list-style-type: none"> • Health and Social Care Act 2012 • Payment by Results (PbR) • Allied Health Professional Referral to Treatment (AHP RTT) • Accident and Emergency Clinical Quality Indicators (CQIs) • Mental Health • Improving Quality and Value of Hospital Data • Addition of new Treatment Function Codes • Ambulance Incident reporting • Removal of Very General Purpose (VGP) fields to address Information Governance concerns • Removal of 'pilot' items introduced in CDS 6.1 • Changes to support local analysis by providers and commissioners • Maintenance updates to ensure alignment with NHS Data Dictionary editorial policy and to address known issues • Improved method for CDS NET deletions within SUS <p>CDS 6.2 will be implemented in Secondary Uses Service (SUS) release 12 expected in November 2012. CDS 6.0 will be deprecated at the same time.</p>
Implementation Completion Date	30 April 2013

2.2 Related Documents

This Specification should be read in conjunction with the following documents:

Ref #	Title
1	CDS 6.2 Requirements Specification
2	CDS 6.2 Data Set Change Specification
3	CDS 6.2 Human Behavioural, Organisational and Technical Guidance

4	CDS 6.2 Risks and Issues Log
5	NHS Data Dictionary Change Paper CR1166
6	NHS Data Dictionary Change Paper CR1306
7	CDS 6.2 Change Request

2.3 Related Standards

This Specification should be read in conjunction with the following standards:

Ref #	Reference	Title
3	ISB 0149-02 DSCN 32/2008	NHS Number Standard for Secondary Care (England)
4	ISB 0149-01 DSCN 31/2008	NHS Number Standard for General Practice
5	ISB 0028	National Specialty List
6	ISB 0092 Amd 6/2011	Amendment to CDS V6 Type 020 – Outpatient CDS for Allied Health Professions Referral to Treatment (AHP RTT) (In Development)
7	ISB 1588 Amd 11/2012	A&E Clinical Quality Indicators (In Development)
8	ISB 0011	Mental Health Minimum Data Set (MHMDS)
9	TBC	Clinical Standards (Present on Admission and Lead Healthcare Professional for Procedures)

CDS 6.2 will also utilise data elements defined within the approved standard ISB 1516 Ambulance Electronic Patient Report (AEPR).

2.4 Contacts

Sponsor	
Name	Jeremy Thorp
Organisation	DH Informatics Directorate
Email Address	jeremy.thorp@nhs.net
Developer	
Name	Paul Croft
Organisation	Health and Social Care Information Centre
Email Address	paul.croft@ic.nhs.uk
Maintenance Manager	
Name	Stuart Richardson
Organisation	Health and Social Care Information Centre
Email Address	stuart.richardson@ic.nhs.uk

3 CDS 6.2 Change Specification

3.1 Change Requirement

The Commissioning Data Sets (CDS) are the primary mechanism for the reporting of NHS funded care activity via the Secondary Uses Service (SUS). They support a variety of high profile national requirements including Payment by Results (PbR) and Referral to Treatment (RTT) as well as national reporting of activity through Hospital Episode Statistics (HES).

The introduction of Commissioning Data Sets (CDS) version 6.2 incorporates changes to support new and changing national policy and legislative requirements, support commissioning and to meet the needs of the NHS including addressing known issues.

These include changes to support the following areas:

- Health and Social Care Act 2012
- Payment by Results
- Allied Health Professional Referral to Treatment (AHP RTT)
- Accident and Emergency Clinical Quality Indicators (CQIs)
- Mental Health
- Improving Quality and Value of Hospital Data
- Addition of new Treatment Function Codes
- Ambulance Incident reporting
- Addition of times to date only items to support local analysis
- Addition of dates to time only items to support local analysis
- Removal of Very General Purpose (VGP) fields to address Information Governance concerns
- Removal of 'pilot' items introduced in CDS 6.1
- Maintenance updates to ensure alignment with NHS Data Dictionary editorial policy and to address known issues
- Improved method for CDS NET deletions within SUS

Full details of requirements are provided in the CDS 6.2 Requirements Specification [1].

This is available for download from the ISB website:

<http://www.isb.nhs.uk/documents/isb-0092/amd-16-2010/index.html>

CDS 6.2 will be implemented in Secondary Uses Service (SUS) release 12 expected in November 2012.

3.2 Change Specification

The CDS 6.2 Change Request outlines the changes to the existing baseline CDS 6.1 Information Standard.

Further details including new data elements, changes to existing data element names, formats and data values and removal of existing data elements are available in the CDS 6.2 Data Set Change Specification [2].

Corresponding NHS Data Dictionary changes are specified within the NHS Data Dictionary Change Paper, CR1166 [5] and CR1306 [6].

These documents are available for download from the ISB website:

http://www.isb.nhs.uk/documents/isb-0092/amd-16-2010/index_html

3.3 Information Specification

#	Requirement ^[1]
	Healthcare Providers
1	Providers MAY submit Commissioning Data Sets in version 6.2 format to the Secondary Uses Service (SUS) from November 2012 (subject to SUS Release 12 implementation and XML Middleware Suppliers being accredited), with the exception of data elements listed below.
2	Providers SHOULD submit Commissioning Data Sets in version 6.2 format to the Secondary Uses Service (SUS) from April 2013 (subject to SUS Release 12 implementation and XML Middleware Suppliers being accredited).
3	Providers MUST be fully conformant with CDS 6.2, including the capture and flow of any new mandatory or required data items to the Secondary Uses Service (SUS), by April 2014² .
4	Providers MAY capture and submit optional data items from November 2012 with the exception of data elements listed below.
5	Providers SHOULD be working towards the capture and submission of optional data items (where they apply) by April 2014 unless otherwise notified by a subsequent ISN.
	System Suppliers
6	Suppliers of relevant clinical or patient administration systems SHOULD ensure that systems support all mandated changes (mandatory or required), plus the extraction of optional items where these are already defined within systems, by April 2013 .
7	Suppliers of relevant clinical or patient administration systems MUST ensure that systems support all mandated changes (mandatory or required), plus the extraction of optional items where these are already defined within systems, by September 2013 .
8	Suppliers of relevant clinical or patient administration systems MUST be fully conformant with CDS 6.2, including providing the ability to enable the capture, and/or derivation, and extraction of all proposed changes, including optional items where there are future plans for mandation (specified in the CDS 6.2 Change Request [7]), by April 2014 .

^[1] The key words MUST, SHOULD and MAY are defined in the [information standards development methodology](#). They follow [RFC-2119](#).

	XML/Middleware Suppliers
9	XML/Middleware Suppliers MUST have completed the Common Assurance Process (CAP) and be assured by obtaining XML Middleware Supplier accreditation to submit CDS to SUS in version 6.2 format by April 2013 .

² Support for CDS 6.1 and sub version CDS 6.1.1 will be withdrawn in April 2014 at the latest. This will happen even where no version of CDS subsequent to CDS 6.2 is released.

3.3.1 Exclusions

The table below outlines specific exclusions to the implementation timescales specified in the information specification above in relation to the national flow of certain new data values/elements.

Data Element	Earliest Implementation Date	Comments
New Admission Methods	April 2013	<p>The following new Admission Method codes MUST NOT be used prior to April 2013:</p> <p>[2A] PATIENT admitted from the Accident And Emergency Department of another provider where they had not been admitted [2B] Transfer of an admitted PATIENT from another Hospital Provider in an emergency [2C] Baby born at home as intended [2D] Other Emergency Admission</p> <p>Where these are implemented locally prior to April 2013 they should be mapped to code [28] Other emergency means for submission to SUS.</p> <p>Failure to do so will result in activity being U-grouped and a zero tariff will be assigned.</p> <p>Code [25] Admission via Mental Health Crisis Resolution Team MAY be used prior to April 2013. Records using this code will be grouped as an emergency admission but would not normally attract tariff as this code should only be used for mental health admissions which are outside of the scope of SUS PbR.</p>
New Activity Treatment	April 2013	The following new Activity Treatment

Function Codes		<p>Function codes MUST NOT be used prior to April 2013:</p> <p>[108] Specialist Spinal Surgery Service [223] Paediatric Epilepsy [331] Congenital Heart Disease [344] Complex Specialised Rehabilitation Service [345] Specialist Rehabilitation Service [346] Local Specialised Rehabilitation Service [663] Podiatric Surgery [725] Mental Health Recovery and Rehabilitation Services [726] Mental Health Dual Diagnosis Service [727] Dementia Assessment Service [920] Diabetic Education Service</p> <p>Where these are implemented locally prior to April 2013 they should be mapped to the most appropriate existing code for submission to SUS.</p> <p>Failure to do so will result in activity being U-grouped and a zero tariff will be assigned.</p>
Present on Admission Indicator	April 2013 - TBC	<p>Providers MUST NOT capture and submit the Present On Admission Indicator until the subset of conditions, coding mappings and detailed guidance have been clinically validated and published. Timescales for this are currently being agreed with the Sponsor but are likely to be April 2013.</p>

3.4 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an organisation (conformance criteria). These may be different depending upon the type of organisation, e.g. supplier, Trust, GP practice.

Healthcare Providers

#	Conformance Criteria
1	25% of providers submitting CDS 6.2 to SUS by April 2013
2	95% of providers fully conformant with CDS 6.2 to SUS by April 2014
3	75% of records containing all mandated (mandatory and required) changes by Provider (excluding default values)

System Suppliers

#	Conformance Criteria
1	50% of system suppliers able to capture and output CDS 6.2 by April 2013
2	100% of system suppliers fully conformant with CDS 6.2 by April 2014

XML/Middleware Suppliers

#	Conformance Criteria
1	100% of Middleware Suppliers assured to submit CDS 6.2 to SUS by April 2013

Conformance with the CDS 6.2 Information Standard will be enforced through the CDS 6.2 XML Schema and validation upon landing within Secondary Uses Service (SUS).

All CDS 6.2 submissions will need to adhere to restrictions enforced by the XML schema. Upon translation any interchanges containing records that do not conform to the XML schema will be rejected by the External Data Transfer (EDT) system. In these cases a validation report will be provided to assist the sender in the identification and resolution of issues.

Full details of the CDS 6.2 XML Schema will be published on the NHS Data Dictionary website:

http://www.datadictionary.nhs.uk/web_site_content/cds_supporting_information/commissioning_data_set_message_schema_versions.asp?shownav=1

4 Concept of Operation

4.1 Data users

4.1.1 Primary Users

Healthcare Professionals: will be responsible for capturing information as part of the ongoing care of the patient i.e. for primary use purposes. They will also be responsible for coding activity in some cases including A&E and outpatient procedures.

Administrative Staff: will be responsible for capturing information such as demographics.

Clinical Coders: will be responsible for coding activity recorded on patient notes into corresponding clinical codes such as ICD-10, OPCS and A&E Diagnosis, Investigation and Treatment classifications in accordance with coding guidance (where this is not coded directly by healthcare professionals).

Suppliers of Patient Administration (PAS) and clinical systems (including A&E, maternity, critical care and theatre systems): will develop systems ensuring that data items can be captured electronically and output or derived to nationally agreed standards and change existing extraction routines to produce CDS 6.2 submissions.

XML/Middleware Suppliers: will develop tools and/or services to process Trusts CDS data in proprietary format and generate CDS submissions in conformant XML for submission to SUS.

Trust Informatics Staff: will be responsible for the collation of information from a range of disparate systems into the CDS and the submission of this to SUS via XML Middleware Suppliers or in-house products licensed from XML/Middleware Suppliers. This will include ensuring completeness and addressing any data quality issues identified with the information within the data set.

4.1.2 Secondary Users

Information generated through implementation of this NHS Information Standard will be used by the following organisations:

- Providers of NHS Funded Care (including Trusts and Independent Sector Providers)
- Commissioners (Primary Care Trusts (PCTs) and Clinical Commissioning Groups (CCGs))
- NHS Commissioning Board
- Department of Health
- Strategic Health Authorities (SHAs)
- public health observatories (PHOs)
- Public Health England
- academic research organisations
- approved commercial organisations
- local authorities.

When approved as an NHS Information Standard the following groups of people are likely to analyse information captured through the data set:

- managers
- commissioners
- service and workforce planners
- performance analysts
- clinical staff
- finance staff.

The information captured through the data set may support the following local activity:

- commissioning
- organisational performance management
- service planning and improvement
- clinical audit
- research
- population health need assessment.

It is anticipated that local use of the data set will include both strategic planning purposes and operational and pathway redesign.

The data set will enable users to request, analyse and compare standardised data for reports, performance indicators and targets using variables by, for example:

- longitudinal (over time)
- organisation
- geographical area
- patient age
- patient service use
- patient outcome
- inequality (including vulnerability and social factors).

4.2 Working Practices

Full guidance, including changes to working practices, is available in the CDS 6.2 Human Behavioural, Organisational and Technical Guidance [3]. This is available for download from the ISB website:

<http://www.isb.nhs.uk/documents/isb-0092/amd-16-2010/index.html>

4.3 Information Governance

Existing Information Governance legislation and NHS Policy will apply to the Commissioning Data Sets (CDS) including:

- Data Protection Act (DPA)
- The NHS Confidentiality Code of Practice (2003)
- Caldicott Report (1997)¹

¹http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4084181

- Health and Social Care Act 2012.

Commissioning Data Sets (CDS) currently have section 251 approval from the National Information Governance Board (NIGB) to allow the flow and storage of patient identifiable data without patient consent within the national, strategic data warehouse as part of the SUS application. The Ethics and Confidentiality Committee (ECC) have confirmed that no further approval is required as a result of the changes to CDS 6.2.

As result explicit patient consent is not required, however, providers are encouraged to seek consent from patients for their information to be used to support secondary uses wherever possible.

Where a patient explicitly withholds consent, the NHS Service has the option to flow the data without patient identifiers such as the NHS Number or not flow the data at all, as directed by the local Caldicott Guardian.

4.3.1 Patient Identifiable data items

Commissioning Data Sets (CDS) include several patient identifiable items as follows:

- NHS Number
- Local Patient Identifier
- Name
- Address
- Date of Birth
- Postcode of Usual Address.

CDS necessarily includes patient identifiers to support the linkage of activity to create a complete picture of the patient pathway, for example across A&E, Admitted Patient Care and Outpatient Appointments, and also to support commissioning of health services and remuneration for activity undertaken by providers.

To ensure confidentiality patient identifiers are pseudonymised within SUS to remove the ability to identify the patient.

CDS 6.2 does not contain any new or changes to existing patient identifiable items.

4.3.2 Changes to address Information Governance concerns

CDS 6.2 will include the following improvements to address information governance concerns:

Removal of Very General Purpose (VGP) fields

Very General Purpose (VGP) fields have historically been included within CDS to support the flow of additional, locally defined information between providers and their commissioners. These are undefined free text fields and as a result have been identified as a significant risk from an information governance perspective as they could be used to flow highly sensitive or patient identifiable information that would otherwise be strictly controlled.

Addition of Patient Identity Withheld Reason Indicator

There is a need to identify CDS records where the patient identifiers have been legitimately withheld for an individual for a variety reasons including legal or statutory reasons (e.g.

HIV/IVF), or upon request of the Caldicott Guardian or the patient, rather than due to data quality issues.

4.3.3 New Sensitive Data Items/Values

CDS 6.2 will also introduce new items that are likely to have implications from an information governance perspective as follows:

Professional Registration Entry Identifier (Main Operating Care Professional) Professional Registration Entry Identifier (Responsible Anaesthetist)

There is a requirement to capture details of clinicians, including non-consultant career grade doctors, undertaking medical or surgical activities in addition to the consultant in charge so as to represent the current way in which senior clinicians work in teams. At present only details of the Consultant with overall responsibility for the patient's consultant episode is reported through CDS and available within HES.

Anaesthetists and surgeons are very keen to record the main surgeon and anaesthetist for each operative procedure. This is essential for evaluation of the workload of individual consultants to improve patient care, including supporting clinical safety, as well as supporting appraisal and re-validation.

This will be the GMC or equivalent code for the healthcare professional so would identify activity for an individual. As a result these items are considered to be very similar to the existing Consultant Code and as such the same level of sensitivity and restrictions will be applied to these items.

Ward Security Level

This change is required to enable the identification of activity within Secure Accommodation to support a variety of secondary use purposes including answering of parliamentary questions (PQs) and other ad hoc queries, and to support commissioning and Payment by Results (PbR).

This item will potentially identify a patient as a mental health patient. As a result this item is considered to be very similar to the existing Legal Status Classification Code and as such the same level of sensitivity and restrictions will be applied to this item.

Ward Code/Clinic Code/Local Subspecialty Code

These items have historically been submitted within Very General Purpose (VGP) fields within CDS. These have been included to allow providers to continue to share this information with commissioners following the removal of VGP fields. It is felt that this will help to prevent the proliferation of alternative local flows of this data and the potential information governance risks associated with such flows.

Guidance will be issued to ensure that users do not include codes that may unwittingly identify a patient as having a sensitive condition and submitted data will be monitored to ensure adherence to this guidance.

4.4 Ethics

There are not considered to be any ethical issues associated with these changes to CDS 6.2. The Ethics and Confidentiality Committee (ECC) have not raised any concerns about the changes to CDS 6.2.

4.5 Clinical Safety

Commissioning Data Sets (CDS) utilises information already routinely collected in a variety of Trust systems and collated in a non-clinical setting for secondary uses purposes. There are consequently no known patient safety or clinical risk implications or potential adverse effects for patients in the application of these changes to this Information Standard. This has been confirmed by NHS Connecting for Health Clinical Safety Team.

Furthermore no potential clinical or patient safety risks have been identified during the elaboration of requirements with stakeholders, the consultation exercise or the definitional testing exercise.

4.6 Clinical Governance

Commissioning Data Sets support clinical governance maintaining and improving the quality of patient care within the health system through the national reporting of comparable primary use data for secondary use purposes to standardised definitions to support transparency. This supports (a) the audit of providers by organisations such as Care Quality Commission, Public Health Observatories (PHOs) and other research and commercial organisations and (b) the identification of outliers to indicate areas to focus limited resources for investigation purposes.

CDS has directly contributed to the identification and subsequent investigation of poor standards of care within the NHS, including the Mid Staffordshire inquiry and Bristol heart scandal.

4.7 Data Quality

4.7.1 Local Data Quality

Each organisation will have its own corporate framework for managing data quality. This will ensure that data quality issues are addressed to ensure that data is complete, accurate and timely.

The provider should also apply data quality requirements as outlined within the NHS Information Governance Toolkit. Full details are available on the Information Standards Board (ISB) website:

<http://www.isb.nhs.uk/library/standard/151>

4.7.2 National Data Quality

Restrictions on the XML schema will go some way to ensure that only valid formats and codes are submitted within CDS 6.2. Further validation of data will be undertaken upon submission to SUS.

Additional Data Quality checks will be performed by the Health and Social Care Information Centre SUS/HES Data Quality Team.

This will involve analysing submitted CDS 6.2 data to identify potential data quality issues for an individual provider or nationally. This will result in the HSCIC working with the provider to ensure that they are aware of potential data quality issues and identifying the resolution. It may also result in publication of improved guidance or consideration of future changes to CDS.

VODIMN (Valid, Other, Default, Invalid, Missing, Not Applicable) Reports will be made available to providers within SUS to flag potential data quality issues with submitted data.

This will enable providers to identify and resolve any data quality issues prior to resubmitting the data to SUS.

5 Implementation and Use

5.1 Guidance

Full guidance is available in the CDS 6.2 Human Behavioural, Organisational and Technical Guidance [3]. This is available for download from the ISB website:

<http://www.isb.nhs.uk/documents/isb-0092/amd-16-2010/index.html>

5.2 Governance

The Health and Social Care Information Centre (HSCIC) will have overall executive responsibility for implementation of changes to CDS.

Implementation of changes to SUS will be managed through the SUS Programme, a joint programme between Health and Social Care Information Centre and Department of Health Informatics Directorate. This will be overseen by the SUS Programme Board.

Ongoing maintenance of CDS will be undertaken by the HSCIC. Users and stakeholders can submit requests for change to the HSCIC via enquiries@ic.nhs.uk (please include 'CDS Change Request' in the subject line).

Change requests will be prioritised by the sponsor, in conjunction with the SUS User Group (SUG), and will only be progressed where a sponsor and funding can be identified and where a suitable implementation mechanism is available e.g. a SUS release.

The SUS User Group (SUG), comprising key stakeholders representing providers, system suppliers and commissioners, fulfil the role as CDS Expert Working Group.

5.3 Technical Architecture

CDS 6.2 will be implemented through Secondary Uses Service (SUS) release 12 due to go live in November 2012.

5.3.1 CDS 6.2 XML Schema

Changes to CDS 6.2 will be implemented through the release of the CDS 6.2 XML schema. The CDS 6.2 XML schema will be published on the NHS Data Dictionary website:

http://www.datadictionary.nhs.uk/web_site_content/cds_supporting_information/commissioning_data_set_message_schema_versions.asp?shownav=1

The schema is also available upon request prior to publication on the NHS Data Dictionary by contacting the NHS Data Model and Dictionary Helpdesk at datastandards@nhs.net.

5.3.2 CDS Data Flow via Secondary Uses Service (SUS)

National flow of CDS data is via the Secondary Uses Service (SUS). SUS is the single, comprehensive repository for healthcare data which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

The Secondary Uses Service (SUS) is primarily a data warehouse that provides access to anonymous patient-based data for purposes other than direct clinical care such as:

- healthcare planning
- commissioning services
- public health
- national policy development.

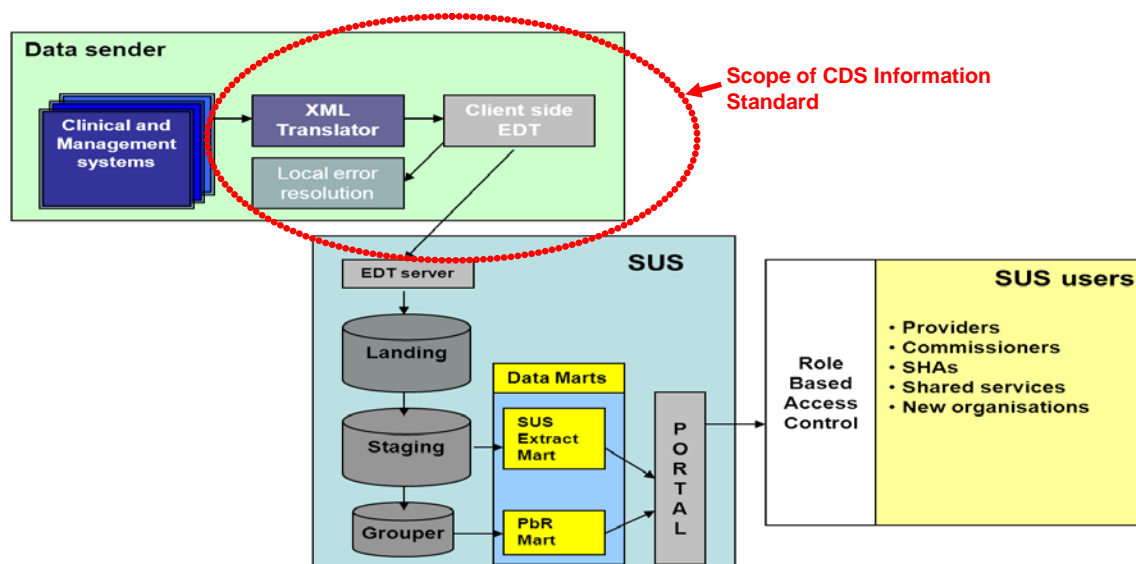
SUS is delivered by BT in conjunction with the Health and Social Care Information Centre and Department of Health Informatics Directorate.

SUS content is largely patient level, including patient identifiers, and is built upon existing data flows such as commissioning data sets (CDS).

SUS supports the following:

- support for more efficient commissioning of services and Payment by Results
- audit of clinical practice
- health surveillance and monitoring
- improving the quality and safety of care through research
- identifying patients who interact with multiple parts of the health system to monitor equity of access and provision
- evidence base for the development of health policy
- better information to the general public.

The diagram below outlines the end to end flow of CDS information from initial capture on local patient administration or clinical system (or derivation upon extraction), translation into XML, submission to SUS via External Data Transfer (EDT), to reporting and extraction of data from SUS.



SUS has been designed to support Government objectives and to reduce the use of person identifiable information for purposes other than that of direct patient care. SUS has

significantly improved the security and confidentiality of data managed through a combination of:

- Comprehensive and rigorous access controls (Role Based Access Control).
- Anonymisation of data and the use of encrypted pseudonyms to replace information that could be used to identify individuals, which is accessed or transferred from the SUS environment.
- Enabling the linkage of data from different sources relating to the same care pathway.

Full details and guidance relating to submission of CDS to SUS is available from the Health and Social Care Information Centre at:

<http://www.ic.nhs.uk/services/secondary-uses-service-sus/updates-and-guidance/guidance-and-other-useful-documents>

SUS Best Practice is available at:

http://www.ic.nhs.uk/webfiles/SUS/SUS%20GUIDANCE%20DOCS%20NUMBERED/SUS_Best_Practice_Guide_v2.pdf

SUS has a robust Information Governance process to ensure that the data is protected from unauthorised access. Approval to access SUS and view patient data is required from the Ethics and Confidentiality Committee (ECC).

Users of SUS are issued with an NHS Care Records Service Smartcard, a pass code and Unique User Identification (UUID) to ensure data is kept secure. SUS will provide access and outputs in clear or pseudonymised form dependent upon each user's access rights. Where access to pseudonymised data is appropriate, elements which could identify a patient are encoded in order to provide greater protection of privacy.

Access to the Spine and SUS is via a connection to N3, the secure private national network for the NHS.

6 Supporting Information

6.1 Review of Central Returns (ROCR) Submission Plan

ROCR have confirmed that Commissioning Data Sets (CDS) do not currently require a ROCR licence.

It is expected that ROCR will issue a licence for CDS in the future as a result of the Fundamental Review of Data Returns however this will be outside the timescales for this submission.

6.2 Dependencies

The table below outlines Information Standards currently being developed dependent upon CDS gaining ISB approval and Information Standards that CDS 6.2 is dependent upon gaining ISB approval

Reference	Standard	Description
ISB 0028 Amd 17/2012	National Specialty List	New Treatment Function Codes will need to be defined in the CDS 6.2 XML schema
ISB 0028 Amd 17/2012	National Specialty List	CDS 6.2 will be the vehicle to support implementation of this standard
ISB 0092 Amd 6/2011	Amendment to CDS V6 Type 020 – Outpatient CDS for Allied Health Professions Referral to Treatment (AHP RTT)	Changes to support AHP RTT will need to be defined in the CDS 6.2 Information Standard and XML schema
ISB 0092 Amd 6/2011	Amendment to CDS V6 Type 020 – Outpatient CDS for Allied Health Professions Referral to Treatment (AHP RTT)	CDS 6.2 will be the vehicle to support implementation of this standard
ISB 1588 Amd 11/2012	A&E Clinical Quality Indicators	CDS 6.2 will be the vehicle to support implementation of non-definitional aspects of this standard
TBC	Clinical Standards (Present on Admission and Lead Healthcare Professional for Procedures)	CDS 6.2 will be the vehicle to support implementation of this standard