DCB1069: Community Services Data Set (CSDS) v1.5 Implementation Guidance

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Information and technology
for better health and care

Data Coordination Board

This information standard (DCB1069) 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:

- Requirements Specification
- Implementation Guidance
- Change Specification
- Technical Output Specification.

An Information Standards Notice (DCB1069 Amd 95/2018) 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: 16 October 2019

Glossary of Terms

A full Glossary of Terms for the CSDS Information Standard can be found within the CSDS Requirements Specification.

Contents

1. Overview

Standard	
Standard Number	DCB1069
Standard Title	Community Services Data Set
Description	The Community Services Data Set (CSDS) is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly funded Community Services. The standard defines the data items, definitions and associated value sets to be extracted or derived from local systems and submitted to NHS Digital on a monthly basis. Note that this data set does not specify the data to be captured for direct patient care but will make use of such clinical and operational data for secondary uses.
Release	
Release Number	Amd 95/2018
Release Title	Version 1.5
Description	CSDS v1.5 is an uplift to the established CSDS v1.0 and is required to keep the data set relevant with current clinical practices, maintain compliance with national data standards, meet policy requirements and allow further submission of data for patients of all ages. To deliver this, there are a number of small structural changes in this release, but their introduction will have a minimal burden on the care provider or system supplier organisations. Changes to existing standard made in v1.5 are: • extension of list of childhood immunisations able to be recorded in table CYP502 Immunisations • allow submission of HPV immunisation for both males and females within table CYP501 Coded Immunisations and CYP502 Immunisations • extension of scope of immunisations recorded in table CYP501 Coded Immunisations, using SNOMED CT Terminology, to all ages. Note: scope of Table CYP502 Immunisations will remain and children and young people only • collection of primary data collection system in use in table CYP000 Header • extension of list of Person Relationship (Main Carer) in CYP001 MPI to facilitate description of caring relationships provided by both children and young people and adults • implementation of DCB0090 Health and Social Care Organisation Reference Data through amendment of appropriate identifiers throughout the data set

	• collection of data regarding the transition of children and young people to adult services through addition of two new tables, CYP004 Care Plan Type and CYP005 Care Plan Agreement
	• various amendments to align correctly with the NHS Data Model and Dictionary
	• alignment with DCB2094 Sexual Orientation Monitoring (SOM) through addition of a new table, CYP006 Social and Personal Circumstances
	• collection of employment status through the addition of a new table, CYP007 Employment Status
	• extension of list of service type or team type referred to in table CYP102 Service Type Referred to
	• monitoring of the following, in response to the NHS Long Term Plan, within table CYP104 RTT
	  ○ crisis response intermediate care waiting times and, where clinically appropriate, whether these are within the 2-hour standard, and
	  ○ other intermediate care waiting times (reablement intermediate care, home based intermediate care and bed based intermediate care) and, where clinically appropriate, whether these are within the 2-day response standard
	• extension of use of SNOMED CT terminology for additional outcome scales and scores, such as Karnofsky Performance Status Scale, Musculoskeletal Health Questionnaire (MSK-HQ) and Palliative Care Phases of Illness Scores. SNOMED Ref Set updates will be issued using normal release cycle of October and April
	• enable submission of adult data within previously child specific tables and items across the data set
	  ○ Note: This continues the work commenced in version 1 of the data set in making it applicable to all ages.
	
	In addition, this release incorporates all changes described in the TOS subsequent to v1.0.4 of that document. Various amendments are also made to align with the NHS Data Model and Dictionary and rename ‘person’ as ‘patient’, as described in the TOS.

Implementation Completion Date	From 1 April 2020, providers of publicly funded Community Services ***MUST*** be able to collect information locally, and their systems ***MUST*** be fully conformant with this standard. From 1 May 2020, providers of publicly funded Community Services ***MUST*** begin submitting CSDS submissions in accordance with this standard.
Full Conformance Date	30 June 2020

1.1.1. Supporting products

See section 1.1 of Requirements Specification.

1.1.2. Related Standards

See section 1.2 of Requirements Specification.

2. Human Behavioural Guidance

The updated CSDS Information Standard may be used across the range of service providers and organisations that provide community services, including:

- Community and hospital based professional teams, both medical and nursing teams (including School Nurses and Nursery Nurses commissioned by the NHS)
- Health Visitors
- District Nurses, including home visits
- Therapists, including Occupational Therapists, Physiotherapists, Speech & Language Therapists and Dietitians.

The following section describes how the data set should be used by clinical and operational staff and providers. Providers should meet the compliance requirements for their IT system or systems to implement CSDS v1.5.

- **Clinical and Administrative Staff**: will be responsible for capturing information as part of the on-going care of the patient i.e. for primary use purposes and will be responsible for capturing information such as demographics and details of contacts/activities.
- **CSDS Informatics Staff**: will be responsible for the collation of information, which may come from a range of disparate systems, into a single data extract. Data must be submitted using XML file format. Local decision will determine how XML is created, with the option existing to use the NHS Digital supplied XML conversion tool to format data. All required actions should be undertaken to ensuring completeness and data quality of the information within the data set.
- **Provider management:** will be responsible for: implementing Community Systems that allow data items to be captured electronically and an output produced or derived to nationally agreed standards. This will allow extraction and/or derivation of the CSDS.

2.1. Data Users

2.1.1. Primary Users

The CSDS is not a specification for the standardisation of a patient care record, and as such is not intended for primary data use as part of the direct care for the patient. Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output a suitable data extract as per the data set specification.

2.1.2. Secondary Users

The CSDS is intended for secondary use purposes rather than for the direct care of the patient.

The data set is not a patient care record but is based on clinical and operational information. Providers should therefore look to re-use their clinical and operational systems to extract CSDS data.

Information resulting from mandation of this NHS Information Standard, for example individual record-level data extracts or published aggregate reports, will be used by the following organisations:

At a local level:

- Clinical Commissioning Groups (CCGs)
- Community provider organisations
- Commissioning Support Units (CSUs)
- Local Authorities
- Commissioners
- Researchers
- Public Health
- Local Authorities
- Quality Innovation Productivity and Prevention (QIPP) programme.

The following groups of people are likely to analyse information captured through CSDS:

- Managers
- Commissioners
- Service and workforce planners
- Performance analysts
- Clinical staff
- Finance staff
- Researchers.

At a national level:

- Department of Health and Social Care (DHSC)
- NHSX
- NHS Digital
- Care Quality Commission (CQC)
- NHS England and NHS Improvement
- Public Health England (PHE)
- Voluntary Sector/Charities
- Universities
- Royal Colleges.

3. Organisational Guidance

Health and Care Organisations and System Suppliers should be aware of the requirements and conformance criteria specified for the standard. These are outlined in the Requirements Specification.

3.1. Resources/Costs

Providers of community services will have a requirement to collect data for both clinical and patient administration primary purposes. The CSDS is designed to build on this requirement by gathering this information and using it for a number of secondary purposes, including national reporting and dissemination to commissioners. As such, funding is not available for sites to:

- procure or install data collection systems
- train staff in order to facilitate data collection
- undertake additional activities required to facilitate data extract submission.

It is not within the scope of this document to provide advice with regard to the procurement of systems; however, staff at NHS Digital are available to help where a requirement exists and can be contacted via the enquiries@nhsdigital.nhs.uk email address (please include 'FAO CSDS Development' in the subject line).

Providers should however expect some resource to be required in order to ensure that appropriate and timely data collection is taking place, and to enable extraction of the required data items. This is likely to be the case whether the provider is new to the data set or making amendments following publication of the ISN and should be provided for as part of the contract between commissioner and provider.

A small number of organisations may need to procure an appropriate Patient Administration System (PAS) to assist them in conforming to the CSDS Information Standard. It is recognised that this may incur cost for these organisations and may prevent some organisations from fully implementing the CSDS within the required timescales. If this situation arises the service provider must, at the earliest opportunity, contact NHS Digital to discuss and address implications. NHS Digital will actively identify such organisations through the circulation of a state of readiness questionnaire prior to full implementation of this Information Standard.

3.2. Information Governance

All data providers should be aware of their legal and professional obligations with regard to information governance as it applies to the mandated CSDS standard. The NHS and government publish a significant amount of guidance that can assist data providers to comply with their obligations. Some of this information is signposted below. Please also see the NHS Digital Looking after information[1] web page for an overview of information published by NHS Digital.

- The NHS Confidentiality Code of Practice[2] (2003).

[1] https://digital.nhs.uk/data-and-information/looking-after-information
[2] https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice

"*This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients' consent to the use of their health records.*" Note: This guide is currently under review and an update may be issued in the near future.

- Report of the Review of Patient Identifiable Information[3] (1997) (Caldicott Report)

"A review commissioned in 1997 by the Chief Medical Officer of England which highlighted six key principles and made 16 specific recommendations regarding he transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations."

- The Information Governance Review[4] (2013) (Caldicott 2):

"*The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will, however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies and use their judgement to act in the best interests of their patients and clients.*"

- Guide to the General Data Protection Regulation (GDPR)[5]

"The guide to the General Data Protection Regulation contains:

  - *information about consent*
  - *an explanation of rights under GDPR*
  - *descriptions of special category and criminal offence data*
  - *guidance on protecting children's data."*

All data providers must ensure compliance with the transparency/fair processing requirement of the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679 (GDPR). To meet these requirements, data providers must make available information and guidance to patients and/or their legal guardians regarding the processing of their data (or their child's data where applicable) for secondary uses purposes (such as service development analysis and national statistical research). Information must be provided in a concise, transparent, intelligible and easily accessible form and should include details such as an understanding of the data in question, what it will be used for and the patient's rights. This should be in the form of transparency/fair processing wording. Further details can be found in the IGA GDPR: implementation checklist under '7) Comply with more stringent transparency requirements'. As a result of new data being included in the CSDS for the first time, existing users should review their transparency/fair processing wording as part of a wider Data Protection Impact Assessment (DPIA).

NHS Digital has also produced a Transparency notice.

Data providers should note that the transparency requirements under GDPR replace the prior requirement to provide 'fair processing' or 'privacy' information.

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3 http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyandGuidance/DH_4068403

4 https://www.gov.uk/government/publications/the-information-governance-review

5 https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation

3.2.1. Patients' rights with regard to opt-out as applied to CSDS

NHS Digital is not reliant on "section 251 support[6]" when mandated to collect data via Directions from NHS England or the Department of Health and Social Care and when acting as data controller. This is set out in sections 254[7] and 255[8] of the Health and Social Care Act 2012. As a result, explicit consent to flow data from provider to NHS Digital is not required; however, providers are required to inform patients that their information will be used to support secondary uses and should highlight the national data opt-out process as part of their transparency information.

The National data opt-out is the new process which allows patients to opt-out of sharing their information for research or planning purposes once it reached NHS Digital. This process replaces the previous 'type 2' opt-out which required NHS Digital to refrain from sharing a patient's confidential patient information for purposes beyond their direct care. Further information about patient opt-outs is available on the National data opt-out programme[9] web pages which include resources for health and care staff to use when informing patients.

3.2.2. Other potentially identifiable information

The CSDS also flows data with respect to staff members and carers.

GDPR allows naming of health and social care professionals (and other persons) if the inclusion has been assessed that it is reasonable to disclose without that individual's consent taking into account the relevant circumstances, including:

- the type of information that you would disclose
- any duty of confidentiality you owe to the other individual
- any steps you have taken to seek consent from the other individual
- whether the other individual is capable of giving consent, and
- any express refusal of consent by the other individual.

No identifiers flow with respect to family members or carers. However due to the nature of the relationship with the patient, there is risk that that they could be identified where certain SNOMED CT codes are flowed to indicate that specific interventions have taken place with a family member or carer in support of the care of the patient (hence flowed as part of the patient record), but not in the presence of the patient.

Both staff members, and family members or carers, should be notified by the provider where their data will flow as part of CSDS.

3.2.3. Compliance Against Statutory Requirements

The specification and guidance for implementing this data set have been designed to support organisations in adhering to their statutory responsibilities relating to information governance, Data Protection Act 2018, the Freedom of Information Act 2000, GDPR 2018 and Common Law Duty of Confidence. It is the responsibility of the provider organisation to ensure that these statutory responsibilities are adhered to.

[6] http://www.legislation.gov.uk/ukpga/2006/41/section/251
[7] http://www.legislation.gov.uk/ukpga/2012/7/section/254
[8] http://www.legislation.gov.uk/ukpga/2012/7/section/255/enacted
[9] https://digital.nhs.uk/services/national-data-opt-out-programme

3.2.4. Potential Safety/Confidentiality/Risk Considerations

The CSDS utilises information already collected in potentially a variety of disparate provider systems and collated in a non-clinical setting for secondary uses purposes.

The primary purpose of the CSDS standard is for secondary uses only and will therefore have no direct impact on Clinical Safety. As such it is not in scope of DCB0129 - Clinical Risk Management: its Application in the Manufacture of Health IT Systems[10]. Consequently, a Clinical Safety Case Report is not required to support this standard.
However, implementation of this standard may require the flow of SNOMED CT clinical findings of Child Sexual Exploitation and Child Sexual Abuse, and the modification to the health IT system from which the collection/extraction is made. The safety implications of any such flows and modifications must be considered by the manufacturer and all other parties involved under DCB0129 and the health organisation under DCB0160 - Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems[11]. It is expected that manufacturers and organisations will take ownership of this risk and make the necessary additions to their respective Clinical Safety Case Reports.

As with all secondary use data sets there is a small underlying risk that the capture of additional information may be time consuming thus potentially impacting upon patient care. To mitigate this risk every effort has been taken to ensure that all changes to the CSDS are already routinely captured for primary use purposes.

Whilst CSDS is a secondary uses data set and does not mandate local data collection, care providers should be aware that there may be a small risk with regard to some patients who may withdraw from treatment due to data collection, such as those within the paranoid cluster of illnesses. Data collection may also cause patients to conceal pertinent information due to their personal circumstances, such as criminal convictions or substance misuse. The clinical practice of care professionals should take this risk into consideration and, where appropriate, assist with mitigation.

Stakeholders including the NHS (NHS England and NHS Improvement, care providers, commissioners) and the Department of Health and Social Care (DHSC) are actively encouraged to raise any potential safety risks or adverse incidents during definitional testing and consultation exercises throughout the development of each release of this standard. To date no significant issues relating to safety or potential adverse incidents have been identified.

Any concerns, potential safety risks identified or adverse incidents resulting from the implementation of these changes to CSDS should be reported immediately to the user's local service desk. This will then be escalated through the correct local process.

3.3. Data Quality

As an output data set, the CSDS does not mandate design of local systems or specific local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers, within their local governance arrangements, to ensure good data quality in respect of the extracted submission.

[10] https://digital.nhs.uk/isce/publication/dcb0129
[11] https://digital.nhs.uk/isce/publication/dcb0160

3.3.1. Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect of data collection, submission and publication. Such a framework is likely to involve leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the CSDS, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

3.3.2. Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks which could be considered are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

3.3.3. Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where the data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

The structure and internal processes of each data provider, as well as the departmental areas covering the CSDS, will vary and, to a certain extent, depend on the priority given to IT and informatics. Some organisations will have well developed processes and systems that, with minimum effort, will accommodate the data set. Other organisations, for whom processes and systems are underdeveloped or in their infancy, or who are new to submission of the CSDS may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

3.3.4. Timeliness

The data should be entered in local systems and submitted in a timely manner, so that the data set can deliver meaningful, relevant and timely reports for stakeholders. This should be

followed by a review of data quality feedback from the submission portal to implement improvement actions.

In particular, providers should reference the validation and inclusion rules detailed within the TOS to understand the requirements of when each data item must be reported according to the relevant reporting period.

Any delays in data submissions may have adverse impact on data quality if insufficient time is allowed to make improvements following the production of the data quality report provided after each submission to the portal.

3.3.5. Local Data Validation

The validations, which are described in the full version of the CSDS v1.5 TOS published on the NHS Digital website, only relate to the structure and validity of the submitted data. At the submission portal it will not always be possible to identify whether data is accurate and complete. For this, local data quality measures must be implemented.

3.4. Documentation of Change

Where a new process for data capture, validation, collation, submission or review is developed or changes are made to existing processes, up to date documentation will assist in developing efficient processes. This can also provide continuity to the data collection process during periods of staff absences and personnel changes.

3.5. Contractual Issues for Staff

There should be no conflicts or issues with regards to staff contracts under Agenda for Change.

3.6. Skill Mix Changes and Training

With the implementation of the CSDS, there may be some implications on skill changes and training for clinicians, administration personnel, informatics personnel and IT services. These may be technical and/or soft skill changes.

Technical skills may include:

- Data input training
- Using new technologies such as handheld devices
- Using new applications
- Uploading data from remote devices to provider network / system
- Collation of data from clinical system(s)
- Validation of extract
- Rectification of poor data quality
- Compilation of the submission using the XML conversion tool
- Usage of the submission portal including uploading and accessing extracts and data quality reports

- Analysis of submission portal provided data quality reports.

Soft skills may include:

- Interpersonal and communication skills in asking sensitive questions regarding health
- Collaboration between clinical and informatics staff to identify and resolve errors in data entry and address systemic data quality issues.

The data set is an output-based specification for data submission. Consequently, 'in scope' services will normally collect information locally using an electronic system, whether this is a commercial or a bespoke system. To ensure systems are used in the correct manner, system suppliers and/or care providers will need to provide guidance for staff on how to use the local system.

Clinicians: A local implementation strategy may require additional skills and training for clinicians in using new functions and modules within an existing or new IT system.

Administration Personnel: A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new IT system.

Informatics and IT Support Services: From an IT or Information Management Service perspective, skills may be required in:

- Configuring local systems to capture information using SNOMED CT as required
- Developing and maintaining a local data warehouse
- Creating a submission file from a spectrum of local IT systems
- Creating uni- or bi-directional interfaces between electronic systems.

3.7. Step-by-Step Implementation Guide

Compliance requirements are the same whether an organisation is already making CSDS v1.0 submissions or is new to the CSDS. However, the method of implementing the CSDS may differ between users of the existing data sets and new users.

3.7.1. New users – Implementing the CSDS

Step	Description
Understand the background to the project, and the scope of the Information Standard	Review this *Implementation Guidance* along with the *Requirements Specification* to fully understand the background, objectives and scope of this Information Standard.
Understand how the data is grouped within the data set	Review the latest version of the *Data Model* and TOS to understand at a higher level how the data items are grouped, and how those groups relate to each other.

Step	Description
Decide whether and how data items will be collected – Data Mapping.	Look more closely at each individual data item in the latest version of the TOS (and ETOS, which includes additional detail) and check whether local systems record the data in a way that means it can be submitted within the CSDS. Read the *User Guidance* for further guidance on interpretation and data mapping. The *System Conformance Checklist* can be used to mark off each data item and record progress towards mapping each data item.
Ensure the organisation complies with information governance requirements.	The *Implementation Guidance* signposts additional information relating to information governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the community services lead(s) MUST: • Review the information governance Guidelines signposted within the *Implementation Guidance* to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items. • Review management of the consent issues and put in place local processes, including making information available to patients to ensure fair processing.
Understand submission process	Review the *Technical Guidance* to fully understand the data submission process.
Training	Undertake all required training to allow submission to be successfully completed.
Obtain submission portal login credentials	Undertake the authorisation process to enable members of staff to be authorised to access the submission portal to upload submission files. Detailed instructions are available in the *Technical Guidance*.
Construct data submission file	Use local processes and technologies to generate the submission file and enter into the XML conversion tool, if this is being used, before uploading to the submission portal. The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources. The *Technical Guidance* provides further support on the submission process which defines the exact structure and content of the submission file.
Fully understand the validation reporting provided by the submission portal	The TOS defines the reports that will be returned to data providers by the submission portal and lists all the error and warning messages that may be produced. The TOS also defines diagnostic (data quality) reporting that will be returned.

Step	Description
	Review the TOS and ETOS to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.
Fully understand the post-deadline extracts that will be available to data providers and commissioners	The TOS and ETOS define the content of the extract files for providers and commissioners and all the derived data items that will be generated by the post-deadline processing. Data providers and Commissioners will need to consider how they may use the extract files.
Keep up to date with news and updates	Subscribe to the CSDS Information Update and attend any of the regular stakeholders' events which may have relevance to your organisation. See section 7 for further details.

3.7.2. Existing CSDS data set users – Implementing an updated version of the CSDS

Step	Description
Understand the scope of the CSDS Information Standard	Review this *Implementation Guidance* along with the *Requirements Specification* and *Change Specification* to fully understand the background, objectives and scope to this Information Standard.
Review how the data is grouped within the data set	Review the *Data Model* and the latest version of the TOS to refresh knowledge about how the data items are grouped, and how those groups relate to each other.
Decide whether and how data items will be collected – Data Mapping.	Look more closely at each individual data item in the latest version of the TOS. Check whether local systems record the data in a way that means it can be submitted within the CSDS. Read the *User Guidance* for further guidance on interpretation and data mapping.
Ensure the organisation continues to comply with Information Governance requirements.	The *Implementation Guidance* signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the community services lead(s) MUST: • Review the information governance Guidelines signposted within the *Implementation Guidance* to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items; • Review management of the consent issues and put in place local processes, including making information available to patients to ensure fair processing.
Refresh understanding of submission process, if required	Review the latest version of the *Technical Guidance* to fully understand the data submission process, if required.

Step	Description
Training	Undertake all required training to allow submission to be successfully completed.
Obtain submission portal login credentials, if required	Undertake the authorisation process to enable additional members of staff to be authorised to access the submission portal to upload submission files if necessary (e.g. due to a change in staff members or the need for additional resource). Detailed instructions are available in the *Technical Guidance*.
Construct data submission file	Use local processes and technologies to generate the submission file and enter into the CSDS XML conversion tool, if this is being used, before uploading to the submission portal. The latest XML schema and CSDS XML Conversion Tool (if used) should be utilised. The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources. The *Technical Guidance* provides further support on the submission process which defines the exact structure and content of the submission file.
Fully understand the validation reporting provided by the submission portal	The TOS defines the reports that will be returned to data providers by the submission portal and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned. Review the latest version of this specification to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.
Fully understand the post-deadline extracts that will be available to data providers and commissioners	The TOS defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing. Data providers and Commissioners will need to consider how they may use the extract files.
Keep up to date with news and updates	Subscribe to the CSDS Information Update, if this has not been done already, and attend any of the regular stakeholders' events which may have relevance to your organisation. See Section 7.2 for further details.

3.7.3. Further Guidance

Further detailed planning guidance can be found in the Implementation Planning Template, available from CSDS web page[12].

[12] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set

4. Technical Guidance

4.1. Conformance Criteria

The compliance of both users and suppliers with the requirements of the standard in terms of business rules, the submission of data, technical architecture and the flow of information, are outlined separately within the CSDS Requirements Specification document.

4.2. Users

The majority of the information defined within CSDS will already be captured routinely by clinicians and administrative staff as part of their existing work practices for the on-going care of patients.

The latest version of the CSDS TOS describes the data items included within the data set and fully defines the linkage and mandation rules of each item. It is the local clinicians and informatics staff responsibility to review this document to assess their conformance with the data item requirements outlined for this standard.

A step-by-step guide to submitting a Data Submission File is available from the CSDS Technical Guidance document[12].

4.3. Systems

The CSDS TOS describes the configuration of the output data set required for onward submission to NHS Digital. Local systems should be configured in a way that allows the requirements of the output data set to be met. It is the responsibility of care providers to ensure that their IT systems conform to this standard by:

- Updating their systems in order to capture the data items and sending extracts for national use;
- Understanding the data validation rules that will be applied at the submission portal to all incoming Data Submission Files. Any validation rules not adhered to will result in a warning message or the entire Data Submission File being rejected.

New users may need to procure an appropriate Patient Administration System. Further details regarding guidance in this respect can be found in Section 3.1 Resources/Costs.

Updates to CSDS-related extracts must be deployed in accordance with the implementation dates described in section 1.

5. Maintenance

The CSDS Information Standard will be formally maintained by NHS Digital in accordance with NHS Digital's internal Data Set Development maintenance procedures.

As this data set has been approved as a full operational standard, it is subject to on-going maintenance such as to ensure it remains 'fit for purpose'.

The content of the data set is determined from consultation with various stakeholder groups. Stakeholders include various sections of Department of Health and Social Care policy, NHS England and NHS Improvement, Care Quality Commission, service providers and

commissioners. Other changes arise from service providers identifying issues in the current requirements which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties.

This data collection must remain fit for purpose; this requires the inclusion of new data items, amendment of existing items or removal of no longer required items.

The data set maintenance process ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.
The scope of the maintenance process covers:

- management of change requests from users and stakeholders (see section 5.2)
- specification of changes to the data set in response to changes in policy, practice, coding and classifications
- the process for authorisation and approval of changes to data set items, including obtaining DCB standard change approval
- undertaking periodic reviews of the data set including data items, definitions and data values
- amendments to standard documentation produced by the development team which are required to align with any changes to policy and practice; clarify or improve pre-existing guidance; and amend identified errors. This documentation includes, but may not be exclusively: User Guidance, Technical Guidance and the TOS (provided this does not change the approved standard).

5.1. Implementation Strategy

NHS Digital have agreed a new implementation strategy with the Community Services Data Set Project Board. It is intended that a new version of the CSDS will be implemented regularly.

Relevant policy, practice and classifications, including NHS Data Model and Dictionary and Information Standards Notices (ISNs), will be continually monitored by the Community Services Data Set Advisory Group. Where changes are identified, the risk and benefits in relation to timescales will be assessed to prioritise the requirement into a planned regular release.

This annual update strategy will aid local planning and development by providing at least a 6-month implementation window in order to make the required changes.

5.2. Data Set Requirements

Requirements for future versions of the Data Set can be submitted to NHS Digital by the sponsor, stakeholders and users.

Requests can be submitted, describing any proposed changes to the CSDS, to NHS Digital via enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS' in the subject line).

Each request should be supported by a valid business requirement i.e. what change is needed, justification (i.e. why is it needed) and also any associated timescales.

Any requirement requests will be considered and agreed by the sponsor prior to submission to the DCB for formal approval and the publication of a standard. The standard will inform the NHS and systems suppliers of the changes and timescales.

5.3. Data Coordination Board (DCB)

Future acceptance by the Data Coordination Board (DCB) will be required before the publication of any amendment to this standard. The development work associated with this would be communicated through the required consultation process. and implementation of any data set change.

5.4. Information Standards Notice (ISN)

Any changes to this Information Standard will be communicated to the relevant providers of services affected, and their associated system suppliers, via the publication of an ISN. This will outline any new or changed requirements and associated timescales for implementation.

6. Risk/Issues

The project team currently holds a list of known risks and issues which are considered by DCB. In the event that a technical risk or issue needs to be raised by a supplier or service provider, this should be communicated to NHS Digital by writing to enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS' in the subject line).

7. Implementation Support

7.1. Support

For specific enquiries relating to the CSDS Information Standard including scope, data items, definitions and data values, technical issues (including XML schema) future requirements and changes, submission deadlines, analysis and reporting of CSDS data please contact the standard's developers:

NHS Digital

Telephone: 0300 303 5678

Email: enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS' in the subject line).

7.2. CSDS news and service updates

NHS Digital issues regular *Community Information Updates,* which focus on the following areas such as:

- Submission rate and data quality
- Publication updates
- Upcoming engagement events.

Please contact the standard's developers using the above details if you would like to receive these.

7.3. Additional Sources of Information

NHS Data Model and Dictionary
Full details of data items, including definitions and associated value lists are available on the NHS Data Model and Dictionary website:
www.datadictionary.nhs.uk

Terminology and Classifications
SNOMED International:
https://www.snomed.org

UK National Release Centre (part of NHS Digital)
https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct

Technology Reference Data Update Distribution (TRUD)
TRUD provides a mechanism for NHS Digital to license and distribute reference data to interested parties.
https://isd.digital.nhs.uk/trud3/user/guest/group/0/home

Data Coordination Board (DCB)
DCB oversees the development, assurance and approval of information standards and collections (including extractions), known collectively as ISCE.
http://digital.nhs.uk/isce

NHS Occupation Code Manual
https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes

National Tariff Payment System
https://www.england.nhs.uk/resources/pay-syst/

Ages and Stages Questionnaire (ASQ-3 and ASQ:SE)
https://agesandstages.com/about-asq/

Karnofsky Performance Status Scale
Additional scale able to be collected using SNOMED CT.
http://www.npcrc.org/files/news/karnofsky_performance_scale.pdf

Needs Provision and Complexity Scale
Additional scale able to be collected using SNOMED CT.
https://www.kcl.ac.uk/cicelysaunders/resources/tools/npcs

Palliative Care Phase of Illness Scores
Additional scoring tool able to be collected using SNOMED CT.
https://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow222232.pdf

Musculoskeletal Health Questionnaire (MSK-HQ)
Additional scale able to be collected using SNOMED CT.
https://www.versusarthritis.org/policy/resources-for-policy-makers/for-healthcare-practitioners-and-commissioners/versus-arthritis-musculoskeletal-health-questionnaire