

Type:	Change Request
Reference:	1759
Version No:	1.0
Subject:	Patient Level Information Costing System (PLICS) Acute Data Set Update
Effective Date:	7 September 2020
Reason for Change:	Change to Information Standards
Publication Date:	9 June 2020

Background:

The Patient Level Information Costing System (PLICS) Acute Data Set was approved by Data Coordination Board (DCB) as: [DCB2123: Patient Level Information Costing System \(PLICS\) Data Set](#).

Patient Level Information and Costing Systems (PLICS) Data Set mandates providers of Acute services within England to submit patient level activity and financial data, including all contracted-out activity, to NHS Digital on an annual basis.

For the 2020 release, the following two new feeds are being introduced to increase the amount of costing information being collected at patient level:

- Patient Level Information Costing Specialised Ward Care (SWC)
- Patient Level Information Costing Supplementary Information (SI)

In addition, the existing feeds for Patient Level Information Costing Admitted Patient Care, Patient Level Information Costing Out-Patient Care and Patient Level Information Costing Emergency Care have been updated to include a new field for

- Cystic Fibrosis Grouping and
- Patient Level Information Costing Care Activity Identifier.

The Patient Level Information Costing Emergency Care Data Set has been updated to align with data items in the CDS V6-2-2 Type 011-Emergency Care Commissioning Data Set.

This Change Request amends the Patient Level Information Costing System (PLICS) Acute Data Set and supporting definitions to the NHS Data Model and Dictionary to support the Information Standard.

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

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

Summary of changes:

Data Set

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - ADMITTED PATIENT CARE	Changed Dataset, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - EMERGENCY CARE	Changed Dataset, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - OUT-PATIENT CARE	Changed Dataset, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - RECONCILIATION	Changed Dataset
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SPECIALIST WARD CARE	New Data Set
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SUPPLEMENTARY INFORMATION	New Data Set

Supporting Information

CYSTIC FIBROSIS TRUST	New Supporting Information
HEALTHCARE RESOURCE GROUP UNBUNDLED ACTIVITY	New Supporting Information
HIGH COST DEVICE	New Supporting Information
HIGH COST DRUG	New Supporting Information

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET INTRODUCTION	Changed Description
PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW	Changed Dataset, Description
SUPPORTING DATA SETS MENU	Changed Description
UNBUNDLED CARE ACTIVITY DATE	New Supporting Information
<u>Class Definitions</u>	
ACTIVITY	Changed Attributes
ACTIVITY GROUP	Changed Attributes
ACTIVITY PROPERTY	Changed Attributes
CRITICAL CARE PERIOD	Changed Attributes
PATIENT DIAGNOSIS	Changed Attributes
SERVICE PROVIDED UNDER AGREEMENT	Changed Attributes
<u>Attribute Definitions</u>	
ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL	Changed Dataset, Description
ACTIVITY COUNT	Changed Dataset
ACTIVITY DATE	Changed Dataset
ACTIVITY DATE TYPE	Changed Description
ACTIVITY IDENTIFIER	Changed Dataset
ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
ACTIVITY TIME	Changed Dataset
ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING	New Attribute
APPOINTMENT DATE	Changed Dataset
APPOINTMENT TIME	Changed Dataset
CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset, Description
CONSULTANT CODE	Changed Dataset
CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset, Description
CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	New Attribute
CRITICAL CARE UNIT FUNCTION	Changed Dataset
CYSTIC FIBROSIS BANDING	New Attribute
EMERGENCY CARE DEPARTMENT TYPE	Changed Dataset
EVENT DATE	Changed Dataset
EVENT TIME	Changed Dataset
FINAL AUDIT ACCOUNTS IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
FINANCIAL AMOUNT	Changed Dataset
FINANCIAL YEAR	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE	Changed Dataset
LENGTH OF STAY ADJUSTMENT	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING	New Attribute
ORGANISATION IDENTIFIER	Changed Dataset
PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER	New Attribute
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PERSON BIRTH DATE	Changed Dataset
PERSON STATED GENDER CODE	Changed Dataset
POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
POSTCODE	Changed Dataset
RECORD COUNT	Changed Dataset
RECORD IDENTIFIER	Changed Dataset
REPORTING PERIOD END DATE	Changed Dataset
REPORTING PERIOD START DATE	Changed Dataset
SERVICE IDENTIFIER	Changed Dataset
TREATMENT FUNCTION CODE	Changed Dataset
UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE	New Attribute

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING	New Attribute
UNBUNDLED CURRENCY CODE	New Attribute
Data Elements	
ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset, Description
ACTIVITY TREATMENT FUNCTION CODE	Changed Dataset
ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)	New Data Element
APPOINTMENT DATE	Changed Dataset
APPOINTMENT DATE AND TIME	Changed Dataset
APPOINTMENT TIME	Changed Dataset
ATTENDANCE IDENTIFIER	Changed Dataset
CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
CDS UNIQUE IDENTIFIER	Changed Dataset
CONSULTANT CODE	Changed Dataset
CONSULTANT EPISODE COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
COST OR INCOME VALUE (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
CRITICAL CARE LOCAL IDENTIFIER	Changed Dataset
CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)	New Data Element
CRITICAL CARE UNIT FUNCTION	Changed Dataset
CYSTIC FIBROSIS BANDING	New Data Element
DATE AND TIME DATA SET CREATED	Changed Dataset
EMERGENCY CARE ARRIVAL DATE	Changed Dataset
EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)	Changed status to Retired, Name, Dataset, linked Attribute, Description
EMERGENCY CARE ARRIVAL TIME	Changed Dataset
EMERGENCY CARE ATTENDANCE IDENTIFIER	Changed Dataset
EMERGENCY CARE DEPARTMENT TYPE (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
EMERGENCY CARE DEPARTURE DATE	Changed Dataset
EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)	Changed status to Retired, Name, Dataset, linked Attribute, Description
EMERGENCY CARE DEPARTURE TIME	Changed Dataset
EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)	Changed status to Retired, Name, Dataset, linked Attribute, Description
END DATE (EPISODE)	Changed Dataset
EPISODE NUMBER	Changed Dataset
FINAL AUDIT ACCOUNTS IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset, Description
FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE (EMERGENCY CARE)	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE (FINISHED CONSULTANT EPISODE)	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE (HOSPITAL PROVIDER SPELL)	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE (OUT-PATIENT CARE)	Changed Dataset
HEALTHCARE RESOURCE GROUP CODE (UNBUNDLED ACTIVITY)	New Data Element
HOSPITAL PROVIDER SPELL NUMBER	Changed Dataset
LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)	Changed status to Retired, Name, Dataset, linked Attribute, Description
MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)	New Data Element
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Changed Dataset
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	Changed Dataset
ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	Changed Dataset

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER	New Data Element
PATIENT LEVEL INFORMATION COSTING TOTAL COST	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PERSON BIRTH DATE	Changed Dataset
PERSON STATED GENDER CODE	Changed Dataset
PLICS SUBMISSION RECORD COUNT	Changed Dataset
POINT OF DELIVERY CODE (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
POSTCODE OF USUAL ADDRESS	Changed Dataset
REPORTING PERIOD END DATE	Changed Dataset
REPORTING PERIOD START DATE	Changed Dataset
SERVICE AND COST EXCLUSION SERVICE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
SERVICE AND COST EXCLUSION TOTAL COST (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
START DATE (EPISODE)	Changed Dataset
UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE	New Data Element
UNBUNDLED CARE ACTIVITY DATE	New Data Element
UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)	New Data Element
UNBUNDLED CURRENCY CODE	New Data Element

Packages

PLICS ACUTE DATA SET renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET	Changed Name
PLICS ACUTE DATA SETS OVERVIEW renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SETS OVERVIEW	Changed Name

Date: 9 June 2020

Sponsor: Chris Walters, Director of Pricing and Costing, NHS England and NHS Improvement

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - ADMITTED PATIENT CARE

Change to Data Set: Changed Dataset, Description

~~[Patient Level Information Costing System Acute Data Set Overview](#)~~[Patient Level Information Costing System Acute Data Set Overview](#)

For a "Full Screen" view, click ~~[Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#)~~. For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#).

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

The Mandatory or Required (M/R) column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element.

MESSAGE HEADER	
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To carry the message header details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	PLICS SUBMISSION RECORD COUNT
M	MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PERSONAL AND DEMOGRAPHIC DETAILS

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

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER
R	CDS UNIQUE IDENTIFIER
R	NHS NUMBER
R	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	PERSON BIRTH DATE
R	PERSON STATED GENDER CODE

CARE ACTIVITY DETAILS

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

M/R	Data Set Data Elements
R	PATIENT PATHWAY IDENTIFIER
R	ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)
M	POINT OF DELIVERY CODE (PATIENT LEVEL INFORMATION COSTING)
R	HOSPITAL PROVIDER SPELL NUMBER
R	EPISODE NUMBER
M	START DATE (EPISODE)
M	END DATE (EPISODE)
M	CONSULTANT EPISODE COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)
R	CONSULTANT CODE
M	ACTIVITY TREATMENT FUNCTION CODE
R	CYSTIC FIBROSIS BANDING

COSTING DETAILS

CURRENCY DETAILS

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

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

M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (FINISHED CONSULTANT EPISODE)
M	HEALTHCARE RESOURCE GROUP CODE (HOSPITAL PROVIDER SPELL)
M	LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)
M	ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)

COSTING DETAILS

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

M/R	Data Set Data Elements
M	ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	PATIENT LEVEL INFORMATION COSTING TOTAL COST

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - EMERGENCY CARE

Change to Data Set: Changed Dataset, Description

[Patient Level Information Costing System Acute Data Set Overview](#) Patient Level Information Costing System Acute Data Set Overview

For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Emergency Care](#). For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Emergency Care](#).

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

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MESSAGE HEADER

To carry the message header details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	PLICS SUBMISSION RECORD COUNT
M	MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PERSONAL AND DEMOGRAPHIC DETAILS

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

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER
R	CDS UNIQUE IDENTIFIER
R	NHS NUMBER
R	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	PERSON BIRTH DATE
R	PERSON STATED GENDER CODE

CARE ACTIVITY DETAILS

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

M/R	Data Set Data Elements
R	EMERGENCY CARE ATTENDANCE IDENTIFIER
R	CONSULTANT CODE
M	EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)
M	EMERGENCY CARE ARRIVAL DATE
M	EMERGENCY CARE ARRIVAL TIME
M	EMERGENCY CARE DEPARTMENT TYPE (PATIENT LEVEL INFORMATION COSTING)
M	EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)
M	EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)
M	EMERGENCY CARE DEPARTURE DATE
M	EMERGENCY CARE DEPARTURE TIME

CURRENCY DETAILS

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

M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (EMERGENCY CARE)

COSTING DETAILS

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To carry the costing details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (EMERGENCY CARE)
M	ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	PATIENT LEVEL INFORMATION COSTING TOTAL COST

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - OUT-PATIENT CARE

Change to Data Set: Changed Dataset, Description

[Patient Level Information Costing System Acute Data Set Overview](#)

For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#). For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#).

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

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- R = Required: NHS business processes cannot be delivered without this data element.

MESSAGE HEADER

To carry the message header details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	PLICS SUBMISSION RECORD COUNT
M	MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PERSONAL AND DEMOGRAPHIC DETAILS

To carry the personal and demographic details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER
R	CDS UNIQUE IDENTIFIER
R	NHS NUMBER
R	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	PERSON BIRTH DATE
R	PERSON STATED GENDER CODE

CARE ACTIVITY DETAILS

To carry the care activity details. One occurrence of this group is required.	
M/R	Data Set Data Elements
R	PATIENT PATHWAY IDENTIFIER
R	ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)
M	POINT OF DELIVERY CODE (PATIENT LEVEL INFORMATION COSTING)

R	ATTENDANCE IDENTIFIER
M	APPOINTMENT DATE AND TIME
R	CONSULTANT CODE
M	APPOINTMENT DATE
M	APPOINTMENT TIME
M	ACTIVITY TREATMENT FUNCTION CODE
R	CYSTIC FIBROSIS BANDING

CURRENCY DETAILS

To carry the currency details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (OUT-PATIENT CARE)

COSTING DETAILS

To carry the costing details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (OUT-PATIENT CARE)
M	ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	PATIENT LEVEL INFORMATION COSTING TOTAL COST

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - RECONCILIATION

Change to Data Set: Changed Dataset

[Patient Level Information Costing System Acute Data Set Overview](#) [Patient Level Information Costing System Acute Data Set Overview](#)

For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Reconciliation](#). For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Reconciliation](#).

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

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- R = Required: NHS business processes cannot be delivered without this data element.

MESSAGE HEADER

To carry the message header details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

FINAL AUDITED ACCOUNTS

To carry the final audited account details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M	FINAL AUDIT ACCOUNTS IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	COST OR INCOME VALUE (PATIENT LEVEL INFORMATION COSTING)

SERVICE AND COST EXCLUSIONS

To carry the service and cost exclusion details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	SERVICE AND COST EXCLUSION SERVICE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	SERVICE AND COST EXCLUSION TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SPECIALIST WARD CARE

Change to Data Set: New Data Set

[Patient Level Information Costing System Acute Data Set Overview](#)

For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Specialist Ward Care](#).

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

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- R = Required: NHS business processes cannot be delivered without this data element.

MESSAGE HEADER

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One occurrence of this group is required.

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	PLICS SUBMISSION RECORD COUNT
M	MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PERSONAL AND DEMOGRAPHIC DETAILS

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

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

CARE ACTIVITY DETAILS

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

M/R	Data Set Data Elements
M	UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	CRITICAL CARE LOCAL IDENTIFIER
M	CRITICAL CARE UNIT FUNCTION
M	UNBUNDLED CARE ACTIVITY DATE
M	CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)
R	NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)

CURRENCY DETAILS

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

M/R	Data Set Data Elements
M	HEALTHCARE RESOURCE GROUP CODE (UNBUNDLED ACTIVITY)

COSTING DETAILS

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

M/R	Data Set Data Elements
M	ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	PATIENT LEVEL INFORMATION COSTING TOTAL COST

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SUPPLEMENTARY INFORMATION

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

[Patient Level Information Costing System Acute Data Set Overview](#)

For a "Full Screen" view, click [Patient Level Information Costing System Acute Data Set - Supplementary Information](#).

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

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MESSAGE HEADER

To carry the message header details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)
M	FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)
M	REPORTING PERIOD START DATE
M	REPORTING PERIOD END DATE
M	DATE AND TIME DATA SET CREATED
M	CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
M	PLICS SUBMISSION RECORD COUNT
M	MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

PERSONAL AND DEMOGRAPHIC DETAILS

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

M/R	Data Set Data Elements
M	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
R	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

CARE ACTIVITY DETAILS

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

M/R	Data Set Data Elements
M	UNBUNDLED CARE ACTIVITY DATE

CURRENCY DETAILS

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

M/R	Data Set Data Elements
M	UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE
M	UNBUNDLED CURRENCY CODE

COSTING DETAILS

To carry the costing details,
One occurrence of this group is required.

M/R	Data Set Data Elements
M	ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)
M	ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)
M	PATIENT LEVEL INFORMATION COSTING TOTAL COST

CYSTIC FIBROSIS TRUST

Change to Supporting Information: New Supporting Information

The [Cystic Fibrosis Trust](#) is an Organisation.

The [Cystic Fibrosis Trust](#) is the only United Kingdom charity dedicated to fighting for a life unlimited by cystic fibrosis for everyone affected by the condition.

For further information on the [Cystic Fibrosis Trust](#) see the [Cystic Fibrosis Trust](#) website at: [About us](#).

HEALTHCARE RESOURCE GROUP UNBUNDLED ACTIVITY

Change to Supporting Information: New Supporting Information

[Healthcare Resource Group Unbundled Activity](#) identifies separate elements of cost and [ACTIVITY](#) from the core [Healthcare Resource Group](#), and are generated in addition to the core [Healthcare Resource Group](#) for an [ACTIVITY](#), episode or spell of care or attendance.

A [Healthcare Resource Group Unbundled Activity](#) may be event based and derived from a specific [OPCS-4 CODE](#) in the [PATIENT](#) record, or duration based. Multiple [Healthcare Resource Group Unbundled Activities](#) may be generated in addition to a single core [Healthcare Resource Group](#).

For further information on [Healthcare Resource Groups](#), see the [NHS Digital](#) website at: [Downloads - Groupers and Tools](#).

This supporting information is also known by these names:

Context	Alias
plural	Healthcare Resource Group Unbundled Activities

HIGH COST DEVICE

Change to Supporting Information: New Supporting Information

A [High Cost Device](#) is a [MEDICAL DEVICE](#).

A [High Cost Device](#) is an expensive [MEDICAL DEVICE](#) and represents a disproportionate cost relative to the total cost of the relevant episode in terms of volume and cost.

A [High Cost Device](#) will only be used in a subset of cases within a [Healthcare Resource Group](#) and/or used in a subset of [Health Care Providers](#) delivering [SERVICES](#) under a specific [Healthcare Resource Group](#).

For further information on [High Cost Devices](#) see the [NHS Improvement](#) website at [Developing the national tariff](#).

This supporting information is also known by these names:

Context	Alias
plural	High Cost Devices

HIGH COST DRUG

Change to Supporting Information: New Supporting Information

A [High Cost Drug](#) (or blood product) is a [PRESCRIBED ITEM](#).

A [High Cost Drug](#) (or blood product) is an expensive [PRESCRIBED ITEM](#) and represents a disproportionate cost relative to the total cost of the relevant episode in terms of volume and cost.

A [High Cost Drug](#) will only be used in a subset of cases within a [Healthcare Resource Group](#) and/or used in a subset of [Health Care Providers](#) delivering [SERVICES](#) under a specific [Healthcare Resource Group](#).

For further information on [High Cost Drugs](#) see the [NHS Improvement](#) website at [Developing the national tariff](#).

This supporting information is also known by these names:

Context	Alias
plural	High Cost Drugs

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET INTRODUCTION

Change to Supporting Information: Changed Description

[Patient Level Information Costing System Acute Data Set Overview](#)~~Patient Level Information Costing System Acute Data Set Overview~~

Introduction to the sections within the Patient Level Costing Acute Data Set

- [Patient Level Information Costing System Acute Data Set – Reconciliation](#)
- [Patient Level Information Costing System Acute Data Set – Admitted Patient Care](#)
- [Patient Level Information Costing System Acute Data Set – Emergency Care](#)
- [Patient Level Information Costing System Acute Data Set – Out Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Reconciliation](#)
- [Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Emergency Care](#)
- [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Specialist Ward Care](#)
- [Patient Level Information Costing System Acute Data Set - Supplementary Information](#)

PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW

Change to Supporting Information: Changed Dataset, Description

Contextual Overview

The [Patient Level Information Costing System Acute Data Set](#) is used to standardise the method of reporting cost information at [PATIENT](#) level. The [Patient Level Information Costing System Acute Data Set](#) is used to standardise the method of reporting cost information at [PATIENT](#) level. All designated NHS [Health Care Providers](#) of acute activity are required to submit [Patient Level Information Costing](#) data.

The [Patient Level Information Costing System Acute Data Set](#) is used toThe [Patient Level Information Costing System Acute Data Set](#) is used to

- inform new methods of pricing NHS [SERVICES](#);
- inform new approaches and other changes to the design of the currencies used to price NHS [SERVICES](#);
- contribute to [NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' inform the relationship between provider characteristics and cost;
- help [NHS Trusts](#) to maximise use of their resources and improve efficiencies, as required by the provider licence;
- identify the relationship between [PATIENT](#) characteristics and cost;
- support an approach to benchmarking for regulatory purposes.

Data Extract Specification

Description

[NHS Improvement](#) has mandated designated [NHS Trusts](#) and [NHS Foundation Trust](#) to record and report:

- [Patient Level Information Costing System Acute Data Set – Admitted Patient Care](#)
- [Patient Level Information Costing System Acute Data Set – Emergency Care](#)
- [Patient Level Information Costing System Acute Data Set – Out Patient Care](#)
- [Patient Level Information Costing System Acute Data Set – Reconciliation](#)
- [Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Emergency Care](#)
- [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#)
- [Patient Level Information Costing System Acute Data Set - Reconciliation](#)
- [Patient Level Information Costing System Acute Data Set - Specialist Ward Care](#)
- [Patient Level Information Costing System Acute Data Set - Supplementary Information](#)

Reporting is required at the end of each financial year, consistent with the methodologies and submission processes in the [Approved Costing Guidance](#). This only includes those NHS [Health Care Providers](#) noted in the [Costing Mandation Timetable](#) and does not include non-NHS [Health Care Providers](#).

Time

The data is collected annually. It must be submitted in accordance with the timetable set out by [NHS Improvement](#) in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

Format

The data should be submitted in an XML file, created by [NHS Improvement](#)'s Data Validation Tool (DVT). Information on how to access and use this tool is included in the National Cost Collection Guidance (part of the [Approved Costing Guidance](#)).

Transmission

[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be accessed by registered and approved users and [NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

SUPPORTING DATA SETS MENU

Change to Supporting Information: Changed Description

- [Message Documentation](#)

Contract Monitoring:

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

Critical Care:

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

Other:

- [Information Sharing to Tackle Violence](#)
- [NHS Continuing Healthcare Patient Level](#)

Patient Level Information Costing:

- [Reconciliation \(PLICS\)](#)
- [Admitted Patient Care \(PLICS\)](#)
- [Emergency Care \(PLICS\)](#)
- [Out Patient Care \(PLICS\)](#)
- [Reconciliation \(PLICS\)](#)
- [Admitted Patient Care \(PLICS\)](#)

- [Emergency Care \(PLICS\)](#)
- [Out-Patient Care \(PLICS\)](#)
- [Specialist Ward Care \(PLICS\)](#)
- [Supplementary Information \(PLICS\)](#)

UNBUNDLED CARE ACTIVITY DATE

Change to Supporting Information: New Supporting Information

An [Unbundled Care Activity Date](#) is an [ACTIVITY DATE TIME](#).

An [Unbundled Care Activity Date](#) is the date on which the [CARE ACTIVITY](#) occurred which generated the [Healthcare Resource Group Unbundled Activity](#).

This supporting information is also known by these names:

Context	Alias
plural	Unbundled Care Activity Dates

ACTIVITY

Change to Class: Changed Attributes

Attributes of this Class are:

- K ACTIVITY IDENTIFIER
- ACTIVITY COUNT
- ACTIVITY DURATION
- ACTIVITY PERCENTAGE
- CONTRACT MONITORING ACTUAL ACTIVITY
- GS1 SERVICE RELATION INSTANCE NUMBER
- [PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER](#)
- PDS PATIENT CARE PROVISION TYPE

ACTIVITY GROUP

Change to Class: Changed Attributes

Attributes of this Class are:

- A and E PATIENT GROUP
- ACTIVITY GROUP TYPE
- [ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING](#)
- ADMISSION METHOD
- CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
- CANCER TRANSFER REASON FOR INTER PROVIDER TRANSFER
- CANCER TREATMENT INTENT
- CARE PACKAGE IDENTIFIER FOR NHS CONTINUING HEALTHCARE
- CARE PACKAGE REVIEW ELIGIBILITY OUTCOME FOR NHS CONTINUING HEALTHCARE
- CARE PACKAGE REVIEW OUTCOME CODE FOR NHS CONTINUING HEALTHCARE
- CARE PACKAGE REVIEW TYPE FOR NHS CONTINUING HEALTHCARE
- CARER RESIDENT INDICATION CODE FOR NATIONAL NEONATAL DATA SET
- CHILDREN TEENAGERS AND YOUNG ADULTS AGE CATEGORY
- CLINICAL COMMISSIONING GROUP ELIGIBILITY DECISION OUTCOME FOR NHS CONTINUING HEALTHCARE
- COMMUNITY TREATMENT ORDER END REASON
- CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
- CONTINUITY OF CARER PATHWAY INDICATOR
- DAUGHTER BORN AT THIS ENCOUNTER INDICATOR
- DELIVERY PLACE CHANGE REASON
- DISCHARGE DESTINATION
- DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR

DISCHARGE FROM IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE REASON
DISCHARGE METHOD
DISCHARGE REASON FOR MOTHER MATERNITY SERVICES
ESTIMATED DATE OF DELIVERY
FIRST REGULAR DAY OR NIGHT ADMISSION
FITNESS ASSESSMENT FOR OLDER PATIENTS WITH BREAST CANCER INDICATOR
HOLISTIC NEEDS ASSESSMENT POINT OF PATHWAY FOR CANCER
LAST EPISODE IN SPELL INDICATOR CODE
LENGTH OF STAY ADJUSTMENT
LENGTH OF STAY ADJUSTMENT REASON
MATERNAL CRITICAL INCIDENT INDICATOR
MENTAL HEALTH ABSOLUTE DISCHARGE RESPONSIBILITY
MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION
MENTAL HEALTH CONDITIONAL DISCHARGE END REASON
MENTAL HEALTH DELAYED DISCHARGE ATTRIBUTABLE TO INDICATION CODE
MENTAL HEALTH DELAYED DISCHARGE REASON
MULTIDISCIPLINARY TEAM RECOMMENDATION FOR NHS CONTINUING HEALTHCARE STANDARD
NEONATAL CRITICAL INCIDENT INDICATOR
NEONATAL LEVEL OF CARE
NHS CONTINUING HEALTHCARE ACTIVITY TYPE
NHS CONTINUING HEALTHCARE COMMISSIONED SERVICES INDICATOR
NHS CONTINUING HEALTHCARE PREVIOUSLY UNASSESSED PERIOD OF CARE DECISION OUTCOME
NHS CONTINUING HEALTHCARE REFERRAL EXCEEDING 28 DAYS TIME BAND CATEGORY
NHS CONTINUING HEALTHCARE TYPE
NON SMOKING CONFIRMATION STATUS AT 4 WEEKS
OPERATION FUNDING FOR NATIONAL JOINT REGISTRY
OUTCOME AT 4 WEEK FOLLOW UP FOR STOP SMOKING
PALLIATIVE CARE SPECIALIST SEEN INDICATOR
PALLIATIVE TREATMENT REASON FOR UPPER GASTROINTESTINAL
PATIENT ATTENDANCE SYMPTOMATIC INDICATOR FOR SEXUAL HEALTH SERVICE
PATIENT CLASSIFICATION
PATIENT RECEIVING ONE TO ONE NURSING CARE INDICATOR
PERSONALISED CARE AND SUPPORT PLANNING POINT OF CANCER PATHWAY
PHARMACOTHERAPY STOP SMOKING AID RECEIVED
PLANNED DELIVERY SETTING CHANGE REASON
PREGNANCY OUTCOME
PREGNANCY OUTCOME CODE
PSYCHIATRIC PATIENT STATUS
SOURCE OF ADMISSION

ACTIVITY PROPERTY

Change to Class: Changed Attributes

Attributes of this Class are:

K ACTIVITY PROPERTY EFFECTIVE DATE
K ACTIVITY PROPERTY EFFECTIVE TIME
K ACTIVITY PROPERTY TYPE
 ACTIVITY PROPERTY END DATE
 ACTIVITY PROPERTY END TIME
 ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING
 CRITICAL CARE LEVEL
 NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING
 ORGAN SYSTEM SUPPORTED
 SEXUAL HEALTH AND HIV ACTIVITY PROPERTY TYPE

CRITICAL CARE PERIOD

Change to Class: Changed Attributes

Attributes of this Class are:

CRITICAL CARE ADMISSION SOURCE
CRITICAL CARE ADMISSION TYPE
CRITICAL CARE DISCHARGE DESTINATION
CRITICAL CARE DISCHARGE LOCATION
CRITICAL CARE DISCHARGE READY DATE
CRITICAL CARE DISCHARGE READY TIME
CRITICAL CARE DISCHARGE STATUS
CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
CRITICAL CARE SOURCE LOCATION
DISCHARGE DESTINATION FROM NEONATAL CRITICAL CARE
NEONATAL CRITICAL CARE ADMISSION INDICATOR
PARENTS SEEN BY SENIOR STAFF MEMBER WITHIN 24 HOURS OF ADMISSION INDICATOR
PRIMARY CATEGORY OF CARE REQUIRED ON ADMISSION TO NEONATAL CRITICAL CARE
RECEIVING OXYGEN THERAPY ON DISCHARGE INDICATOR
TEMPERATURE RECORDED AFTER ADMISSION TO NEONATAL INTENSIVE CARE UNIT INDICATOR
TRANSFERRED FOR FURTHER CARE TYPE FOR NATIONAL NEONATAL DATA SET
TRANSFERRED FROM NEONATAL INTENSIVE CARE UNIT FOR NECROTISING ENTEROCOLITIS MANAGEMENT INDICATOR

PATIENT DIAGNOSIS

Change to Class: Changed Attributes

Attributes of this Class are:

ACCIDENT AND EMERGENCY DIAGNOSIS
BASIS OF DIAGNOSIS FOR CANCER
BREAST CANCER INVASIVE STATUS
CEREBRAL PALSY TYPE CODE FOR NATIONAL NEONATAL DATA SET
CHOLANGIOCARCINOMA PRESENCE CATEGORY
CYSTIC FIBROSIS BANDING
DIAGNOSIS SCHEME IN USE
FEMALE GENITAL MUTILATION IDENTIFIED TYPE
FEMALE GENITAL MUTILATION TYPE 4 CODE
HISTOLOGY CONFIRMED NECROTISING ENTEROCOLITIS FOLLOWING LAPAROTOMY INDICATOR
HISTORY OF FEMALE GENITAL MUTILATION INDICATOR
HYPOXIC ISCHEMIC ENCEPHALOTHAPY GRADE
LIFE THREATENING SYMPTOMS AT DIAGNOSIS INDICATOR
LIVER CIRRHOSIS CAUSE TYPE
LIVER CIRRHOSIS TYPE
LONG HEAD BICEPS PRESENT INDICATOR FOR SHOULDER REPLACEMENT
MATERNITY COMPLICATING DIAGNOSIS INDICATOR
MATERNITY COMPLICATING MEDICAL DIAGNOSIS
MATERNITY MEDICAL DIAGNOSIS TYPE
NEONATAL ABSTINENCE SYNDROME OBSERVED INDICATOR
OBSTETRIC DIAGNOSIS
OTHER MYELODYSPLASIA SYMPTOMS AT DIAGNOSIS
PATIENT DIAGNOSIS CONFIRMED INDICATION CODE FOR SEXUAL HEALTH SERVICE
PATIENT DIAGNOSIS INDICATION FOR PRIMARY ANKLE REPLACEMENT
PATIENT DIAGNOSIS INDICATION FOR PRIMARY ELBOW REPLACEMENT
PATIENT DIAGNOSIS INDICATION FOR PRIMARY HIP REPLACEMENT
PATIENT DIAGNOSIS INDICATION FOR PRIMARY KNEE REPLACEMENT
PATIENT DIAGNOSIS INDICATION FOR PRIMARY SHOULDER REPLACEMENT
PATIENT DIAGNOSIS INDICATOR
PATIENT DIAGNOSIS SITE OF INFECTION FOR SEXUAL HEALTH SERVICE
POST HAEMORRHAGIC HYDROCEPHALUS OBSERVED DURING CRANIAL ULTRASOUND SCAN INDICATOR
PRESENTING COMPLAINT CODING SIGNIFICANCE
PRESENT ON ADMISSION INDICATOR
PREVIOUS DIAGNOSED CONDITION INDICATOR
PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY

PRIMARY DIAGNOSIS
PROVISIONAL DIAGNOSIS
SEIZURE OCCURRED INDICATOR
SEPSIS SUSPECTED INDICATOR
SEVERE CARDIORESPIRATORY DISEASE INDICATOR
TUMOUR OR LESION LATERALITY

SERVICE PROVIDED UNDER AGREEMENT

Change to Class: Changed Attributes

Attributes of this Class are:

BEST PRACTICE TARIFF CODE
CARE PRODUCT TYPE FOR NHS CONTINUING HEALTHCARE
COMMISSIONED SERVICE CATEGORY CODE
CONTRACT UNIT FREQUENCY CODE FOR NHS CONTINUING HEALTHCARE
COST CENTRE CODE FOR NHS CONTINUING HEALTHCARE
HEALTHCARE RESOURCE GROUP CODE
LOCAL POINT OF DELIVERY DESCRIPTION
NUMBER OF COMMISSIONED WEEKLY HOURS OF CARE FOR NHS CONTINUING HEALTHCARE
PERSONAL HEALTH BUDGET TYPE
POINT OF DELIVERY CODE
POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING
POINT OF DELIVERY FURTHER DETAIL CODE
POINT OF DELIVERY FURTHER DETAIL DESCRIPTION
PROVIDER REFERENCE NUMBER
SERVICE PROVIDED UNDER AGREEMENT TEXT STRING
SPECIALISED MENTAL HEALTH SERVICE CATEGORY CODE
SPECIALISED SERVICE CODE
SPECIALIST SERVICES FLAG
SUBJECTIVE CODE FOR NHS CONTINUING HEALTHCARE
UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE
UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING
UNBUNDLED CURRENCY CODE
UNBUNDLED EPISODE INDICATOR

ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL

Change to Attribute: Changed Dataset, Description

A code to identify how an [Accident and Emergency Attendance](#) concluded.

National Codes:

- 01 Admitted to a [Hospital Bed](#) /became a [LODGED PATIENT](#) of the same [Health Care Provider](#)
- 02 Discharged - follow up treatment to be provided by [GENERAL PRACTITIONER](#)
- 03 Discharged - did not require any follow up treatment
- 04 Referred to A&E Clinic
- 05 Referred to Fracture Clinic
- 06 Referred to other [Out-Patient Clinic](#)
- 07 Transferred to other [Health Care Provider](#)
- 10 Died in [Department](#)
- 11 Referred to other health [CARE PROFESSIONAL](#)
- 12 Left [Department](#) before being seen for treatment
- 13 Left [Department](#) having refused treatment
- 14 Other

For the Accident and Emergency Clinical Quality Indicators, further guidance on National Code 'Left [Department](#) before being seen for treatment' is available on the [Department of Health and Social Care](#) National Archives at: [A&E clinical quality indicators: Implementation guidance and data definitions](#). For the purposes of the [Patient Level Information Costing System Acute Data Set - Emergency Care](#), this coding list will be utilised for the first year of implementation only and uplified to the [SNOMED CT](#) version at the next iteration.

ACTIVITY COUNT

Change to Attribute: Changed Dataset

The number or count of individual [ACTIVITIES](#).

ACTIVITY DATE

Change to Attribute: Changed Dataset

The date, month, year and century, or any combination of these elements, that is of relevance to an [ACTIVITY](#).

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

ACTIVITY DATE TYPE

Change to Attribute: Changed Description

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

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

National Codes:

- 001 Angiogram Date (Retired July 2012)
- 002 [Arrival Date At Accident and Emergency Department](#)
- 003 Breast Assessment Date (Retired 1 January 2013)
- 004 Cancer Dental Assessment Date (Retired September 2018)
- 005 Colorectal or Stoma Nurse Seen Date (Retired 1 January 2013)
- 006 Coronary Angiography Date (Retired July 2012)
- 007 Care Programme Approach Review Date (Retired September 2018)
- 008 Date Biopsy Taken (Retired 01 April 2014)
- 009 [Discharge Date](#)
- 010 [Discharge Ready Date](#)
- 011 [End Date](#)
- 012 Event Date (Retired July 2012)
- 013 Expected Delivery Date (Retired September 2012)
- 014 [First Antenatal Assessment Date](#)
- 015 Full Postnatal Examination Date (Retired September 2012)
- 016 Initial Patient Contact Date (Retired July 2012)
- 017 Investigation Transfer Date (Retired July 2012)
- 018 Intrauterine Device Application Date (Retired September 2012)
- 019 Intrauterine Device Fitted Date (Retired September 2012)
- 020 Last Dosage Date (Retired April 2019)
- 021 Mental Health Care Assessment Date (Retired September 2012)
- 022 Miscarriage Date (Retired September 2012)
- 023 Pathology Result Due Date (Retired April 2019)
- 024 Patient Informed Biopsy Result Date (Retired April 2019)
- 025 Patient Informed Of Outcome Date (Retired September 2012)
- 026 Smoking Quit Date (Retired October 2017)
- 027 Review Planned Date (Retired 01 April 2014)
- 028 Screening Result Date (Retired 01 April 2014)
- 029 Screening Result Sent Date (Retired April 2019)
- 030 Specialist Palliative Care Date (Retired 01 April 2014)
- 031 [Start Date](#)
- 032 Cancer Symptoms First Noted Date (Retired September 2018)
- 033 Attendance Date (Retired September 2018)
- 034 [Clinical Intervention Date](#)
- 035 Immunisation Completion Date (Retired 01 September 2015)

036 Clinical Status Assessment Date (Retired September 2018)
037 Dose Given Date (Retired September 2012)
038 Test Date (Retired September 2012)
039 Contact Date (Retired September 2018)
040 Appointment Date (Retired September 2018)
041 Primary Procedure Date (Retired September 2018)
042 Second Operation Date (Retired 01 April 2014)
043 Speech and Language Assessment Date (Retired September 2018)
044 Third Operation Date (Retired 01 April 2014)
045 Date First Seen (Retired September 2018)
046 Statutory Assessment Date (Retired 01 January 2016)
047 Screening Test Date (Retired September 2018)
048 Genitourinary Care Contact Date (Retired January 2014)
049 [Consultant Upgrade Date](#)
101 Referral Closure Date (Community Care) (Retired 01 September 2015)
102 Discharge Letter Issued Date (Community Care) (Retired 01 September 2015)
103 Systemic Anti-Cancer Therapy Administration Date (Retired September 2018)
104 [Procedure Date](#)
105 Immunisation Date (Retired September 2018)
106 Antenatal Appointment Date (Retired 1 April 2019)
107 Antenatal Booking Appointment Date (Retired September 2018)
108 [Pregnancy First Contact Date](#)
109 Screening Test Information Given Date (Retired 1 April 2019)
110 [Assessment Date For Transplant Suitability](#)
111 [Accident and Emergency Initial Assessment Date](#)
112 [Accident and Emergency Date Seen For Treatment](#)
113 [Accident and Emergency Attendance Conclusion Date](#)
114 [Accident and Emergency Departure Date](#)
115 Clinical Assessment Date (Retired September 2018)
116 Imaging or Radiodiagnostic Event Date (Retired September 2018)
117 [Neonatal Critical Care Daily Care Date](#)
118 Two Year Neonatal Outcomes Assessment Date (Retired September 2018)
119 Date of Pregnancy Outcome (Current Fetus) (Retired 1 April 2019)
120 Neonatal Critical Incident Date (Retired 1 April 2019)
121 American Joint Committee on Cancer Stage Date (Retired September 2018)
122 Ann Arbor Stage Date (Retired September 2018)
123 Barcelona Clinic Liver Cancer Stage Date (Retired September 2018)
124 Binet Stage Date (Retired September 2018)
125 Chang Staging System Stage Date (Retired September 2018)
126 Clinical Stage Date (Pancreatic Cancer) (Retired September 2018)
127 Final Figo Stage Date (Retired September 2018)
128 Holistic Needs Assessment Completed Date (Retired September 2018)
129 Intergroup Rhabdomyosarcoma Study Post Surgical Group Date (Retired September 2018)
130 International Neuroblastoma Staging System Date (Retired 01 April 2017)
131 Myeloma International Staging System Stage Date (Retired September 2018)
132 Modified Dukes Stage Date (Retired September 2018)
133 [Multidisciplinary Team Discussion Date \(Cancer\)](#)
134 [Multidisciplinary Team Meeting Date \(Cancer\)](#)
135 Murphy St Jude Stage Date (Retired September 2018)
136 Rai Stage Date (Retired 01 April 2017)
137 Retinoblastoma Assessment Date (Retired September 2018)
138 TNM Stage Grouping Date (Final Pretreatment) (Retired September 2018)
139 TNM Stage Grouping Date (Integrated) (Retired September 2018)
140 Wilms Tumour Stage Date (Retired September 2018)
141 [Care Contact Cancellation Date](#)
142 [Care Contact Date](#)
143 Child Protection Plan End Date (Retired September 2018)
144 Child Protection Plan Start Date (Retired September 2018)
145 [Discharge Letter Issued Date \(Mental Health and Community Care\)](#)
146 Health Visitor First Antenatal Visit Date (Retired September 2018)
147 Infant Physical Examination Date (Retired September 2018)
148 Onward Referral Date (Retired September 2018)

- 149 [Referral Closure Date](#)
- 150 [Referral Rejection Date](#)
- 151 [Replacement Appointment Booked Date](#)
- 152 [Replacement Appointment Date Offered](#)
- 153 Service Discharge Date (Retired September 2018)
- 154 Date of Restrictive Intervention (Retired 01 April 2019)
- 155 [Indirect Activity Date](#)
- 156 Mental Health Crisis Plan Creation Date (Retired 01 April 2017)
- 157 Mental Health Crisis Plan Last Updated Date (Retired 01 April 2017)
- 158 [Care Plan Agreed Date](#)
- 159 [Care Plan Creation Date](#)
- 160 [Care Plan Implementation Date](#)
- 161 [Care Plan Last Updated Date](#)
- 162 Five Forensic Pathways Assessment Date (Retired September 2018)
- 163 International Neuroblastoma Risk Group Staging System Stage Date (Retired September 2018)
- 164 Stage Grouping Date (Testicular Cancer) (Retired September 2018)
- 165 [Emergency Care Arrival Date](#)
- 166 [Emergency Care Initial Assessment Date](#)
- 167 [Emergency Care Date Seen For Treatment](#)
- 168 [Emergency Care Attendance Conclusion Date](#)
- 169 [Emergency Care Departure Date](#)
- 170 Injury Date (Retired September 2018)
- 171 Referred To Service Assessment Date (Retired September 2018)
- 172 Intended Smoking Quit Date (Moved to [PLANNED ACTIVITY DATE TYPE](#) September 2018)
- 173 [Cancer Transformation Agreed Date \(Primary Cancer Pathway\)](#)
- 174 [Cancer Progression Agreed Date \(Primary Cancer Pathway\)](#)
- 175 [Clinical Trial Decision Date](#)
- 176 Treatment Start Date (Cancer) (Retired September 2018)
- 177 Cancer Faster Diagnosis Pathway End Date (Retired September 2018)
- 178 Cancer Referral To Treatment Period Start Date (Retired September 2018)
- 179 Cancer Treatment Period Start Date (Retired September 2018)
- 180 [Observable Entity Date](#)
- 181 [Package of Care or Year of Care Start Date \(Contract Monitoring\)](#)
- 182 [NHS Continuing Healthcare Standard Checklist Completed Date](#)
- 183 [Clinical Commissioning Group Eligibility Decision Date \(NHS Continuing Healthcare Standard\)](#)
- 184 [Clinical Commissioning Group Eligibility Decision Outcome Communicated To Patient Date \(NHS Continuing Healthcare Standard\)](#)
- 185 [NHS Continuing Healthcare Fast Track Pathway Tool Completed Date](#)
- 186 [NHS Continuing Healthcare Request Received Date](#)
- 187 [NHS Continuing Healthcare Local Resolution Formal Meeting Date](#)
- 188 [NHS Continuing Healthcare Local Resolution Informal Meeting Date](#)
- 189 [Local Resolution Eligibility Decision Outcome Communicated To Patient Date \(NHS Continuing Healthcare\)](#)
- 190 [NHS Continuing Healthcare Care Package Eligibility Status Change Date](#)
- 191 [NHS Continuing Healthcare Eligibility Start Date Following Independent Review](#)
- 192 [NHS Continuing Healthcare Previously Unassessed Period Of Care Decision Made Date](#)
- 193 [NHS Continuing Healthcare Previously Unassessed Period Of Care Eligibility Decision Communicated To Requester Date](#)
- 194 [Unbundled Care Activity Date](#)

Note: This list is not in alphabetical order.

ACTIVITY IDENTIFIER

Change to Attribute: Changed Dataset

A unique number or set of characters that is applicable to only one [ACTIVITY](#) for a [PATIENT](#) within an [Organisation](#).

ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

A unique identifier to report [ACTIVITY PROPERTY](#) components such as staffing, supplies, systems and facilities, used to deliver care activities to a [PATIENT](#), for the purposes of reporting [Patient Level Information Costing](#). The unique identifier is generated through the costing process (mapping and local [Patient Level Information Costing](#) system).

ACTIVITY TIME

Change to Attribute: Changed Dataset

The time (using a 24 hour clock) that is of relevance to an [ACTIVITY](#).

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

ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

[ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING](#) is the total length in days of the [Consultant Episode \(Hospital Provider\)](#), adjusted to remove the total number of days for any [LENGTH OF STAY ADJUSTMENT REASON](#).

This attribute is also known by these names:

Context	Alias
plural	ADJUSTED LENGTH OF STAYS FOR PATIENT LEVEL INFORMATION COSTING

ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)

APPOINTMENT DATE

Change to Attribute: Changed Dataset

The date of an [APPOINTMENT](#).

In the case of a [PATIENT](#) attending an [Out-Patient Clinic](#) without prior notice or [APPOINTMENT](#), the [PATIENT](#) will be given an [Out-Patient Appointment](#).

APPOINTMENT TIME

Change to Attribute: Changed Dataset

The time, recorded using the 24 hour clock, advised to a [PATIENT](#) for when they can expect to see a relevant [CARE PROFESSIONAL](#) at an [Out-Patient Clinic](#).

Note: The [PATIENT](#) may be advised to attend earlier for preliminary investigations.

CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset, Description

The type of [CARE ACTIVITY](#) reported for the purposes of [Patient Level Information Costing](#).

National Codes:

- APC Admitted Patient Care
- OP Out-patient Care
- AE Emergency Care

REC	Reconciliation
SWC	Specialist Ward Care
SI	Supplementary Information

CONSULTANT CODE

Change to Attribute: Changed Dataset

A code uniquely identifying a [CONSULTANT](#).

The [CONSULTANT CODE](#) is derived from either the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) for [GENERAL MEDICAL PRACTITIONERS](#), or the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) for [GENERAL DENTAL PRACTITIONERS](#) (where the dentist doesn't have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#)).

For [GENERAL MEDICAL PRACTITIONERS](#) working as [CONSULTANTS](#), the [GENERAL MEDICAL PRACTITIONER's GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) should be used, see data item note for [GENERAL MEDICAL PRACTITIONER \(SPECIFIED\)](#).

For [GENERAL DENTAL PRACTITIONERS](#) working as a:

- Hospital [CONSULTANT](#), the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) should be used, prefixed with "C"
- Dental [CONSULTANT](#):
 - Who does not have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#), the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) should be used, prefixed with "CD".
 - Where the [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) or [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) is not known, the default code should be used, see [CONSULTANT CODE](#) or [Organisation Data Service Default Codes](#).

Note: There are some overseas-qualified dentists who are not fully registered with the [General Dental Council](#) but enjoy what is called "Temporary Registration". These dentists are not currently in the scope of the Dental Consultant codes file published by the [Organisation Data Service](#) and will not be included.

Consultant Code format

Practitioner Code Type	Character Position								Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6	7	8				
Hospital Consultant	C	0-9	0-9	0-9	0-9	0-9	0-9	0-9	NHS Digital	Hospital Consultants in England and Wales	Consultant Code	Derived from GENERAL MEDICAL COUNCIL REFERENCE NUMBER , prefixed with a C
Dental Consultant	C	D	0-9	0-9	0-9	0-9	0-9	0-9	NHS Digital	Dental Consultants in England and Wales	Dental Consultant Code	Derived from GENERAL DENTAL COUNCIL REGISTRATION NUMBER , prefixed with CD. Note that GENERAL DENTAL COUNCIL REGISTRATION NUMBERS vary in length. Filling zeros are used between the prefix and GENERAL DENTAL COUNCIL REGISTRATION NUMBER , where required, to maintain total length of 8 characters. For further information, please refer to the Dental Consultants in England (PDF) guidance document issued by the Organisation Data Service .

For NHS [PATIENTS](#) treated overseas, the commissioner of the overseas treatment is responsible for assuring that the overseas doctor is provided with a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#). In the case of overseas doctors, the default code C9999998 should only be used where no [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) has been assigned.

All [Midwife Episodes](#) are identified in the Admitted Patient Care Commissioning Data Set (CDS) and [Hospital Episode Statistics](#) by a pseudo [MAIN SPECIALTY CODE](#), 560, see [Main Specialty and Treatment Function Codes Table](#). A default code is used in the [CONSULTANT CODE](#) field to show that a [MIDWIFE](#) is the responsible professional. Note that the [MIDWIFE](#)'s own code is not used.

All [Nursing Episodes](#) are identified in the Admitted Patient Commissioning Data Set and [Hospital Episode Statistics](#) by a pseudo [MAIN SPECIALTY CODE](#), 950, see [Main Specialty and Treatment Function Codes Table](#). A default code is used in the [CONSULTANT CODE](#) field to show that a [NURSE](#) is the responsible professional. Note that the [NURSE](#)'s own [Nursing and Midwifery Council](#) code is not used.

CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset, Description

The completion status of the [Consultant Episode \(Hospital Provider\)](#) for the [FINANCIAL YEAR](#) for the purposes of reporting [Patient Level Information Costing](#).

National Codes:

- 1 Started in previous [FINANCIAL YEAR](#) and ended in reporting [FINANCIAL YEAR](#) (ended)
- 2 Started but not ended during reporting [FINANCIAL YEAR](#) (open)
- 3 Started and ended in reporting [FINANCIAL YEAR](#) (ended)
- 4 ~~Started in previous financial year but not ended in reporting~~ [FINANCIAL YEAR](#) (open)
- 4 Started in previous [FINANCIAL YEAR](#) but not ended in reporting [FINANCIAL YEAR](#) (open)

CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

The completion status of the [CRITICAL CARE PERIOD](#) for the [FINANCIAL YEAR](#) for the purposes of reporting [Patient Level Information Costing](#).

National Codes:

- 1 Started in previous [FINANCIAL YEAR](#) and ended in reporting [FINANCIAL YEAR](#) (ended)
- 2 Started but not ended during reporting [FINANCIAL YEAR](#) (open)
- 3 Started and ended in reporting [FINANCIAL YEAR](#) (ended)
- 4 Started in previous [FINANCIAL YEAR](#) but not ended in reporting [FINANCIAL YEAR](#) (open)

This attribute is also known by these names:

Context	Alias
plural	CRITICAL CARE PERIOD COMPLETION STATUSES FOR PATIENT LEVEL INFORMATION COSTING

CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)
--

CRITICAL CARE UNIT FUNCTION

Change to Attribute: Changed Dataset

The type of area to which the [PATIENT](#) was admitted during a [CRITICAL CARE PERIOD](#). This is the principal clinical service provided within the [WARD](#).

National Codes:

Adult Facilities ([PATIENTS](#) more than 19 years old on admission predominate)

- 01 Non-specific, general adult critical care [PATIENTS](#) predominate
- 02 Surgical adult [PATIENTS](#) (unspecified specialty)
- 03 Medical adult [PATIENTS](#) (unspecified specialty)
- 05 Neurosciences adult [PATIENTS](#) predominate
- 06 Cardiac surgical adult [PATIENTS](#) predominate
- 07 Thoracic surgical adult [PATIENTS](#) predominate
- 08 Burns and plastic surgery adult [PATIENTS](#) predominate
- 09 Spinal adult [PATIENTS](#) predominate
- 10 Renal adult [PATIENTS](#) predominate
- 11 Liver adult [PATIENTS](#) predominate
- 12 Obstetric and gynaecology critical care [PATIENTS](#) predominate
- 90 Non standard [LOCATION](#) using a [WARD](#) area

Children and Young People Facilities ([PATIENTS](#) aged greater than or equal to 29 days to less than 19 years predominate)

- 04 Paediatric Intensive Care Unit (Paediatric critical care [PATIENTS](#) predominate)
- 16 [WARD](#) for children and young people
- 17 High Dependency Unit for children and young people
- 18 Renal Unit for children and young people
- 19 Burns Unit for children and young people
- 92 Non standard [LOCATION](#) using the operating department for children and young people

Neonatal Facilities (Patients aged less than 29 days on admission predominate)

- 13 Neonatal Intensive Care Unit (Neonatal critical care [PATIENTS](#) predominate)
- 14 Facility for Babies on a Neonatal Transitional Care [WARD](#)
- 15 Facility for Babies on a Maternity [WARD](#)

Other settings

- 91 Non standard [LOCATION](#) using the operating department

CYSTIC FIBROSIS BANDING

Change to Attribute: New Attribute

The banding of Cystic Fibrosis for a [PATIENT](#) as assigned by the [Cystic Fibrosis Trust](#).

National Codes:

- 1 Band 1
- 1A Band 1A
- 2 Band 2
- 2A Band 2A
- 3 Band 3
- 4 Band 4
- 5 Band 5

This attribute is also known by these names:

Context	Alias
plural	CYSTIC FIBROSIS BANDINGS

CYSTIC FIBROSIS BANDING

Change to Attribute: New Attribute

CYSTIC FIBROSIS BANDING

Data Elements:

CYSTIC FIBROSIS BANDING

EMERGENCY CARE DEPARTMENT TYPE

Change to Attribute: Changed Dataset

The type of [Emergency Care Department](#).

The [EMERGENCY CARE DEPARTMENT TYPE](#) definitions will be updated at the next iteration of [DCB0092-2062: Commissioning Data Sets: Emergency Care Data Set](#), to amend the National Code values to support the introduction of [Urgent Treatment Centres](#).

National Codes:

- 01 Emergency departments are a [CONSULTANT](#) led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency [PATIENTS](#)
- 02 Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of [PATIENTS](#)
- 03 Other type of A&E/minor injury [ACTIVITY](#) with designated accommodation for the reception of accident and emergency [PATIENTS](#). The department may be doctor led or [NURSE](#) led and treats at least minor injuries and illnesses and can be routinely accessed without [APPOINTMENT](#). A [SERVICE](#) mainly or entirely [APPOINTMENT](#) based (for example a [GP Practice](#) or [Out-Patient Clinic](#)) is excluded even though it may treat a number of [PATIENTS](#) with minor illness or injury. Excludes NHS walk-in centres
- 04 NHS walk in centres
- 05 ~~Ambulatory Emergency Care Service. Note this is **only** valid for piloting purposes in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#) / [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [CDS V6-2 Type 010 - Accident and Emergency Commissioning Data Set](#) or the [Patient Level Information Costing System Acute Data Set - Emergency Care](#).~~
Ambulatory Emergency Care Service. Note this is **only** valid for piloting purposes in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#) / [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [CDS V6-2 Type 010 - Accident and Emergency Commissioning Data Set](#) or the [Patient Level Information Costing System Acute Data Set - Emergency Care](#).

EVENT DATE

Change to Attribute: Changed Dataset

The date, month, year and century, or any combination of these elements, of an [EVENT](#).

EVENT TIME

Change to Attribute: Changed Dataset

The time (using a 24 hour clock) at which an [EVENT](#), or the action in an [EVENT](#), takes place.

FINAL AUDIT ACCOUNTS IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

A unique identifier to describe the financial transactions charged to the statement of comprehensive income for the purposes of reporting [Patient Level Information Costing](#).

FINANCIAL AMOUNT

Change to Attribute: Changed Dataset

An amount of money.

FINANCIAL YEAR

Change to Attribute: Changed Dataset

The financial year in which an [ACTIVITY](#) is deemed to have occurred.

HEALTHCARE RESOURCE GROUP CODE

Change to Attribute: Changed Dataset

The code of the [Healthcare Resource Group](#) under which an [ACTIVITY](#) is grouped.

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

LENGTH OF STAY ADJUSTMENT

Change to Attribute: Changed Dataset

The total number of days within a [Consultant Episode \(Hospital Provider\)](#) that a discrete period of [ACTIVITY](#) such as Rehabilitation or [Specialist Palliative Care](#) occurred, which requires an adjustment to the total length of stay for [National Tariff Payment System](#) purposes.

The [LENGTH OF STAY ADJUSTMENT](#) should be calculated using the [National Tariff Payment System](#) rules (i.e. count of midnights). The [LENGTH OF STAY ADJUSTMENT REASON](#) should also be recorded.

Where several discrete periods of applicable activity for the same [LENGTH OF STAY ADJUSTMENT REASON](#) occur within one [Consultant Episode \(Hospital Provider\)](#), the number of days under the same [LENGTH OF STAY ADJUSTMENT REASON](#) should be totalled and reported in a single [LENGTH OF STAY ADJUSTMENT](#).

NHS NUMBER

Change to Attribute: Changed Dataset

The [NHS NUMBER](#), the primary identifier of a [PERSON](#), is a unique identifier for a [PATIENT](#) within the NHS in England and Wales.

This will not vary by any [Organisation](#) of which a [PERSON](#) is a [PATIENT](#).

It is mandatory to record the [NHS NUMBER](#). There are exceptions, such as Accident and Emergency care, sexual health and major incidents, as defined in existing national policies.

The [NHS NUMBER](#) is 10 numeric digits in length. The tenth digit is a check digit used to confirm its validity. The check digit is validated using the Modulus 11 algorithm and the use of this algorithm is mandatory. There are 5 steps in the validation of the check digit:

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position

(starting from the left) Factor:

1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

Step 3 Divide the total by 11 and establish the remainder.

Step 4 Subtract the remainder from 11 to give the check digit.

If the result is 11 then a check digit of 0 is used. If the result is 10 then the [NHS NUMBER](#) is invalid and not used.

Step 5 Check the remainder matches the check digit. If it does not, the [NHS NUMBER](#) is invalid.

Further guidance is available from the [NHS Digital](#) website at: [NHS Number](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

NHS NUMBER STATUS INDICATOR CODE

Change to Attribute: Changed Dataset

The trace status of the [NHS NUMBER](#).

Note:

- National Code 08 'Trace postponed (baby under six weeks old)' is **not** valid for the [Improving Access to Psychological Therapies Data Set](#), [Maternity Services Data Set](#) and [Mental Health Services Data Set](#).

National Codes:

- 01 Number present and verified
- 02 Number present but not traced
- 03 Trace required
- 04 Trace attempted - No match or multiple match found
- 05 Trace needs to be resolved - ([NHS NUMBER](#) or [PATIENT](#) detail conflict)
- 06 Trace in progress
- 07 Number not present and trace not required
- 08 Trace postponed (baby under six weeks old)

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

A code to identify the number of organ systems supported on a day during a [CRITICAL CARE PERIOD](#) for the purpose of reporting [Patient Level Information Costing](#).

National Codes:

- 00 Zero organ systems supported
- 01 One organ system supported
- 02 Two organ systems supported
- 03 Three organ systems supported
- 04 Four organ systems supported
- 05 Five organ systems supported
- 06 Six or more organ systems supported

This attribute is also known by these names:

Context	Alias
plural	NUMBER OF ORGAN SYSTEMS SUPPORTED CODES FOR PATIENT LEVEL INFORMATION COSTING

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)
--

ORGANISATION IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for an [ORGANISATION](#).

Note:

- [ORGANISATION IDENTIFIERS](#) are governed by the fundamental standard for "Health and Social Care Organisation Reference Data" (HSC Org Ref Data).
- The standard only relates to [ORGANISATION IDENTIFIERS](#) which are maintained and published by the [Organisation Data Service \(ODS\)](#). See [Health and Social Care Organisation Reference Data](#).

The Format/Length of a published code for an:

- [Organisation](#) is min an3 max an8
- [Organisation Site](#) is min an5 max an9.

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

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Attribute: New Attribute

A linkage identifier to link records relating to [CARE ACTIVITIES](#) for a [PATIENT](#) for the purpose of reporting [Patient Level Information Costing](#).

This attribute is also known by these names:

Context	Alias
plural	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIERS

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Attribute: New Attribute

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Data Elements:

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER
--

PATIENT PATHWAY IDENTIFIER

Change to Attribute: Changed Dataset

An identifier, which together with the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) of the issuer, uniquely identifies a [PATIENT PATHWAY](#).

This is a specific type of the attribute [ACTIVITY IDENTIFIER](#).

Where a pathway is initiated by a [SERVICE REQUEST](#) using the [Choose and Book](#) system, the [PATIENT PATHWAY](#) will be uniquely identified by the Unique Booking Reference Number (UBRN) of the first referral and the [ORGANISATION CODE](#) of [Choose and Book](#) which is X09.

Where the pathway is initiated by some other method, the [PATIENT PATHWAY IDENTIFIER](#) will be allocated by the [Organisation](#) receiving the [SERVICE REQUEST](#) which together with that [Organisation's](#) [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will uniquely identify the [PATIENT PATHWAY](#).

PERSON BIRTH DATE

Change to Attribute: Changed Dataset

The date on which a [PERSON](#) was born or is officially deemed to have been born.

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

PERSON STATED GENDER CODE

Change to Attribute: Changed Dataset

The gender of a [PERSON](#).

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

National Codes:

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

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

POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

The code of the [Point of Delivery](#) for the purposes of reporting [Patient Level Information Costing](#).

National Codes:

- RP Admitted [PATIENT](#) Care - Regular Day or Night Admission
- DC Admitted [PATIENT](#) Care - Day Case
- EL Admitted [PATIENT](#) Care - Elective Inpatient
- NES Admitted [PATIENT](#) Care - Non Elective Short Stay (Less than 2 days)
- NEL Admitted [PATIENT](#) Care - Non Elective Long Stay (2 days or more)
- NESTR Admitted [PATIENT](#) Care - Non Elective Short Stay Transfer (Less than 2 days)
- NELTR Admitted [PATIENT](#) Care - Non Elective Long Stay Transfer (2 days or more)
- CL [Out-Patient Clinic - Clinic Attendance Consultant](#)
- NCL [Out-Patient Clinic - Clinic Attendance Non-Consultant](#)
- OPROC [Out-Patient Clinic - Patient Procedure](#)

For further guidance please see the [NHS Improvement](#) website at: [Patient Level Costing \(PLICS\)](#).

POSTCODE

Change to Attribute: Changed Dataset

The code assigned by Royal Mail to identify postal delivery areas across the United Kingdom.

[POSTCODES](#) may also be used to identify a [GEOGRAPHIC AREA](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

RECORD COUNT

Change to Attribute: Changed Dataset

A count of records contained within a data set submission.

RECORD IDENTIFIER

Change to Attribute: Changed Dataset

The unique identifier, used in conjunction with [ORGANISATION CODE \(CODE OF PROVIDER\)](#) or [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), to identify a record within a data set submission.

REPORTING PERIOD END DATE

Change to Attribute: Changed Dataset

The date that a [REPORTING PERIOD](#) ends.

REPORTING PERIOD START DATE

Change to Attribute: Changed Dataset

The date that a [REPORTING PERIOD](#) begins.

SERVICE IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for a [SERVICE](#).

TREATMENT FUNCTION CODE

Change to Attribute: Changed Dataset

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

[TREATMENT FUNCTION CODE](#) is recorded to report the specialised service within which the [PATIENT](#) is treated.

It is based on [MAIN SPECIALTY](#) but also includes approved sub-specialties and treatment specialties used by lead [CARE PROFESSIONALS](#) including [CONSULTANTS](#).

[TREATMENT FUNCTION](#), rather than the Royal College or Faculty specialty, is required on most activity returns and in the [Commissioning Data Sets](#).

[TREATMENT FUNCTION CODES](#) should be used for all data sets/collections unless otherwise stated e.g. [National Workforce Data Set](#) uses [MAIN SPECIALTY CODES](#).

[GENERAL MEDICAL PRACTITIONER](#), [NURSE](#) and Allied Health Professional/ [Biomedical Scientist/ Clinical Scientist ACTIVITY](#) should be recorded against the [TREATMENT FUNCTION](#) under which the [PATIENT](#) is treated.

Joint [Consultant Clinic ACTIVITY](#) should be recorded against the [TREATMENT FUNCTION](#) which best describes the specialised service.

Assigning a Treatment Function Code:

- Assigning a [TREATMENT FUNCTION CODE](#) for a [SERVICE](#) is a decision which must be made locally. For national reporting purposes, only the [TREATMENT FUNCTION CODES](#) listed in the table below must be used.
- Recording of activity according to [TREATMENT FUNCTION CODES](#) is not on the basis of the procedure carried out, but should be allocated according to whether a specialised [SERVICE](#) exists within the [Health Care Provider](#) for that [TREATMENT FUNCTION CODE](#), such as a [CLINIC OR FACILITY](#).
- [TREATMENT FUNCTION CODES](#) have not been mapped to procedures or [MAIN SPECIALTY](#).
- [TREATMENT FUNCTION CODE](#) should be assigned irrespective of the type of [CARE PROFESSIONAL](#) responsible. This is also applicable where the name of the [TREATMENT FUNCTION CODE](#) suggests it is limited for use by a particular Healthcare Profession.
- A change in [TREATMENT FUNCTION CODE](#), but no change in responsible [CARE PROFESSIONAL](#), does not initiate a new episode of care. For the [Commissioning Data Sets](#), the [ACTIVITY TREATMENT FUNCTION CODE](#) reported should be that which is recorded at the [CDS ACTIVITY DATE](#).

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

Further information on the groupings and scope of each [TREATMENT FUNCTION CODE](#) is provided at: [Main Specialty and Treatment Function Codes Table](#).

Note:

- New National Codes for [TREATMENT FUNCTION CODE](#) were introduced from 2 April 2020 as part of the update to the [DCB0028: Treatment Function and Main Specialty Standard](#). Note that new codes should not be reported nationally until the functionality to do so becomes available in the next release of the affected data sets and any associated XML Schemas. Prior to these updates, health and care [Organisations](#) must review the impact of this information standard and make appropriate changes to local health IT systems from 2 April 2020 and before 1 April 2021. Where new National Codes are recorded locally, these will need to be mapped to an appropriate existing code for transmission and reporting purposes.

National Codes:

100	General Surgery Service
101	Urology Service
102	Transplant Surgery Service
103	Breast Surgery Service
104	Colorectal Surgery Service
105	Hepatobiliary and Pancreatic Surgery Service
106	Upper Gastrointestinal Surgery Service
107	Vascular Surgery Service
108	Spinal Surgery Service
109	Bariatric Surgery Service
110	Trauma and Orthopaedic Service
111	Orthopaedic Service
113	Endocrine Surgery Service
115	Trauma Surgery Service
120	Ear Nose and Throat Service
130	Ophthalmology Service
140	Oral Surgery Service
141	Restorative Dentistry Service
143	Orthodontic Service
144	Maxillofacial Surgery Service
145	Oral and Maxillofacial Surgery Service
149	not a Treatment Function
150	Neurosurgical Service
160	Plastic Surgery Service
161	Burns Care Service
170	Cardiothoracic Surgery Service
172	Cardiac Surgery Service
173	Thoracic Surgery Service
174	Cardiothoracic Transplantation Service
191	Pain Management Service
142	Paediatric Dentistry Service
171	Paediatric Surgery Service
211	Paediatric Urology Service
212	Paediatric Transplantation Surgery Service
213	Paediatric Gastrointestinal Surgery Service
214	Paediatric Trauma and Orthopaedic Service
215	Paediatric Ear Nose and Throat Service
216	Paediatric Ophthalmology Service
217	Paediatric Oral and Maxillofacial Surgery Service
218	Paediatric Neurosurgery Service
219	Paediatric Plastic Surgery Service
220	Paediatric Burns Care Service
221	Paediatric Cardiac Surgery Service
222	Paediatric Thoracic Surgery Service
223	Paediatric Epilepsy Service
230	Paediatric Clinical Pharmacology Service
240	Paediatric Palliative Medicine Service
241	Paediatric Pain Management Service
242	Paediatric Intensive Care Service
250	Paediatric Hepatology Service

251 Paediatric Gastroenterology Service
 252 Paediatric Endocrinology Service
 253 Paediatric Clinical Haematology Service
 254 Paediatric Audio Vestibular Medicine Service
 255 Paediatric Clinical Immunology and Allergy Service
 256 Paediatric Infectious Diseases Service
 257 Paediatric Dermatology Service
 258 Paediatric Respiratory Medicine Service
 259 Paediatric Nephrology Service
 260 Paediatric Medical Oncology Service
 261 Paediatric Inherited Metabolic Medicine Service
 262 Paediatric Rheumatology Service
 263 Paediatric Diabetes Service
 264 Paediatric Cystic Fibrosis Service
 270 Paediatric Emergency Medicine Service
 280 Paediatric Interventional Radiology Service
 290 Community Paediatric Service
 291 Paediatric Neurodisability Service
 321 Paediatric Cardiology Service
 421 Paediatric Neurology Service
 180 Emergency Medicine Service
 190 Anaesthetic Service
 192 Intensive Care Medicine Service
 200 Aviation and Space Medicine Service
 300 General Internal Medicine Service
 301 Gastroenterology Service
 302 Endocrinology Service
 303 Clinical Haematology Service
 304 Clinical Physiology Service
 305 Clinical Pharmacology Service
 306 Hepatology Service
 307 Diabetes Service
 308 Blood and Marrow Transplantation Service
 309 Haemophilia Service
 310 Audio Vestibular Medicine Service
 311 Clinical Genetics Service
 312 not a Treatment Function
 313 Clinical Immunology and Allergy Service
 314 Rehabilitation Medicine Service
 315 Palliative Medicine Service
 316 Clinical Immunology Service
 317 Allergy Service
 318 Intermediate Care Service
 319 Respite Care Service
 320 Cardiology Service
 322 Clinical Microbiology Service
 323 Spinal Injuries Service
 324 Anticoagulant Service
 325 Sport and Exercise Medicine Service
 326 Acute Internal Medicine Service
 327 Cardiac Rehabilitation Service
 328 Stroke Medicine Service
 329 Transient Ischaemic Attack Service
 330 Dermatology Service
 331 Congenital Heart Disease Service
 333 Rare Disease Service
 335 Inherited Metabolic Medicine Service
 340 Respiratory Medicine Service
 341 Respiratory Physiology Service
 342 Pulmonary Rehabilitation Service
 343 Adult Cystic Fibrosis Service
 344 Complex Specialised Rehabilitation Service

345 Specialist Rehabilitation Service
 346 Local Specialist Rehabilitation Service
 347 Sleep Medicine Service
 350 Infectious Diseases Service
 352 Tropical Medicine Service
 360 Genitourinary Medicine Service
 361 Renal Medicine Service
 370 Medical Oncology Service
 371 Nuclear Medicine Service
 400 Neurology Service
 401 Clinical Neurophysiology Service
 410 Rheumatology Service
 420 Paediatric Service
 422 Neonatal Critical Care Service
 424 Well Baby Service
 430 Elderly Medicine Service
 431 Orthogeriatric Medicine Service
 450 Dental Medicine Service
 451 Special Care Dentistry Service
 460 Medical Ophthalmology Service
 461 Ophthalmic and Vision Science Service
 500 not a Treatment Function
 501 Obstetrics Service
 502 Gynaecology Service
 503 Gynaecological Oncology Service
 504 Community Sexual and Reproductive Health Service
 505 Fetal Medicine Service
 510 Retired
 520 Retired
 560 Midwifery Service
 600 not a Treatment Function
 601 not a Treatment Function
 610 Retired
 620 Retired
 656 Clinical Psychology Service
 700 Intellectual Disability Service
 710 Adult Mental Health Service
 711 Child and Adolescent Psychiatry Service
 712 Forensic Psychiatry Service
 713 Medical Psychotherapy Service
 715 Old Age Psychiatry Service
 720 Eating Disorders Service
 721 Addiction Service
 722 Liaison Psychiatry Service
 723 Psychiatric Intensive Care Service
 724 Perinatal Mental Health Service
 725 Mental Health Recovery and Rehabilitation Service
 726 Mental Health Dual Diagnosis Service
 727 Dementia Assessment Service
 730 Neuropsychiatry Service
 800 Clinical Oncology Service
 810 not a Treatment Function
 811 Interventional Radiology Service
 812 Diagnostic Imaging Service
 820 not a Treatment Function
 821 not a Treatment Function
 822 Chemical Pathology Service
 823 not a Treatment Function
 824 not a Treatment Function
 830 not a Treatment Function
 831 not a Treatment Function
 832 Retired

- 834 Medical Virology Service
- 650 Physiotherapy Service
- 651 Occupational Therapy Service
- 652 Speech and Language Therapy Service
- 653 Podiatry Service
- 654 Dietetics Service
- 655 Orthoptics Service
- 657 Prosthetics Service
- 658 Orthotics Service
- 659 Dramatherapy Service
- 660 Art Therapy Service
- 661 Music Therapy Service
- 662 Optometry Service
- 663 Podiatric Surgery Service
- 670 Urological Physiology Service
- 673 Vascular Physiology Service
- 675 Cardiac Physiology Service
- 677 Gastrointestinal Physiology Service
- 840 Audiology Service
- 900 not a Treatment Function
- 901 not a Treatment Function
- 902 not a Treatment Function
- 903 not a Treatment Function
- 904 not a Treatment Function
- 920 Diabetic Education Service
- 950 not a Treatment Function
- 960 not a Treatment Function
- 990 Retired

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Change to Attribute: New Attribute

The currency scheme in use that applies to the unbundled ACTIVITY.

National Codes:

- 1 High Cost Drug
- 2 High Cost Device
- 3 Healthcare Resource Group Unbundled Activity

This attribute is also known by these names:

Context	Alias
plural	UNBUNDLED ACTIVITY CURRENCY SCHEMES IN USE

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Change to Attribute: New Attribute

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Data Elements:

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

The type of unbundled CARE ACTIVITY being provided, for the purpose of reporting Patient Level Information Costing.

National Codes:

This attribute is also known by these names:

Context	Alias
plural	UNBUNDLED CARE ACTIVITY TYPES FOR PATIENT LEVEL INFORMATION COSTING

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)
--

UNBUNDLED CURRENCY CODE

Change to Attribute: New Attribute

The currency code that applies to the UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE.

For further information see the [NHS Improvement website at Approved Costing Guidance](#).

This attribute is also known by these names:

Context	Alias
plural	UNBUNDLED CURRENCY CODES

UNBUNDLED CURRENCY CODE

Change to Attribute: New Attribute

UNBUNDLED CURRENCY CODE

Data Elements:

UNBUNDLED CURRENCY CODE

ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	max n18
National Codes:	
Default Codes:	

Notes:

[ACTIVITY COUNT \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [ACTIVITY COUNT](#) for the purposes of reporting [Patient Level Information Costing](#).

ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

[ACTIVITY IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [ACTIVITY IDENTIFIER](#) for purposes of reporting [Patient Level Information Costing](#).

[ACTIVITY IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is an identifier to report [ACTIVITY](#) and resources used for the provision and delivery of [PATIENT](#) care for the purposes of [Patient Level Information Costing](#).

ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset, Description

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

~~ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING) is the same as attribute ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING for the purposes of reporting Patient Level Information Costing.~~ ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING) is the same as attribute ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING.

ACTIVITY TREATMENT FUNCTION CODE

Change to Data Element: Changed Dataset

Format/Length:	an3
National Codes:	See TREATMENT FUNCTION CODE
Default Codes:	199 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly surgical 499 - Non-UK provider; TREATMENT FUNCTION not known, treatment mainly medical

Notes:

[ACTIVITY TREATMENT FUNCTION CODE](#) is the same as attribute [TREATMENT FUNCTION CODE](#).

The default codes 199 and 499 are only applicable for overseas health care providers.

[ACTIVITY TREATMENT FUNCTION CODE](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

Format/Length:	min n1 max n3
National Codes:	
Default Codes:	

Notes:

ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING) is the same as attribute ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING.

This data element is also known by these names:

Context	Alias
plural	ADJUSTED LENGTH OF STAYS (PATIENT LEVEL INFORMATION COSTING)

ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

ADJUSTED LENGTH OF STAY (PATIENT LEVEL INFORMATION COSTING)

Attribute:

ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION COSTING

APPOINTMENT DATE

Change to Data Element: Changed Dataset

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

Notes:

[APPOINTMENT DATE](#) is the same as attribute [APPOINTMENT DATE](#).

Usage in the CDS:

The Outpatient and Future Outpatient CDS Types use the [APPOINTMENT DATE](#) as the "CDS ORIGINATING DATE" as a mandatory requirement of the CDS Exchange Protocol, see [CDS ACTIVITY DATE](#).

For the Future Outpatient CDS where no [APPOINTMENT DATE](#) is available from the healthcare system, a default date value of 2999-12-31 may be applied. Care must be taken to generate the correct CDS Exchange Protocol when using this default value.

When submitting a [Referral To Treatment Clock Stop Administrative Event](#) via the [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#), [APPOINTMENT DATE](#) is equivalent to the [REFERRAL TO TREATMENT PERIOD END DATE](#) carried in the record.

APPOINTMENT DATE AND TIME

Change to Data Element: Changed Dataset

Format/Length:	an19 YYYY-MM-DDThh:mm:ss
National Codes:	
Default Codes:	

Notes:

[APPOINTMENT DATE AND TIME](#) is the [APPOINTMENT DATE](#) and the [APPOINTMENT TIME](#) for an [APPOINTMENT](#).

APPOINTMENT TIME

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:

[APPOINTMENT TIME](#) is the same as attribute [APPOINTMENT TIME](#).

ATTENDANCE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an12
National Codes:	
Default Codes:	

Notes:

[ATTENDANCE IDENTIFIER](#) is the [ACTIVITY IDENTIFIER](#) for the attendance.

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

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

CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	min an2 max an7
National Codes:	See CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[CARE ACTIVITY TYPE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING](#).

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an35
National Codes:	
Default Codes:	

Notes:

[CDS UNIQUE IDENTIFIER](#) provides a unique identity for the life-time of an episode carried in a Commissioning Data Set message.

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

Once assigned, a Commissioning Data Set record must retain its CDS UNIQUE IDENTIFIER otherwise duplicate Commissioning Data Set records may be generated and stored in the [Secondary Uses Service](#) database.

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

For All CDS Types EXCEPT the EAL CDS Types:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE	Mandatory For all CDS Types
2	Provider Code	an5	The NHS ORGANISATION CODE of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3a	Application Specific CDS Identity	an29	A code of up to 29 alpha-numeric characters generated by the Sender's application to uniquely identify the CDS within its CDS Type or family of CDS Types	Mandatory for all CDS Types Except for EAL CDS Types

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

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE	Mandatory For all CDS Types
2	Provider Code	an5	The NHS ORGANISATION CODE of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3b	Application Specific CDS Identity	an9	A code of up to 9 alpha-numeric characters generated by the Sender's application to uniquely identify the EAL End Of period census CDS Types with the same Admission List Entry. Additional data positions must be left blank.	Mandatory for all EAL EOP CDS Types
3c	Filler	an20	Additional data positions must be left blank.	

For EAL Event During Period (EDP) CDS Types only:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE	Mandatory For all CDS Types
2	Provider Code	an5	The NHS ORGANISATION CODE of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3d	Application Specific CDS Identity	an9	A code of up to 5 alpha-numeric characters padded with 4 trailing spaces to 9 characters . Generated by the Sender's application to uniquely identify the EAL Event During Period Census CDS Types with the same Admission List Entry.	Mandatory for all EAL EDP CDS Types

3e	Filler	an3	A code of 3 alpha-numeric characters generated by the Sender's application to identify the event within the EAL Entry. Even if the events are of different types, they must have different identifiers.	Mandatory for all EAL EDP CDS Types
3f	Filler	an17	Additional data positions must be left blank.	

Usage:

[CDS UNIQUE IDENTIFIER](#) is a mandatory data item when the Net Change Update Mechanism is used and strongly recommended for use with the Bulk Replacement Update Mechanism.

However it is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated [CDS UNIQUE IDENTIFIER](#) within the Commissioning data. This will establish a migration path towards the use of the Net Change Mechanism and will also then minimise the risk of creating duplicate Commissioning Data Set data in the [Secondary Uses Service](#) database.

- Note that senders of Commissioning Data Set data remain directly responsible for the integrity of the [CDS UNIQUE IDENTIFIER](#)
- It is a mandatory requirement for all submissions using the Net Change Update Mechanism that these two components are constructed correctly to ensure uniqueness of [CDS UNIQUE IDENTIFIERS](#) across the NHS.
- The structure of 3b and 3c allows the EAL End of Period Census and the EAL Event During Period Census for the same EAL Entry to be linked.

There are circumstances in patient care application systems where the control of the UID key integrity may be suspect. These issues include:

- Episode deletion (not resulting in a Commissioning Data Set deletion of previously submitted data sent to the original Commissioner);
- Episode re-sequencing (not resulting in a corresponding Commissioning Data Set records being sent);
- Service agreement alterations not resulting in correct adjustments - Old Service Agreement deletion / New Service Agreement addition
- Re-admissions causing duplicate keys on the [Secondary Uses Service](#) database.

Each use of an NHS [ORGANISATION CODE](#) within a Commissioning Data Set message must be associated with the release version of the NHS Organisation Code scheme. At present this may be derived locally by NHS IT systems.

The following values have been informally used in many Commissioning Data Set implementations and are recommended to be used:

- A or O* Signifying "OLD" (pre-April 1996) to denote an [ORGANISATION CODE](#) issued before, and in use up to the 1996 major re-issue
- B or N* Signifying "NEW" (post-April 1996) to denote an [ORGANISATION CODE](#) issued from April 1996

* The values of **A and B** must be used in the formatting of the [CDS UNIQUE IDENTIFIER](#).

CONSULTANT CODE

Change to Data Element: Changed Dataset

Format/Length:	an8
National Codes:	
ODS Default Codes:	C9999998 - CONSULTANT, GENERAL MEDICAL COUNCIL REFERENCE NUMBER not known
	CD999998 - Dental CONSULTANT: GENERAL MEDICAL COUNCIL REFERENCE NUMBER / GENERAL DENTAL COUNCIL REGISTRATION NUMBER not known
	D9999998 - Dentist, GENERAL DENTAL PRACTITIONER CODE not known
	M9999998 - MIDWIFE
	N9999998 - NURSE
	H9999998 - Other health care professional

Notes:

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

All [Midwife Episodes](#) and attendances are identified in the Commissioning Data Sets and [Hospital Episode Statistics](#) by a pseudo [CARE PROFESSIONAL MAIN SPECIALTY CODE](#), 560, see [Main Specialty and Treatment Function Codes Table](#). An [Organisation Data Service Default Code](#) is used in the [CONSULTANT CODE](#) field to show that a [MIDWIFE](#) is the responsible [CARE PROFESSIONAL](#). Note that the [MIDWIFE](#)'s own [Nursing and Midwifery Council](#) code is not used.

All [Nursing Episodes](#) and attendances are identified in the Commissioning Data Sets and [Hospital Episode Statistics](#) by a pseudo [CARE PROFESSIONAL MAIN SPECIALTY CODE](#), 950, see [Main Specialty and Treatment Function Codes Table](#). An [Organisation Data Service Default Code](#) is used in the [CONSULTANT CODE](#) field to show that a [NURSE](#) is the responsible [CARE PROFESSIONAL](#). Note that the [NURSE](#)'s own [Nursing and Midwifery Council](#) code is not used.

[CONSULTANT CODE](#) will be replaced with both [PROFESSIONAL REGISTRATION ISSUER CODE](#) and [PROFESSIONAL REGISTRATION ENTRY IDENTIFIER](#), which are the most recently approved national information standards to describe the required definition.

CONSULTANT EPISODE COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[CONSULTANT EPISODE COMPLETION STATUS \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING](#).

COST OR INCOME VALUE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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

Notes:

[COST OR INCOME VALUE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [FINANCIAL AMOUNT](#) for the purpose of reporting [Patient Level Information Costing](#).

[COST OR INCOME VALUE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the financial transaction value related to the cost and income for [Patient Level Information Costing](#).

CRITICAL CARE LOCAL IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an8
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE LOCAL IDENTIFIER](#) is a unique local [ACTIVITY IDENTIFIER](#) used to identify the start of [CARE ACTIVITY](#) within a [CRITICAL CARE PERIOD](#).

This locally defined variable should as a minimum include a sequential numerical component that can discriminate two or more [CRITICAL CARE PERIODS](#) occurring on the same calendar day for the same patient.

CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

Format/Length:	an1
National Codes:	See CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[CRITICAL CARE PERIOD COMPLETION STATUS \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING](#).

This data element is also known by these names:

Context	Alias
plural	CRITICAL CARE PERIOD COMPLETION STATUSES (PATIENT LEVEL INFORMATION COSTING)

CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Attribute:

CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

CRITICAL CARE UNIT FUNCTION

Change to Data Element: Changed Dataset

Format/Length: an2
National Codes: See [CRITICAL CARE UNIT FUNCTION](#)
Default Codes:

Notes:

[CRITICAL CARE UNIT FUNCTION](#) is the same as attribute [CRITICAL CARE UNIT FUNCTION](#).

The National Codes for non standard locations may be recorded where the delivery of care is [CRITICAL CARE LEVEL](#) National Code 02 'Level 2' or 03 'level 3' and the duration of care is greater than four hours.

[CRITICAL CARE UNIT FUNCTION](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

CYSTIC FIBROSIS BANDING

Change to Data Element: New Data Element

Format/Length: min an1 max an2
National Codes: See [CYSTIC FIBROSIS BANDING](#)
Default Codes:

Notes:

[CYSTIC FIBROSIS BANDING](#) is the same as attribute [CYSTIC FIBROSIS BANDING](#).

This data element is also known by these names:

Context	Alias
plural	CYSTIC FIBROSIS BANDINGS

CYSTIC FIBROSIS BANDING

Change to Data Element: New Data Element

CYSTIC FIBROSIS BANDING

Attribute:

CYSTIC FIBROSIS BANDING

DATE AND TIME DATA SET CREATED

Change to Data Element: Changed Dataset

Format/Length: an19 YYYY-MM-DDThh:mm:ss
National Codes:
Default Codes:

Notes:

[DATE AND TIME DATA SET CREATED](#) is the same as attribute [EVENT DATE](#) and [EVENT TIME](#).

[DATE AND TIME DATA SET CREATED](#) is the date and time a data set was created.

EMERGENCY CARE ARRIVAL DATE

Change to Data Element: Changed Dataset

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

Notes:

[EMERGENCY CARE ARRIVAL DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Arrival Date](#)'.

EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

Format/Length:	an10 YYYY-MM-DDThh:mm:ss
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ARRIVAL DATE AND TIME \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [EVENT DATE](#) and [EVENT TIME](#) for the purposes of reporting [Patient Level Information Costing](#). **This item has been retired from the NHS Data Model and Dictionary.**

The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

[EMERGENCY CARE ARRIVAL DATE AND TIME \(PATIENT LEVEL INFORMATION COSTING\)](#)

Attribute:

EVENT DATE
EVENT TIME

EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED) renamed from EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

- Retired EMERGENCY CARE ARRIVAL DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)
- Changed Name from Data_Dictionary.Data_Field_Notes.E.Eme.EMERGENCY_CARE_ARRIVAL_DATE_AND_TIME_(PATIENT_LEVEL_INFORMATION_COSTING) to Retired.Data_Dictionary.Data_Field_Notes.E.EMERGENCY_CARE_ARRIVAL_DATE_AND_TIME_(PATIENT_LEVEL_INFORMATION_COSTING)
- null
- null
- Changed Description

EMERGENCY CARE ARRIVAL TIME

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ARRIVAL TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Arrival Time](#)'.

EMERGENCY CARE ATTENDANCE IDENTIFIER

Change to Data Element: Changed Dataset

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

Notes:

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

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

EMERGENCY CARE DEPARTMENT TYPE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTMENT TYPE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [EMERGENCY CARE DEPARTMENT TYPE](#) for the purposes of reporting for [Patient Level Information Costing](#).

Permitted National Codes:

- 01 Emergency departments are a [CONSULTANT](#) led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency [PATIENTS](#)
- 02 Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of [PATIENTS](#)
- 03 Other type of A&E/minor injury [ACTIVITY](#) with designated accommodation for the reception of accident and emergency [PATIENTS](#). The department may be doctor led or [NURSE](#) led and treats at least minor injuries and illnesses and can be routinely accessed without [APPOINTMENT](#). A [SERVICE](#) mainly or entirely [APPOINTMENT](#) based (for example a [GP Practice](#) or [Out-Patient Clinic](#)) is excluded even though it may treat a number of [PATIENTS](#) with minor illness or injury. Excludes NHS walk-in centres
- 04 NHS walk in centres

EMERGENCY CARE DEPARTURE DATE

Change to Data Element: Changed Dataset

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

Notes:

[EMERGENCY CARE DEPARTURE DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Departure Date](#)'.

EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

Format/Length:	an10 YYYY-MM-DDThh:mm:ss
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTURE DATE AND TIME \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [EVENT DATE](#) and [EVENT TIME](#) for the purposes of reporting [Patient Level Information Costing](#). **This item has been retired from the NHS Data Model and Dictionary.**

The last live version of this item is available in the July ?????? release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Attribute:

EVENT DATE
EVENT TIME

EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

- Retired EMERGENCY CARE DEPARTURE DATE AND TIME (PATIENT LEVEL INFORMATION COSTING)
- Changed Name from Data_Dictionary.Data_Field_Notes.E.Eme.EMERGENCY_CARE_DEPARTURE_DATE_AND_TIME_(PATIENT_LEVEL_INFORMATION_COSTING) to Retired.Data_Dictionary.Data_Field_Notes.E.EMERGENCY_CARE_DEPARTURE_DATE_AND_TIME_(PATIENT_LEVEL_INFORMATION_COSTING)
- null
- null
- Changed Description

EMERGENCY CARE DEPARTURE TIME

Change to Data Element: Changed Dataset

Format/Length:	an8 HH:MM:SS
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTURE TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Departure Time](#)'.

EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

Format/Length:	an2
National Codes:	See ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL
Default Codes:	99—Unknown (Not recorded)

Notes:

[EMERGENCY CARE DISCHARGE DESTINATION CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL](#) for the purposes of reporting [Patient Level Information Costing](#). **This item has been retired from the NHS Data Model and Dictionary.**

For the purposes of the [Patient Level Information Costing System Acute Data Set - Emergency Care](#), this coding list will be utilised for the first year of implementation only and uplifted to the [SNOMED CT](#) version at the next iteration. **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)

Attribute:

[ACCIDENT AND EMERGENCY ATTENDANCE DISPOSAL](#)

EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_ renamed from EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

- Retired EMERGENCY CARE DISCHARGE DESTINATION CODE (PATIENT LEVEL INFORMATION COSTING)
- Changed Name from Data_Dictionary.Data_Field_Notes.E.Eme.EMERGENCY_CARE_DISCHARGE_DESTINATION_CODE_ (PATIENT_LEVEL_INFORMATION_COSTING) to Retired.Data_Dictionary.Data_Field_Notes.E.EMERGENCY_CARE_DISCHARGE_DESTINATION_CODE_ (PATIENT_LEVEL_INFORMATION_COSTING)
- null
- null
- Changed Description

END DATE (EPISODE)

Change to Data Element: Changed Dataset

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

Notes:

[END DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of an Episode.

[END DATE \(EPISODE\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

EPISODE NUMBER

Change to Data Element: Changed Dataset

Format/Length: n2
National Codes:
Default Codes: 98 - Not applicable
99 - Not known: a validation error

Notes:

[EPISODE NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#) and is used to uniquely identify episodes, and is a sequence number for each [Consultant Episode \(Hospital Provider\)](#) in a [Hospital Provider Spell](#). The first episode of each new [Hospital Provider Spell](#) (including re-admitted [PATIENTS](#)) commences at 01.

A known [EPISODE NUMBER](#) can be between 01 to 87.

For other [Health Care Provider](#) episodes, it is a sequence number for a [CONSULTANT/PATIENT](#) combination; or it is a sequence number for each [Sexual Health and HIV Episode](#).

[EPISODE NUMBER](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

FINAL AUDIT ACCOUNTS IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset, Description

Format/Length:	an6
Format/Length:	max an8
National Codes:	
Default Codes:	

Notes:

[FINAL AUDIT ACCOUNTS IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [FINAL AUDIT ACCOUNTS IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING](#).

FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an9 FYCCYY-YY
National Codes:	
Default Codes:	

Notes:

[FINANCIAL YEAR \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [FINANCIAL YEAR](#) for the purposes of reporting [Patient Level Information Costing](#).

Note: For [Patient Level Information Costing System Acute Data Set](#), the format is the text "FY" followed by the start and end of [FINANCIAL YEARS](#), e.g. FY2019-20. Note: For [Patient Level Information Costing System Acute Data Set](#), the format is the text "FY" followed by the start and end of [FINANCIAL YEARS](#), e.g. FY2019-20.

HEALTHCARE RESOURCE GROUP CODE (EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[HEALTHCARE RESOURCE GROUP CODE \(EMERGENCY CARE\)](#) is the same as attribute [HEALTHCARE RESOURCE GROUP CODE](#).

[HEALTHCARE RESOURCE GROUP CODE \(EMERGENCY CARE\)](#) is derived by the [Healthcare Resource Group](#) grouper for [Emergency Care Attendance](#) activity.

HEALTHCARE RESOURCE GROUP CODE (FINISHED CONSULTANT EPISODE)

Change to Data Element: Changed Dataset

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[HEALTHCARE RESOURCE GROUP CODE \(FINISHED CONSULTANT EPISODE\)](#) is the same as attribute [HEALTHCARE RESOURCE GROUP CODE](#).

[HEALTHCARE RESOURCE GROUP CODE \(FINISHED CONSULTANT EPISODE\)](#) is derived by the [Healthcare Resource Group](#) grouper for finished [Consultant Episode \(Hospital Provider\)](#) activity.

HEALTHCARE RESOURCE GROUP CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[HEALTHCARE RESOURCE GROUP CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [HEALTHCARE RESOURCE GROUP CODE](#).

[HEALTHCARE RESOURCE GROUP CODE \(HOSPITAL PROVIDER SPELL\)](#) is derived by the [Healthcare Resource Group](#) grouper for completed [Hospital Provider Spell](#) activity.

HEALTHCARE RESOURCE GROUP CODE (OUT-PATIENT CARE)

Change to Data Element: Changed Dataset

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[HEALTHCARE RESOURCE GROUP CODE \(OUT-PATIENT CARE\)](#) is the same as attribute [HEALTHCARE RESOURCE GROUP CODE](#).

[HEALTHCARE RESOURCE GROUP CODE \(OUT-PATIENT CARE\)](#) is derived by the [Healthcare Resource Group](#) grouper for [Out-Patient Attendance Consultant](#) or [Out-Patient Appointment Non-Consultant](#) activity.

HEALTHCARE RESOURCE GROUP CODE (UNBUNDLED ACTIVITY)

Change to Data Element: New Data Element

Format/Length:	max an5
National Codes:	
Default Codes:	

Notes:

[HEALTHCARE RESOURCE GROUP CODE \(UNBUNDLED ACTIVITY\)](#) is the same as attribute [HEALTHCARE RESOURCE GROUP CODE](#).

[HEALTHCARE RESOURCE GROUP CODE \(UNBUNDLED ACTIVITY\)](#) identifies separate elements of cost and [ACTIVITY](#) from the core [Healthcare Resource Group](#) and are generated in addition to the core [Healthcare Resource Group](#) for an [ACTIVITY](#).

This data element is also known by these names:

Context	Alias
plural	HEALTHCARE RESOURCE GROUP CODES (UNBUNDLED ACTIVITY)

HEALTHCARE RESOURCE GROUP CODE (UNBUNDLED ACTIVITY)

Change to Data Element: New Data Element

HEALTHCARE RESOURCE GROUP CODE (UNBUNDLED ACTIVITY)

Attribute:

HEALTHCARE RESOURCE GROUP CODE
--

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an12
National Codes:	
Default Codes:	

Notes:

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

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

[HOSPITAL PROVIDER SPELL NUMBER](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_renamed from LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

Format/Length:	min n1 max n3
National Codes:	
Default Codes:	

Notes:

[LENGTH OF STAY ADJUSTMENT \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [LENGTH OF STAY ADJUSTMENT](#) for any [LENGTH OF STAY ADJUSTMENT REASON](#). This item has been retired from the NHS Data Model and Dictionary.

The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_renamed from LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)

Attribute:

LENGTH OF STAY ADJUSTMENT

LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING) (RETIRED)_renamed from LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed status to Retired, Name, Dataset, linked Attribute, Description

- Retired LENGTH OF STAY ADJUSTMENT (PATIENT LEVEL INFORMATION COSTING)
- Changed Name from Data_Dictionary.Data_Field_Notes.L.Le.LENGTH_OF_STAY_ADJUSTMENT_(PATIENT_LEVEL_INFORMATION_COSTING) to Retired.Data_Dictionary.Data_Field_Notes.L.LENGTH_OF_STAY_ADJUSTMENT_(PATIENT_LEVEL_INFORMATION_COSTING)
- null
- null
- Changed Description

MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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

Notes:

[MONTHLY EXTRACT TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [FINANCIAL AMOUNT](#) for purposes of reporting [Patient Level Information Costing](#).

[MONTHLY EXTRACT TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the total sum of the costs within the monthly extract submitted for the [Patient Level Information Costing System Acute Data Sets](#). [MONTHLY EXTRACT TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the total sum of the costs within the monthly extract submitted for the [Patient Level Information Costing System Acute Data Sets](#).

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length:	n10
National Codes:	
Default Codes:	

Notes:

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

For the [AIDC for Patient Identification Data Set](#) further guidance can be found on the [NHS Digital](#) website at: [DCB1077: AIDC for Patient Identification](#).

NHS NUMBER STATUS INDICATOR CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See NHS NUMBER STATUS INDICATOR CODE
Default Codes:	

Notes:

[NHS NUMBER STATUS INDICATOR CODE](#) is the same as attribute [NHS NUMBER STATUS INDICATOR CODE](#).

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	See NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[NUMBER OF ORGAN SYSTEMS SUPPORTED CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING](#).

This data element is also known by these names:

Context	Alias
plural	NUMBER OF ORGAN SYSTEMS SUPPORTED CODES (PATIENT LEVEL INFORMATION COSTING)

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE (PATIENT LEVEL INFORMATION COSTING)**Attribute:**

NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING
--

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
ODS Default Codes:	89997 - Non-UK provider where no ORGANISATION IDENTIFIER has been issued 89999 - Non-NHS UK provider where no ORGANISATION IDENTIFIER has been issued

Notes:

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

[ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) acting as a [Health Care Provider](#).

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) should always be the [ORGANISATION IDENTIFIER](#) of the [Health Care Provider](#) receiving the [National Tariff Payment System](#) income.

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

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

ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)

Change to Data Element: Changed Dataset

Format/Length: min an3 max an6

National Codes:

Default Codes:

Notes:

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

[ORGANISATION IDENTIFIER \(CODE OF SUBMITTING ORGANISATION\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) acting as the physical sender of a Data Set submission.

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

ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)

Change to Data Element: Changed Dataset

Format/Length: min an3 max an5

National Codes:

Default Codes:

Notes:

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) issuing the [PATIENT PATHWAY IDENTIFIER](#).

Where [Choose and Book](#) has been used, the [ORGANISATION IDENTIFIER](#) X09 should be used.

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

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

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Data Element: New Data Element

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

Notes:

[PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER](#) is the same as attribute [PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER](#).

This data element is also known by these names:

Context	Alias
plural	PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIERS

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Data Element: New Data Element

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER**Attribute:**

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER
--

PATIENT LEVEL INFORMATION COSTING TOTAL COST

Change to Data Element: Changed Dataset

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

Notes:

[PATIENT LEVEL INFORMATION COSTING TOTAL COST](#) is the same as attribute [FINANCIAL AMOUNT](#) for the purposes of [Patient Level Information Costing](#)

~~[PATIENT LEVEL INFORMATION COSTING TOTAL COST](#) is the total cost for each resource and [ACTIVITY](#) combination reported in the [Patient Level Information Costing System Acute Data Sets](#).~~ [PATIENT LEVEL INFORMATION COSTING TOTAL COST](#) is the total cost for each resource and [ACTIVITY](#) combination reported in the [Patient Level Information Costing System Acute Data Sets](#).

PATIENT PATHWAY IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an20
National Codes:	
Default Codes:	

Notes:

[PATIENT PATHWAY IDENTIFIER](#) is the same as [PATIENT PATHWAY IDENTIFIER](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)

- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then either [UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) or [PATIENT PATHWAY IDENTIFIER](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

PERSON BIRTH DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
NWDS ID:	PEBD
NWDS Field Name:	Date of Birth
National Codes:	
Default Codes:	

Notes:

[PERSON BIRTH DATE](#) is the same as attribute [PERSON BIRTH DATE](#).

PERSON STATED GENDER CODE

Change to Data Element: Changed Dataset

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

Notes:

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

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

PLICS SUBMISSION RECORD COUNT

Change to Data Element: Changed Dataset

Format/Length:	min n1 max n7
National Codes:	
Default Codes:	

Notes:

[PLICS SUBMISSION RECORD COUNT](#) is the same as attribute [RECORD COUNT](#)

~~[PLICS SUBMISSION RECORD COUNT](#) provides a [RECORD COUNT](#) of [ACTIVITY](#) records contained within the [Patient Level Information Costing System Acute Data Set](#) submission.~~ [PLICS SUBMISSION RECORD COUNT](#) provides a [RECORD COUNT](#) of [ACTIVITY](#) records contained within the [Patient Level Information Costing System Acute Data Set](#) submission.

POINT OF DELIVERY CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	max an5
National Codes:	See POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[POINT OF DELIVERY CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [POINT OF DELIVERY CODE FOR PATIENT LEVEL INFORMATION COSTING](#).

POSTCODE OF USUAL ADDRESS

Change to Data Element: Changed Dataset

Format/Length:	See POSTCODE
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National Codes:
Default Codes:

Notes:

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

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

For further information on [POSTCODES](#), see [POSTCODE](#).

REPORTING PERIOD END DATE

Change to Data Element: Changed Dataset

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

Notes:

[REPORTING PERIOD END DATE](#) is the same as attribute [REPORTING PERIOD END DATE](#).

[REPORTING PERIOD END DATE](#) is the end date of the [REPORTING PERIOD](#) and is used in conjunction with [REPORTING PERIOD START DATE](#) to specify the actual period the reported information relates to.

The date should not be before the [REPORTING PERIOD START DATE](#) although it can be the same if the period being reported only covers 1 day.

REPORTING PERIOD START DATE

Change to Data Element: Changed Dataset

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

Notes:

[REPORTING PERIOD START DATE](#) is the same as attribute [REPORTING PERIOD START DATE](#).

[REPORTING PERIOD START DATE](#) is the start date of the [REPORTING PERIOD](#) and is used in conjunction with [REPORTING PERIOD END DATE](#) to specify the actual period the reported information relates to.

The date should not be after the [REPORTING PERIOD END DATE](#) although it can be the same if the period being reported only covers 1 day.

SERVICE AND COST EXCLUSION SERVICE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length: an6
National Codes:
Default Codes:

Notes:

[SERVICE AND COST EXCLUSION SERVICE IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [SERVICE IDENTIFIER](#) for the purpose of reporting [Patient Level Information Costing](#).

~~[SERVICE AND COST EXCLUSION SERVICE IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is a unique identifier of [SERVICES](#) and costs excluded from the reporting of the [Patient Level Information Costing System Acute Data Sets](#).~~ [SERVICE AND COST EXCLUSION SERVICE IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) is a unique identifier of [SERVICES](#) and costs excluded from the reporting of the [Patient Level Information Costing System Acute Data Sets](#).

SERVICE AND COST EXCLUSION TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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

Notes:

[SERVICE AND COST EXCLUSION TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [FINANCIAL AMOUNT](#) for the purpose of reporting [Patient Level Information Costing](#).

[SERVICE AND COST EXCLUSION TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the total cost, on a full absorption basis, of [PATIENT](#) facing and support costs for all resources and [ACTIVITIES](#) reported in the [SERVICE](#) and cost exclusion in the [Patient Level Information Costing System Acute Data Sets](#). [SERVICE AND COST EXCLUSION TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) is the total cost, on a full absorption basis, of [PATIENT](#) facing and support costs for all resources and [ACTIVITIES](#) reported in the [SERVICE](#) and cost exclusion in the [Patient Level Information Costing System Acute Data Sets](#).

START DATE (EPISODE)

Change to Data Element: Changed Dataset

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

Notes:

[START DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the episode.

[START DATE \(EPISODE\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group](#) 4. Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Change to Data Element: New Data Element

Format/Length:	an1
National Codes:	See UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE
Default Codes:	

Notes:

[UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE](#) is the same as attribute [UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE](#).

This data element is also known by these names:

Context	Alias
plural	UNBUNDLED ACTIVITY CURRENCY SCHEMES IN USE

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Change to Data Element: New Data Element

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Attribute:

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

UNBUNDLED CARE ACTIVITY DATE

Change to Data Element: New Data Element

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

Notes:

UNBUNDLED CARE ACTIVITY DATE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is 'Unbundled Care Activity Date.'

This data element is also known by these names:

Context	Alias
plural	UNBUNDLED CARE ACTIVITY DATES

UNBUNDLED CARE ACTIVITY DATE

Change to Data Element: New Data Element

UNBUNDLED CARE ACTIVITY DATE

Attribute:

ACTIVITY DATE

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

Format/Length:	an3
National Codes:	See UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING) is the same as attribute UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING.

This data element is also known by these names:

Context	Alias
plural	UNBUNDLED CARE ACTIVITY TYPES (PATIENT LEVEL INFORMATION COSTING)

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

Attribute:

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING
--

UNBUNDLED CURRENCY CODE

Change to Data Element: New Data Element

Format/Length:	min an5 max an9
National Codes:	
Default Codes:	

Notes:

UNBUNDLED CURRENCY CODE is the same as attribute UNBUNDLED CURRENCY CODE.

This data element is also known by these names:

Context	Alias
plural	UNBUNDLED CURRENCY CODES

UNBUNDLED CURRENCY CODE

Change to Data Element: New Data Element

UNBUNDLED CURRENCY CODE

Attribute:

UNBUNDLED CURRENCY CODE

PLICS ACUTE DATA SET_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET

Change to Package: Changed Name

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.Patient_Level_Information_Costing_System_Acute_Data_Set to
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Acute_Data_Set
-

PLICS ACUTE DATA SETS OVERVIEW_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SETS OVERVIEW

Change to Package: Changed Name

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.Patient_Level_Information_Costing_System_Data_Sets_Overview to
Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.PLICS_Acute_Data_Sets_Overview
-

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

