

Type: Change Request
Reference: 1817
Version No: 1.0
Subject: Patient Level Information Costing System (PLICS) Integrated Data Set
Effective Date: 6 September 2021
Reason for Change: Change to Information Standards
Publication Date: 3 September 2021

Background:

Patient Level Information Costing System (PLICS) Integrated Data Set DAPB4000 is a consolidation of PLICS Acute DCB2123 Amd 90/2019, PLICS Mental Health DCB2123-03 Amd 39/2020 and PLICS Improving Access to Psychological Therapies DCB2123-04 Amd 40/2020.

The new Information Standard mandates the use of the Patient Level Information Costing System (PLICS) Integrated Data Sets across designated NHS providers of :

- Acute Services
- Mental Health Services
- Improving Access to Psychological Therapy (IAPT) Services

For designated trusts the collection will consist of:

- Reconciliation
- Admitted Patient Care (APC)
- Emergency Care (EC)
- Out-Patient Care (OP)
- Specialist Ward Care (SWC)
- Supplementary Information (SI)
- Mental Health Provider Spells (MHPS)
- Mental Health Care Contacts (MHCC)
- Improving Access to Psychological Therapy (IAPT)

This Change Request also renames the Patient Level Information Costing System (PLICS) Acute Data Set to Patient Level Information Costing System (PLICS) Integrated Data Set and adds subsequent amendments and supporting definitions to the NHS Data Model and Dictionary to support the Information Standard.

This Change Request also makes minor amendments to the PLICS Ambulance Data Set (DAPB4001) (DCB2123-02 Amd 38/2020) and applies to all designated providers of Ambulance Services, as agreed with NHS England and NHS Improvement.

Summary of changes:

Data Set

PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - AMBULANCE	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - ADMITTED PATIENT CARE (ACUTE) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - ADMITTED PATIENT CARE	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - ADMITTED PATIENT CARE (MENTAL HEALTH) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - ADMITTED PATIENT CARE	Changed Name, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - CARE CONTACTS (MENTAL HEALTH) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - CARE CONTACTS	Changed Name, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - EMERGENCY CARE (ACUTE) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - EMERGENCY CARE	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES	Changed Name, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - OUT-PATIENT CARE (ACUTE) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - OUT-PATIENT CARE	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - SPECIALIST WARD CARE (ACUTE) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SPECIALIST WARD CARE	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - SUPPLEMENTARY INFORMATION renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SUPPLEMENTARY INFORMATION	Changed Name
PATIENT LEVEL INFORMATION COSTING SYSTEM RECONCILIATION DATA SET renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - RECONCILIATION	Changed Name

Supporting Information

PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (RETIRED) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES	Changed Name, Description, status to Retired
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET INTRODUCTION renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET INTRODUCTION	Changed Name, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET OVERVIEW renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW	Changed Name, Description
PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW (RETIRED) renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW	Changed Name, Description, status to Retired
SUPPORTING DATA SETS MENU	Changed Description

Attribute Definitions

ACTIVITY COUNT	Changed Dataset
ACTIVITY DATE	Changed Dataset
ACTIVITY DURATION	Changed Dataset
ACTIVITY IDENTIFIER	Changed Dataset
ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
ACTIVITY TIME	Changed Dataset
ADJUSTED LENGTH OF STAY	Changed Dataset
ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS	Changed Dataset
ADULT MENTAL HEALTH CARE CLUSTER CODE	Changed Dataset
AMBULANCE CALL IDENTIFIER	Changed Dataset
AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
AMBULANCE CALL RESPONSE CATEGORY	Changed Description, Dataset
AMBULANCE CALL RESPONSE TYPE	Changed Dataset
AMBULANCE CALL SOURCE	Changed Dataset
AMBULANCE MULTI PATIENT INCIDENT INDICATOR	Changed Dataset
APPOINTMENT DATE	Changed Dataset
APPOINTMENT TIME	Changed Dataset
ATTENDED OR DID NOT ATTEND	Changed Dataset
CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING	Changed Description, Dataset
CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
CRITICAL CARE UNIT FUNCTION	Changed Dataset
CYSTIC FIBROSIS BANDING	Changed Dataset
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
HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
LOCAL PATIENT IDENTIFIER	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
NUMBER OF ORGAN SYSTEMS SUPPORTED CODE FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
ORGANISATION CODE	Changed Dataset
ORGANISATION IDENTIFIER	Changed Dataset
ORGANISATION SITE IDENTIFIER	Changed Dataset
PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER	Changed Dataset
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
SERVICE REQUEST IDENTIFIER	Changed Dataset
TREATMENT FUNCTION CODE	Changed Dataset
UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE	Changed Dataset
UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset

[UNBUNDLED CURRENCY CODE](#) Changed Dataset

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
[ACTIVITY TREATMENT FUNCTION CODE](#) Changed Dataset
[ADJUSTED LENGTH OF STAY \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#) Changed Dataset
[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE](#) Changed Dataset
[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE](#) Changed Dataset
[ADULT MENTAL HEALTH CARE CLUSTER CODE \(FINAL\)](#) Changed Dataset
[AMBULANCE CALL IDENTIFIER](#) Changed Dataset
[AMBULANCE CALL OUTCOME \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[AMBULANCE CALL RESPONSE CATEGORY \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[AMBULANCE CALL RESPONSE TYPE](#) Changed Dataset
[AMBULANCE CALL SOURCE](#) Changed Dataset
[AMBULANCE INCIDENT DATE AND TIME](#) Changed Dataset
[AMBULANCE INCIDENT DURATION](#) Changed Dataset
[AMBULANCE MULTI PATIENT INCIDENT INDICATOR](#) Changed Dataset
[APPOINTMENT DATE](#) Changed Dataset
[APPOINTMENT TIME](#) Changed Dataset
[ATTENDANCE IDENTIFIER](#) Changed Dataset
[ATTENDED OR DID NOT ATTEND CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[CARE ACTIVITY TYPE \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[CARE CONTACT DATE](#) Changed Dataset
[CARE CONTACT IDENTIFIER](#) Changed Dataset
[CARE CONTACT TIME](#) Changed Dataset
[CDS UNIQUE IDENTIFIER](#) 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 \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[CRITICAL CARE UNIT FUNCTION](#) Changed Dataset
[CYSTIC FIBROSIS BANDING](#) Changed Dataset
[DATE AND TIME DATA SET CREATED](#) Changed Dataset
[DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) Changed Dataset
[EMERGENCY CARE ARRIVAL DATE](#) Changed Dataset
[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 TIME](#) Changed Dataset
[END DATE \(CARE CLUSTER ASSIGNMENT PERIOD\)](#) Changed Dataset
[END DATE \(EPISODE\)](#) Changed Dataset
[EPISODE NUMBER](#) Changed Dataset
[FINAL AUDIT ACCOUNTS IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[FINANCIAL YEAR \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[GENERAL MEDICAL PRACTICE CODE \(RECEIVING\)](#) 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 \(UNBUNDLED ACTIVITY\)](#) Changed Dataset
[HOSPITAL PROVIDER SPELL COMPLETION STATUS \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[HOSPITAL PROVIDER SPELL NUMBER](#) Changed Dataset
[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) Changed Dataset
[MONTHLY EXTRACT TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[NHS NUMBER](#) Changed Dataset
[NHS NUMBER STATUS INDICATOR CODE](#) Changed Dataset
[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT](#) Changed Dataset
[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER](#) Changed Dataset
[NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT](#) Changed Dataset
[NUMBER OF ORGAN SYSTEMS SUPPORTED CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset
[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) Changed Dataset
[ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) Changed Dataset
[ORGANISATION IDENTIFIER \(CODE OF SUBMITTING ORGANISATION\)](#) Changed Dataset
[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) Changed Dataset

ORGANISATION IDENTIFIER (RECEIVING)	Changed Dataset
ORGANISATION SITE IDENTIFIER (RECEIVING)	Changed Dataset
PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER	Changed Dataset
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
SERVICE REQUEST IDENTIFIER	Changed Dataset
START DATE (CARE CLUSTER ASSIGNMENT PERIOD)	Changed Dataset
START DATE (EPISODE)	Changed Dataset
START DATE (HOSPITAL PROVIDER SPELL)	Changed Dataset
UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE	Changed Dataset
UNBUNDLED CARE ACTIVITY DATE	Changed Dataset
UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)	Changed Dataset
UNBUNDLED CURRENCY CODE	Changed Dataset

XML Schema Constraint

PLICS ACUTE SUPPLEMENTARY INFORMATION DATA SET CONSTRAINTS	Changed Description
PLICS AMBULANCE DATA SET CONSTRAINTS	Changed Description
PLICS INTEGRATED DATA SET ADMITTED PATIENT CARE (ACUTE) CONSTRAINTS renamed from PLICS ACUTE ADMITTED PATIENT CARE DATA SET CONSTRAINTS	Changed Name, Description
PLICS INTEGRATED DATA SET EMERGENCY CARE (ACUTE) CONSTRAINTS renamed from PLICS ACUTE EMERGENCY CARE DATA SET CONSTRAINTS	Changed Name, Description
PLICS INTEGRATED DATA SET IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CONSTRAINTS renamed from PLICS IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET CONSTRAINTS	Changed Name, Description
PLICS INTEGRATED DATA SET MENTAL HEALTH ADMITTED PATIENT CARE CONSTRAINTS renamed from PLICS MENTAL HEALTH ADMITTED PATIENT CARE DATA SET CONSTRAINTS	Changed Name, Description
PLICS INTEGRATED DATA SET OUT-PATIENT CARE (ACUTE) CONSTRAINTS renamed from PLICS ACUTE OUT-PATIENT CARE DATA SET CONSTRAINTS	Changed Name, Description
PLICS INTEGRATED DATA SET SPECIALIST WARD CARE (ACUTE) CONSTRAINTS renamed from PLICS ACUTE SPECIALIST WARD CARE DATA SET CONSTRAINTS	Changed Name, Description
PLICS MENTAL HEALTH CARE CONTACTS DATA SET CONSTRAINTS	Changed Description

Date: 3 September 2021

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 AMBULANCE DATA SET_ renamed from **PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - AMBULANCE**

Change to Data Set: Changed Name

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Data_Set_-_Ambulanc
to
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Ambulance_Data_Set

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - ADMITTED PATIENT CARE (ACUTE)_ renamed from **PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - ADMITTED PATIENT CARE**

Change to Data Set: Changed Name

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Acute_Data_Set_-_Ac
to
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_
(Acute)

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - ADMITTED PATIENT CARE (MENTAL HEALTH)_ renamed from **PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - ADMITTED PATIENT CARE**

Change to Data Set: Changed Name, Description

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	SERVICE REQUEST IDENTIFIER
M	HOSPITAL PROVIDER SPELL NUMBER
M	START DATE (HOSPITAL PROVIDER SPELL)
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
M	HOSPITAL PROVIDER SPELL COMPLETION STATUS (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	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS
M	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE
M	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE
R	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)
R	START DATE (CARE CLUSTER ASSIGNMENT PERIOD)
R	END DATE (CARE CLUSTER ASSIGNMENT PERIOD)

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 INTEGRATED DATA SET - ADMITTED PATIENT CARE (MENTAL HEALTH)_renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - ADMITTED PATIENT CARE

Change to Data Set: Changed Name, Description

- Changed Name
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Mental_Health_Data_ to from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_(Mental_Health)
- Changed Description

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - CARE CONTACTS (MENTAL HEALTH)_renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - CARE CONTACTS

Change to Data Set: Changed Name, Description

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	SERVICE REQUEST IDENTIFIER
M	CARE CONTACT IDENTIFIER
M	CARE CONTACT DATE
M	ATTENDED OR DID NOT ATTEND 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	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS
R	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)

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 INTEGRATED DATA SET - CARE CONTACTS (MENTAL HEALTH)_renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - CARE CONTACTS

Change to Data Set: Changed Name, Description

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Mental_Health_Data_Set
to
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_(Mental_Health)
- Changed Description

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - EMERGENCY CARE (ACUTE)_renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - EMERGENCY CARE

Change to Data Set: Changed Name

- Changed Name from
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Acute_Data_Set_-_Er
to
Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_(Acute)

Change to Data Set: Changed Name, Description

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	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
M	LOCAL PATIENT IDENTIFIER (EXTENDED)
M	SERVICE REQUEST IDENTIFIER
M	APPOINTMENT DATE
M	APPOINTMENT TIME
R	CARE CONTACT IDENTIFIER
M	CARE CONTACT DATE
R	CARE CONTACT TIME
M	ATTENDED OR DID NOT ATTEND 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	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS
R	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)

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

Change to Data Set: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Data_Set_-_Improving to Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_
- Changed Description

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - OUT-PATIENT CARE (ACUTE)_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - OUT-PATIENT CARE

Change to Data Set: Changed Name

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Acute_Data_Set_-_Out_Patient_Care to Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_Patient_Care_(Acute)

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - SPECIALIST WARD CARE (ACUTE)_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SPECIALIST WARD CARE

Change to Data Set: Changed Name

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Acute_Data_Set_-_Sp to Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_(Acute)

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET - SUPPLEMENTARY INFORMATION_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET - SUPPLEMENTARY INFORMATION

Change to Data Set: Changed Name

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Acute_Data_Set_-_Su to Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Integrated_Data_Set_

PATIENT LEVEL INFORMATION COSTING SYSTEM RECONCILIATION DATA SET_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - RECONCILIATION

Change to Data Set: Changed Name

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Data_Set_-_Reconci to Data_Dictionary.Messages.Supporting_Data_Sets.Data_Sets.PLICS_Data_Set.Patient_Level_Information_Costing_System_Reconciliation_Data_§

PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (RETIRED)_ renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Change to Supporting Information: Changed Name, Description, status to Retired

Introduction This item has been retired from the NHS Data Model and Dictionary.

The [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#) is used to standardise the method of reporting cost information at **PATIENT** level. All designated providers of [Improving Access to Psychological Therapies Services](#) are required to submit [Patient Level Information Costing](#) data. **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

The [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#) is used to **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.**

- 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 England and NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to 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 England and NHS Improvement](#) has mandated all designated providers of [Improving Access to Psychological Therapies Services](#) to record and report:

- [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)

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 England and 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 England and 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 England and NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

Mandation

The Mandation 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.

Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Improving Access to Psychological Therapies Data Set Constraints](#).

PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (RETIRED), renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Change to Supporting Information: Changed Name, Description, status to Retired

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.PLICS_Data_Set_Overview.Patient_Level_Information_Costing_System_Data_Set_Overview to Retired.Data_Dictionary.Messages.Supporting_Data_Sets.Patient_Level_Information_Costing_System_Data_Set_Overview_-_Improving_Access_to_Psychological_Therapies
- Changed Description
- Retired Patient Level Information Costing System Data Set Overview - Improving Access to Psychological Therapies

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET INTRODUCTION, renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET INTRODUCTION

Change to Supporting Information: Changed Name, Description

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

Introduction to the sections within the Patient Level Costing Acute Data Set **Introduction to the sections within the Patient Level Information Costing System Integrated Acute Data Set**

- [Patient Level Information Costing System 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 Reconciliation Data Set](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Emergency Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Out-Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Specialist Ward Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Supplementary Information](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Care Contacts \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies](#)

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET INTRODUCTION, renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET INTRODUCTION

Change to Supporting Information: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.PLICS_Data_Set_Overview.Patient_Level_Information_Costing_System_Acute_Data to Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.PLICS_Data_Set_Overview.Patient_Level_Information_Costing_System_Integrated_
- Changed Description

PATIENT LEVEL INFORMATION COSTING SYSTEM INTEGRATED DATA SET OVERVIEW, renamed from **PATIENT LEVEL INFORMATION COSTING SYSTEM ACUTE DATA SET OVERVIEW**

Change to Supporting Information: Changed Name, Description

Introduction

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

The [Patient Level Information Costing System Acute Data Set](#) is used to: The [Patient Level Information Costing System Integrated 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 England and NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' inform the relationship between provider characteristics and cost
- contribute to NHS England and NHS Improvement's strategic objective of a 'single national cost collection
- 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 England and NHS Improvement](#) has mandated designated [NHS Trusts](#) and [NHS Foundation Trusts](#) 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 Data Set – Reconciliation](#)
- [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 Reconciliation Data Set](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Emergency Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Out-Patient Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Specialist Ward Care \(Acute\)](#)
- [Patient Level Information Costing System Integrated Data Set - Supplementary Information](#)
- [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Care Contacts \(Mental Health\)](#)
- [Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies](#)

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 England and 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 England and 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 England and NHS Improvement](#) will invite relevant people to register for the service and provide details of the log in process.

Mandation

The Mandation 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.

Data Set Constraints

For guidance on the Data Set constraints, see the:

- [PLICS Acute Admitted Patient Care Data Set Constraints](#)
- [PLICS Acute Out Patient Care Data Set Constraints](#)
- [PLICS Acute Emergency Care Data Set Constraints](#)
- [PLICS Reconciliation Data Set Constraints](#)
- [PLICS Integrated Data Set Admitted Patient Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Emergency Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Out-Patient Care \(Acute\) Constraints](#)
- [PLICS Integrated Data Set Specialist Ward Care \(Acute\) Constraints](#)
- [PLICS Acute Supplementary Information Data Set Constraints](#)
- [PLICS Integrated Data Set Mental Health Admitted Patient Care Constraints](#)
- [PLICS Mental Health Care Contacts Data Set Constraints](#)
- [PLICS Integrated Data Set Improving Access to Psychological Therapies Constraints](#)

PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW (RETIRED), renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW

Change to Supporting Information: Changed Name, Description, status to Retired

Introduction This item has been retired from the NHS Data Model and Dictionary.

The [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) and [Patient Level Information Costing System Mental Health Data Set - Care Contacts](#) are used to standardise the method of reporting cost information at [PATIENT](#) level. All designated Mental Health Trusts are required to submit [Patient Level Information Costing](#) data. The last live version of this item is available in the [??????](#) release of the NHS Data Model and Dictionary.

The [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) and [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#) are used to 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.

- 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 England and NHS Improvement](#)'s strategic objective of a 'single national cost collection by 2020' to inform the relationship between [Health Care 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 England and NHS Improvement](#) has mandated all NHS Mental Health Trusts designated to record and report:

- [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#)
- [Patient Level Information Costing System Mental Health Data Set - Care Contacts](#)
- [Patient Level Information Costing System Data Set - Reconciliation](#)

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 England and 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 England and 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 England and NHS Improvement](#) will invite relevant people to register for the service and provide details of the log-in process.

Mandation

The Mandation 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.

Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Mental Health Admitted Patient Care Data Set Constraints](#) and [PLICS Mental Health Care Contacts Data Set Constraints](#).

PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW (RETIRED), renamed from PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW

Change to Supporting Information: Changed Name, Description, status to Retired

- Changed Name from Data_Dictionary.Messages.Supporting_Data_Sets.Overviews.PLICS_Data_Set_Overview.Patient_Level_Information_Costing_System_Mental_Health to Retired.Data_Dictionary.Messages.Supporting_Data_Sets.Patient_Level_Information_Costing_System_Mental_Health_Data_Set_Overview
- Changed Description
- Retired Patient Level Information Costing System Mental Health Data Set Overview

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:

- [NHS Continuing Healthcare Patient Level](#)

Patient Level Information Costing:

- [Reconciliation](#)
- [Reconciliation](#)
- [Acute Admitted Patient Care](#)
- [Acute Emergency Care](#)
- [Acute Out Patient Care](#)
- [Specialist Ward Care](#)
- [Supplementary Information](#)
- [Ambulance](#)
- [Improving Access to Psychological Therapies](#)
- [Mental Health Admitted Patient Care](#)
- [Mental Health Care Contacts](#)
- [Integrated Admitted Patient Care \(Acute\)](#)
- [Integrated Emergency Care \(Acute\)](#)
- [Integrated Out-Patient Care \(Acute\)](#)
- [Integrated Specialist Ward Care \(Acute\)](#)
- [Integrated Supplementary Information](#)
- [Integrated Mental Health Admitted Patient Care](#)
- [Integrated Mental Health Care Contacts](#)
- [Integrated Improving Access to Psychological Therapies](#)
- [Ambulance](#)

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](#).

ACTIVITY DURATION

Change to Attribute: Changed Dataset

The duration of an [ACTIVITY](#).

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](#).

This may include representation of a time zone.

ADJUSTED LENGTH OF STAY

Change to Attribute: Changed Dataset

[ADJUSTED LENGTH OF STAY](#) 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](#).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS

Change to Attribute: Changed Dataset

The status of the [Adult Mental Health Care Cluster](#) assessment undertaken for the [PATIENT](#).

National Codes:

- 01 [PATIENT](#) assessed and assigned an [Adult Mental Health Care Cluster](#)
- 02 [PATIENT](#) not assessed or assigned an [Adult Mental Health Care Cluster](#)
- 03 [PATIENT](#) assessed but not accepted into the [Mental Health Service](#)
- 04 [PATIENT](#) assessed but onward treatment not assigned to an [Adult Mental Health Care Cluster](#)

ADULT MENTAL HEALTH CARE CLUSTER CODE

Change to Attribute: Changed Dataset

The [Adult Mental Health Care Cluster](#) assigned to a [PATIENT](#).

National Codes:

- 00 Care Cluster 0 - Variance (unable to assign [ADULT MENTAL HEALTH CARE CLUSTER CODE](#))
- 01 Care Cluster 1 - Common Mental Health Problems (Low Severity)
- 02 Care Cluster 2 - Common Mental Health Problems (Low Severity with Greater Need)
- 03 Care Cluster 3 - Non-Psychotic (Moderate Severity)
- 04 Care Cluster 4 - Non-Psychotic (Severe)
- 05 Care Cluster 5 - Non-Psychotic Disorders (Very Severe)
- 06 Care Cluster 6 - Non-Psychotic Disorder of Over-Valued Ideas
- 07 Care Cluster 7 - Enduring Non-Psychotic Disorders (High Disability)
- 08 Care Cluster 8 - Non-Psychotic Chaotic and Challenging Disorders
- 09 Care Cluster 9 - Cluster Under Review - Note: This [CARE CLUSTER](#) is under review and should not be used.

- 10 Care Cluster 10 - First Episode Psychosis
- 11 Care Cluster 11 - Ongoing Recurrent Psychosis (Low Symptoms)
- 12 Care Cluster 12 - Ongoing or Recurrent Psychosis (High Disability)
- 13 Care Cluster 13 - Ongoing or Recurrent Psychosis (High Symptoms and Disability)
- 14 Care Cluster 14 - Psychotic Crisis
- 15 Care Cluster 15 - Severe Psychotic Depression
- 16 Care Cluster 16 - Dual Diagnosis
- 17 Care Cluster 17 - Psychosis and Affective Disorder (Difficult to Engage)
- 18 Care Cluster 18 - Cognitive Impairment (Low Need)
- 19 Care Cluster 19 - Cognitive Impairment or Dementia Complicated (Moderate Need)
- 20 Care Cluster 20 - Cognitive Impairment or Dementia Complicated (High Need)
- 21 Care Cluster 21 - Cognitive Impairment or Dementia Complicated (High Physical or Engagement)

AMBULANCE CALL IDENTIFIER

Change to Attribute: Changed Dataset
 A unique identifier for each [Ambulance Call](#).

AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

The overall outcome of the [Ambulance Call](#) for the purpose of reporting [Patient Level Information Costing](#).

National Codes:

- 01 Hear and Treat
- 02 See and Treat
- 03 See and Convey
- 04 Other Scenario

AMBULANCE CALL RESPONSE CATEGORY

Change to Attribute: Changed Description, Dataset

The [Ambulance Call](#) response category for the [PATIENT](#) identified by the [Ambulance Control Room](#) based on the information provided.

For further information on the [AMBULANCE CALL RESPONSE CATEGORIES](#), see the [NHS England and NHS Improvement](#) website at: [Ambulance Response Programme](#).

National Codes:

- C1 Category 1
- C2 Category 2
- C3 Category 3
- C4 Category 4
- C5 Category 5
- HCP1 HCP Level 1 (Healthcare Professional Level 1)
- HCP2 HCP Level 2 (Healthcare Professional Level 2)
- HCP3 HCP Level 3 (Healthcare Professional Level 3)
- HCP4 HCP Level 4 (Healthcare Professional Level 4)
- ~~HCP1H HCP 1 hour response (Healthcare Professional 1 hour response)~~
- ~~HCP2H HCP 2 hour response (Healthcare Professional 2 hour response)~~
- ~~HCP3H HCP 3 hour response (Healthcare Professional 3 hour response)~~
- ~~HCP4H HCP 4 hour response (Healthcare Professional 4 hour response)~~
- HCP1H HCP 1 hour response (Healthcare Professional 1 hour response) (Retired 06 September 2021)
- HCP2H HCP 2 hour response (Healthcare Professional 2 hour response) (Retired 06 September 2021)
- HCP3H HCP 3 hour response (Healthcare Professional 3 hour response) (Retired 06 September 2021)
- HCP4H HCP 4 hour response (Healthcare Professional 4 hour response) (Retired 06 September 2021)
- IFT1 IFT Level 1 (Inter-Facility Transfer Level 1)
- IFT2 IFT Level 2 (Inter-Facility Transfer Level 2)
- IFT3 IFT Level 3 (Inter-Facility Transfer Level 3)
- IFT4 IFT Level 4 (Inter-Facility Transfer Level 4)
- RN Routine
- OTH Other (not listed)

AMBULANCE CALL RESPONSE TYPE

Change to Attribute: Changed Dataset

The type of response that is allocated to an [Ambulance Call](#) by the [Ambulance Control Room](#).

National Codes:

01	DCA: Double Crewed Ambulance (Emergency)
02	RRV: Rapid Response Vehicle
03	NAM: Double Crewed Ambulance (Non-Emergency Urgent Tier)
04	HEL: Helicopter
05	CFR: Community First Responder
06	DFB: Defibrillator
07	PED: Pedal Cycle
08	MOT: Motorbike
09	OFF: Officer
10	PTS: Patient Transport Service Ambulance
11	TAX: Taxi / dial-a-ride
12	MIV: Major Incident Vehicle
13	HAZ: HART (Hazardous Area Response Team) Vehicle
14	BAS: Basics Doctor
15	ECP: Emergency Care Practitioner
16	OAMB: Other Ambulance (can convey)
17	OVEH: Other Vehicle (non-conveying)
18	FIR: Fire Co-Responder
19	FAL: Falls Team
20	MHC: Mental Health Car
98	OTH: Other co-responding team

AMBULANCE CALL SOURCE

Change to Attribute: Changed Dataset

The source of the [Ambulance Call](#) into the [Ambulance Control Room](#).

This could be a direct 999 call or a call transferred from another [ORGANISATION](#).

National Codes:

01	999
02	NHS 111
03	Healthcare Professional
04	Police Force
05	Telecare Provider/Service
06	Other Ambulance Service
07	Custodial Service
08	Coastguard Service
09	Military Service
10	Fire Service
11	Operational running call
12	Event running call
13	Mountain Rescue
14	Water Rescue
15	British Transport Police
98	Other Agency (not listed)

AMBULANCE MULTI PATIENT INCIDENT INDICATOR

Change to Attribute: Changed Dataset

An indication of whether the [Ambulance Incident](#) involved more than one [PATIENT](#).

National Codes:

Y	Yes - the Ambulance Incident involved more than one PATIENT
N	No - the Ambulance Incident did not involve more than one PATIENT

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.

ATTENDED OR DID NOT ATTEND

Change to Attribute: Changed Dataset

An indication of whether an [APPOINTMENT](#) for a [CARE CONTACT](#) took place.

If the [APPOINTMENT](#) did not take place it also indicates if advance warning was given.

When an [APPOINTMENT](#) is cancelled the [APPOINTMENT CANCELLED DATE](#) should also be recorded.

Notes:

- National Code 0 - 'Not applicable - [APPOINTMENT](#) occurs in the future' is **not** valid for use in the following data sets:
 - [Community Services Data Set](#)
 - [Improving Access to Psychological Therapies Data Set](#)
 - [Maternity Services Data Set](#)
 - [Mental Health Services Data Set](#).

Use in the Future Outpatient Commissioning Data Set:

- For referral records with **no** [APPOINTMENT](#) yet made, or for **future** [APPOINTMENTS](#), National Code 0 'Not applicable - [APPOINTMENT](#) occurs in the future' should be used.
- Where the future attendance has been **cancelled**, use the appropriate value from the National Codes.

National Codes:

- 5 Attended on time or, if late, before the relevant [CARE PROFESSIONAL](#) was ready to see the [PATIENT](#)
 - 6 Arrived late, after the relevant [CARE PROFESSIONAL](#) was ready to see the [PATIENT](#), but was seen
 - 7 [PATIENT](#) arrived late and could not be seen
 - 2 [APPOINTMENT](#) cancelled by, or on behalf of, the [PATIENT](#)
 - 3 Did not attend - no advance warning given
 - 4 [APPOINTMENT](#) cancelled or postponed by the [Health Care Provider](#)
 - 0 Not applicable - [APPOINTMENT](#) occurs in the future
-

CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Description, Dataset

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
EC	Emergency Care
AE	Emergency Care (Retired 06 September 2021)
REC	Reconciliation (Retired 06 September 2021)
SWC	Specialist Ward Care
SI	Supplementary Information
INTREC	Integrated Reconciliation
AMB	Ambulance
AMBREC	Ambulance Reconciliation
IAPT	Improving Access to Psychological Therapies
IAPTREC	Improving Access to Psychological Therapies Reconciliation
IAPTREC	Improving Access to Psychological Therapies Reconciliation (Retired 06 September 2021)
MHPS	Mental Health Provider Spell
MHCC	Mental Health Care Contacts
MHREC	Mental Health Reconciliation
MHREC	Mental Health Reconciliation (Retired 06 September 2021)

CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

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)

CRITICAL CARE PERIOD COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

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)

CRITICAL CARE UNIT FUNCTION

Change to Attribute: Changed Dataset

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

Further detail on [CRITICAL CARE UNIT FUNCTIONS](#) is described on [CRITICAL CARE PERIOD](#).

Note:

- National Code descriptions have been updated to remove National Code headings and add prefixes where required. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
- Facilities are described by the category of [PATIENT](#) predominantly treated, as follows:
 - Adult Facilities ([PATIENTS](#) more than 19 years old on admission predominate)
 - Children and Young People Facilities ([PATIENTS](#) aged greater than or equal to 29 days to less than 19 years predominate)
 - Neonatal Facilities ([PATIENTS](#) aged less than 29 days on admission predominate)
 - Other settings

National Codes:

- 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 adult critical care [PATIENTS](#) predominate
- 90 Adult: Non standard [LOCATION](#) using a [WARD](#) area
- 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
- 13 Neonatal Intensive Care Unit (Neonatal critical care [PATIENTS](#) predominate)
- 14 Facility for Babies ([Neonates](#)) on a Neonatal Transitional Care [WARD](#)
- 15 Facility for Babies ([Neonates](#)) on a Maternity [WARD](#)
- 91 Other settings: non standard [LOCATION](#) using the operating department

CYSTIC FIBROSIS BANDING

Change to Attribute: Changed Dataset

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

EMERGENCY CARE DEPARTMENT TYPE

Change to Attribute: Changed Dataset

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

National Codes:

- 01 Emergency departments are a [CONSULTANT](#) led 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency care [PATIENTS](#)
- 02 [CONSULTANT](#) led mono specialty emergency care 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 emergency care [PATIENTS](#). The department may be doctor led, [GENERAL PRACTITIONER](#) 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. Includes [Urgent Treatment Centres](#). 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](#) / [CDS V6-2-3 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [Patient Level Information Costing System Acute Data Set - Emergency Care](#).~~
- 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](#) / [CDS V6-2-3 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [Patient Level Information Costing System Integrated Data Set - Emergency Care \(Acute\)](#).

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.

This may include representation of a time zone.

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](#).

HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

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

National Codes:

- 1 Started in [FINANCIAL YEAR](#) and ending 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)

LOCAL PATIENT IDENTIFIER

Change to Attribute: Changed Dataset

A number used to identify a [PATIENT](#) uniquely within a [Health Care Provider](#). It may be different from the [PATIENT](#)'s casenote number and may be assigned automatically by the computer system.

Where care for NHS patients is sub-commissioned in the independent sector or overseas, the NHS commissioner PAS Number should be used. If no NHS PAS Number has been assigned the independent sector or overseas PAS Number should be used.

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 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](#).

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: Changed Dataset

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

ORGANISATION CODE

Change to Attribute: Changed Dataset

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

[ORGANISATION CODES](#) are managed by:

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

Notes:

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

All NHS [ORGANISATIONS](#) are coded using coding frames, as shown in the tables at: [Organisation Coding Frames](#).

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 IDENTIFIER

Change to Attribute: Changed Dataset

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

Note:

- [ORGANISATION SITE 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 SITE 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 SITE](#) is min an5 max an9.

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Attribute: Changed Dataset

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

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 England and NHS Improvement](#) website at: [Patient-level costing \(PLICS\): case for change](#).

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](#).

SERVICE REQUEST IDENTIFIER

Change to Attribute: Changed Dataset

The unique identifier for a [SERVICE REQUEST](#).

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](#). Submission of these codes for the Commissioning Data Sets is only possible where the healthcare provider has updated their CDS-XML schema version to CDS-XML version 6-2-0. Users of the original CDS-XML schema version 6-2 will be unable to submit the new codes introduced in the release of [DCB0028: Treatment Function and Main Specialty Standard](#) in April 2020 or the addendum to DCB0028 released in January 2021 to add a new [TREATMENT FUNCTION CODE](#) to represent Post-COVID-19 Syndrome Services.

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
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
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
 348 Post-COVID-19 Syndrome 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
 501 Obstetrics Service
 502 Gynaecology Service
 503 Gynaecological Oncology Service
 504 Community Sexual and Reproductive Health Service
 505 Fetal Medicine Service
 510 Retired but retained for historical purposes
 520 Retired but retained for historical purposes
 560 Midwifery Service
 610 Retired but retained for historical purposes
 620 Retired but retained for historical purposes
 656 Clinical Psychology Service
 700 Learning 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
 811 Interventional Radiology Service
 812 Diagnostic Imaging Service
 822 Chemical Pathology Service
 832 Retired but retained for historical purposes
 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
- 920 Diabetic Education Service
- 990 Retired but retained for historical purposes

UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE

Change to Attribute: Changed Dataset

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](#)

UNBUNDLED CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: Changed Dataset

The type of unbundled [CARE ACTIVITY](#) being provided, for the purpose of reporting [Patient Level Information Costing](#).

National Codes:

- ACC Adult Admitted Patient Critical Care

UNBUNDLED CURRENCY CODE

Change to Attribute: Changed Dataset

The currency code that applies to the [UNBUNDLED ACTIVITY CURRENCY SCHEME IN USE](#).

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

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

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](#).

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: Changed Dataset

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](#).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS
Default Codes:	

Notes:

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#) is the same as attribute [ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE

Change to Data Element: Changed Dataset

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

Notes:

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE](#) is the same as attribute [ACTIVITY DATE](#).

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE](#) is the [End Date](#) of the [ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#) for a [PATIENT](#).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE

Change to Data Element: Changed Dataset

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

Notes:

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE](#) is the same as attribute [ACTIVITY DATE](#).

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE](#) is the [Start Date](#) of the [ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#) for a [PATIENT](#).

ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See ADULT MENTAL HEALTH CARE CLUSTER CODE
Default Codes:	

Notes:

[ADULT MENTAL HEALTH CARE CLUSTER CODE \(FINAL\)](#) is the same as attribute [ADULT MENTAL HEALTH CARE CLUSTER CODE](#).

[ADULT MENTAL HEALTH CARE CLUSTER CODE \(FINAL\)](#) is the final [ADULT MENTAL HEALTH CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

The determination of the [ADULT MENTAL HEALTH CARE CLUSTER CODE \(FINAL\)](#) may or may not have involved the use of the [National Tariff Payment System](#) clustering algorithm.

AMBULANCE CALL IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

[AMBULANCE CALL IDENTIFIER](#) is the same as attribute [AMBULANCE CALL IDENTIFIER](#).

AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[AMBULANCE CALL OUTCOME \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING](#).

AMBULANCE CALL RESPONSE CATEGORY (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	min an2 max an5
National Codes:	See AMBULANCE CALL RESPONSE CATEGORY
Default Codes:	

Notes:

[AMBULANCE CALL RESPONSE CATEGORY \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [AMBULANCE CALL RESPONSE CATEGORY](#), for the purposes of the ~~Patent Level Information Costing System Data Set – Ambulance~~. [AMBULANCE CALL RESPONSE CATEGORY \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [AMBULANCE CALL RESPONSE CATEGORY](#), for the purposes of the [Patient Level Information Costing System Ambulance Data Set](#).

AMBULANCE CALL RESPONSE TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See AMBULANCE CALL RESPONSE TYPE
Default Codes:	97 - NRT: Not Applicable (No response required) 99 - UNK: Unknown (Response type not known)

Notes:

[AMBULANCE CALL RESPONSE TYPE](#) is the same as attribute [AMBULANCE CALL RESPONSE TYPE](#).

AMBULANCE CALL SOURCE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See AMBULANCE CALL SOURCE
Default Codes:	

Notes:

[AMBULANCE CALL SOURCE](#) is the same as attribute [AMBULANCE CALL SOURCE](#).

AMBULANCE INCIDENT DATE AND TIME

Change to Data Element: Changed Dataset

Format/Length:	an19 CCYY-MM-DDTh:mm:ss
National Codes:	
Default Codes:	

Notes:

[AMBULANCE INCIDENT DATE AND TIME](#) is the same as attribute [ACTIVITY DATE](#) and [ACTIVITY TIME](#) for the '[Ambulance Incident Date And Time](#)'.

AMBULANCE INCIDENT DURATION

Change to Data Element: Changed Dataset

Format/Length:	max n6
National Codes:	
Default Codes:	

Notes:

[AMBULANCE INCIDENT DURATION](#) is the same as attribute [ACTIVITY DURATION](#).

[AMBULANCE INCIDENT DURATION](#) is the duration of an [Ambulance Incident](#) in seconds.

An [Ambulance Incident](#) starts when a call to the [Ambulance Control Room](#) is connected or a request for an [Ambulance](#) is received. An [Ambulance Incident](#) ends when the last [AMBULANCE CALL RESPONSE TYPE](#) is clear to respond to future [Ambulance Incidents](#), or when the call ends for [AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING](#) National Codes '[Hear and Treat](#)' and/or '[Other Scenario](#)'.

AMBULANCE MULTI PATIENT INCIDENT INDICATOR

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See AMBULANCE MULTI PATIENT INCIDENT INDICATOR
Default Codes:	

Notes:

[AMBULANCE MULTI PATIENT INCIDENT INDICATOR](#) is the same as attribute [AMBULANCE MULTI PATIENT INCIDENT INDICATOR](#).

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 (CDS version 6-2 and CDS version 6-3) and Future Outpatient (CDS version 6-2 only) [CDS Types](#) use the [APPOINTMENT DATE](#) as the "CDS ORIGINATING DATE" as a mandatory requirement of the CDS Bulk/Net Update Protocols, see [CDS ACTIVITY DATE](#).

For the [CDS V6-2 Type 021 - Future Outpatient Commissioning Data Set](#), 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 Bulk/Net Update 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](#) or [CDS V6-3 Type 020 - Outpatient Commissioning Data Set](#), [APPOINTMENT DATE](#) is equivalent to the [REFERRAL TO TREATMENT PERIOD END DATE](#) carried in the record.

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:	max an12
National Codes:	
Default Codes:	

Notes:

[ATTENDANCE IDENTIFIER](#) is the same as attribute [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.

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

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

ATTENDED OR DID NOT ATTEND CODE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	
Default Codes:	

Notes:

[ATTENDED OR DID NOT ATTEND CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [ATTENDED OR DID NOT ATTEND](#) for the purposes of reporting [Patient Level Information Costing](#).

Permitted National Codes:

- 5 Attended on time or, if late, before the relevant [CARE PROFESSIONAL](#) was ready to see the [PATIENT](#)
- 6 Arrived late, after the relevant [CARE PROFESSIONAL](#) was ready to see the [PATIENT](#), but was seen

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](#).

CARE CONTACT DATE

Change to Data Element: Changed Dataset

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

Notes:

[CARE CONTACT DATE](#) is the same as attribute [ACTIVITY DATE](#) for the '[Care Contact Date](#)'.

CARE CONTACT IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

[CARE CONTACT IDENTIFIER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

[CARE CONTACT IDENTIFIER](#) is the unique identifier for a [CARE CONTACT](#).

CARE CONTACT TIME

Change to Data Element: Changed Dataset

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

Default Codes:

Notes:

[CARE CONTACT TIME](#) is the same as attribute [ACTIVITY TIME](#) for the '[Care Contact Time](#)'.

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length: min an1 max an35
National Codes:
Default Codes:

Notes:

[CDS UNIQUE IDENTIFIER](#) is the same as attribute [RECORD IDENTIFIER](#).

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

Note that the [CDS UNIQUE IDENTIFIER](#) must be constructed without the use of [PATIENT](#) Confidential Information. This includes [PATIENT](#) Identifiers such as [NHS NUMBER](#) or [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#), as well as any text which may identify the [PATIENT DIAGNOSIS](#) of the [PATIENT](#) or any [PATIENT](#) procedures being undertaken.

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 / ORGANISATION IDENTIFIER	Mandatory For all CDS Types
2	Provider Code	an5	The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER 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 (CDS 6-2 only):

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 ORGANISATION CODE B = Post 1996 NHS ORGANISATION CODE / ORGANISATION IDENTIFIER	Mandatory For all CDS Types
2	Provider Code	an5	The NHS ORGANISATION CODE / ORGANISATION IDENTIFIER 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 (CDS 6-2 only):

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

			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.
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. *It is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated [CDS UNIQUE IDENTIFIER](#) within the Commissioning Data Set 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 (CDS 6-2 only).

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](#) / [ORGANISATION IDENTIFIER](#) issued from April 1996

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

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

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:	max an8
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE LOCAL IDENTIFIER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

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

[CRITICAL CARE LOCAL IDENTIFIER](#) 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.

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

CRITICAL CARE PERIOD COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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](#).

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: Changed Dataset

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](#).

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.

DISCHARGE DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

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

Notes:

[DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#).

[DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) is the [Discharge Date](#) for a [PATIENT](#) from a [Hospital Provider Spell](#).

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](#) for the '[Emergency Care Arrival Date](#)'.

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](#) for the '[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 emergency care [PATIENTS](#)
- 02 [CONSULTANT](#) led mono specialty emergency care 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 emergency care [PATIENTS](#). The department may be doctor led, [GENERAL PRACTITIONER](#) 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. Includes [Urgent Treatment Centres](#). Excludes NHS walk-in centres
- 04 NHS walk in centres

Note: National Codes 01 and 03 have been updated as a result of changes made in [DCB0092-2062: Commissioning Data Sets: Emergency Care Data Set](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where they are not already correct.

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](#) for the '[Emergency Care Departure Date](#)'.

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](#) for the '[Emergency Care Departure Time](#)'.

END DATE (CARE CLUSTER ASSIGNMENT PERIOD)

Change to Data Element: Changed Dataset

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

Notes:

[END DATE \(CARE CLUSTER ASSIGNMENT PERIOD\)](#) is the same as attribute [ACTIVITY DATE](#).

[END DATE \(CARE CLUSTER ASSIGNMENT PERIOD\)](#) is the [End Date](#) of a [Care Cluster Assignment Period](#).

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](#).

[END DATE \(EPISODE\)](#) is the [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:	max an2
National Codes:	
Default Codes:	98 - Not applicable 99 - EPISODE NUMBER not known

Notes:

[EPISODE NUMBER](#) is the same as attribute [ACTIVITY IDENTIFIER](#).

[EPISODE NUMBER](#) 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 1.

A known [EPISODE NUMBER](#) can be between 1 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](#).

Notes:

- The Default Code description for 99 - Not known has been updated. The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.
- Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

FINAL AUDIT ACCOUNTS IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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

GENERAL MEDICAL PRACTICE CODE (RECEIVING)

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

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

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

[GENERAL MEDICAL PRACTICE CODE \(RECEIVING\)](#) is the [ORGANISATION CODE](#) of the [GP Practice](#) that is receiving the [PATIENT](#) from another [Health Care Provider](#).

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: Changed Dataset

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](#).

HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
Default Codes:	

Notes:

[HOSPITAL PROVIDER SPELL COMPLETION STATUS \(PATIENT LEVEL INFORMATION COSTING\)](#) is the same as attribute [HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING](#).

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Dataset

Format/Length:	max 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](#).

Note: the Format/Length has been updated in [Data Dictionary Change Notice 1808 "Correction of Format/Length Data Elements"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

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

LOCAL PATIENT IDENTIFIER (EXTENDED)

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) is the same as attribute [LOCAL PATIENT IDENTIFIER](#).

[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) is used where IT systems have a [LOCAL PATIENT IDENTIFIER](#) which is longer than 10 characters and [LOCAL PATIENT IDENTIFIER](#) cannot be used for data submission.

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 Integrated 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](#).

For specific National Code usage in different data sets, see [NHS NUMBER STATUS INDICATOR CODE](#).

NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT

Change to Data Element: Changed Dataset

Format/Length:	max n2
National Codes:	
Default Codes:	

Notes:

[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT](#) is the same as attribute [ACTIVITY COUNT](#).

[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT](#) is the number of [AMBULANCE CALL RESPONSE TYPES](#) arriving at an [Ambulance Incident](#).

NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER

Change to Data Element: Changed Dataset

Format/Length:	max n2
National Codes:	
Default Codes:	

Notes:

[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER](#) is the same as attribute [ACTIVITY COUNT](#).

[NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER](#) is the number of [AMBULANCE CALL RESPONSE TYPES](#) arriving at the receiving [Health Care Provider](#).

NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT

Change to Data Element: Changed Dataset

Format/Length:	max n2
National Codes:	
Default Codes:	

Notes:

[NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT](#) is the same as attribute [ACTIVITY COUNT](#).

[NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT](#) is the number of [AMBULANCE CALL RESPONSE TYPES](#) mobilised for an [Ambulance Incident](#).

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

Change to Data Element: Changed Dataset

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](#).

ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)

Change to Data Element: Changed Dataset

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

Notes:

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

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

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

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

The document includes information on the following:

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

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

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

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

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

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
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 \(CODE OF PROVIDER\)](#), which is the most recent approved national information standard to describe the required definition.

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 \(CODE OF SUBMITTING ORGANISATION\)](#), which is the most recent approved national information standard to describe the required definition.

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 V6-3 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#) / [CDS V6-3 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 V6-3 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 \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (RECEIVING)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(RECEIVING\)](#) is the same as the attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(RECEIVING\)](#) is the [ORGANISATION IDENTIFIER](#) of the [ORGANISATION](#) that is receiving the [PATIENT](#) from another [Health Care Provider](#).

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

ORGANISATION SITE IDENTIFIER (RECEIVING)

Change to Data Element: Changed Dataset

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

Notes:

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

[ORGANISATION SITE IDENTIFIER \(RECEIVING\)](#) is the [ORGANISATION SITE IDENTIFIER](#) of the [ORGANISATION SITE](#) that is receiving the [PATIENT](#) from another [Health Care Provider](#).

PATIENT LEVEL INFORMATION COSTING CARE ACTIVITY IDENTIFIER

Change to Data Element: Changed Dataset

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](#).

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 Integrated 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 V6-3 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#) / [CDS V6-3 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 V6-3 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 are the most recent approved national information standards 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 Integrated 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:	max an8
National Codes:	
Default Codes:	

Notes:

[POSTCODE OF USUAL ADDRESS](#) is the same as attribute [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 ~~Patent 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 Integrated 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 Integrated Data Sets](#).

SERVICE REQUEST IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

[SERVICE REQUEST IDENTIFIER](#) is the same as attribute [SERVICE REQUEST IDENTIFIER](#).

START DATE (CARE CLUSTER ASSIGNMENT PERIOD)

Change to Data Element: Changed Dataset

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

Notes:

[START DATE \(CARE CLUSTER ASSIGNMENT PERIOD\)](#) is the same as attribute [ACTIVITY DATE](#).

[START DATE \(CARE CLUSTER ASSIGNMENT PERIOD\)](#) is the [Start Date](#) of a [Care Cluster Assignment Period](#).

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](#).

[START DATE \(EPISODE\)](#) is the [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](#).

START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Dataset

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

Notes:

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#).

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) is the [Start Date](#) of the [Hospital Provider Spell](#).

The [Start Date](#) of the [Hospital Provider Spell](#) is the date of admission: the [CONSULTANT](#) or [MIDWIFE](#) has assumed responsibility for care following the [DECISION TO ADMIT](#) the [PATIENT](#).

[START DATE \(HOSPITAL PROVIDER SPELL\)](#) 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: Changed Dataset

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](#).

UNBUNDLED CARE ACTIVITY DATE

Change to Data Element: Changed Dataset

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

Notes:

[UNBUNDLED CARE ACTIVITY DATE](#) is the same as attribute [ACTIVITY DATE](#) for the '*Unbundled Care Activity Date*'.

UNBUNDLED CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: Changed Dataset

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](#).

UNBUNDLED CURRENCY CODE

Change to Data Element: Changed Dataset

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

Notes:

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

PLICS ACUTE SUPPLEMENTARY INFORMATION DATA SET CONSTRAINTS

Change to XML Schema Constraint: Changed Description

Data Set Constraints applied to the [Patient Level Information Costing System Acute Data Set - Supplementary Information](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Supplementary Information](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Supplementary Information .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Supplementary Information .

ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Supplementary Information .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Supplementary Information .

PLICS AMBULANCE DATA SET CONSTRAINTS

Change to XML Schema Constraint: Changed Description

Data Set Constraints applied to the [Patient Level Information Costing System Data Set - Ambulance](#). Data Set Constraints applied to the [Patient Level Information Costing System Ambulance Data Set](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Data Set - Ambulance .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Data Set - Ambulance .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Ambulance Data Set .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Ambulance Data Set .

PLICS INTEGRATED DATA SET ADMITTED PATIENT CARE (ACUTE) CONSTRAINTS renamed from **PLICS ACUTE ADMITTED PATIENT CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

Data Set Constraints applied to the [Patient Level Information Costing System Acute Data Set - Admitted Patient Care](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Acute\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
CDS UNIQUE IDENTIFIER	max an35	None	None	

				Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an35
EPISODE NUMBER	max n2	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max n2
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Admitted Patient Care .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Admitted Patient Care .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Admitted Patient Care (Acute) .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Admitted Patient Care (Acute) .

PLICS INTEGRATED DATA SET ADMITTED PATIENT CARE (ACUTE) CONSTRAINTS renamed from **PLICS ACUTE ADMITTED PATIENT CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from `Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Acute_Admitted_Patient_Care_Data_Set_Constraints` to `Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Admitted_Patient_Care_(Acute)_Constraints`
- Changed Description

PLICS INTEGRATED DATA SET EMERGENCY CARE (ACUTE) CONSTRAINTS renamed from **PLICS ACUTE EMERGENCY CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

Data Set Constraints applied to the [Patient Level Information Costing System Acute Data Set - Emergency Care](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Emergency Care \(Acute\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
CDS UNIQUE IDENTIFIER	max an35	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an35
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Emergency Care .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Emergency Care .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Emergency Care (Acute) .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Emergency Care (Acute) .

PLICS INTEGRATED DATA SET EMERGENCY CARE (ACUTE) CONSTRAINTS, renamed from **PLICS ACUTE EMERGENCY CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Acute_Emergency_Care_Data_Set_Constraints to Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Emergency_Care_(Acute)_Constraints
- Changed Description

PLICS INTEGRATED DATA SET IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CONSTRAINTS, renamed from **PLICS IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

~~Data Set Constraints applied to the [Patient Level Information Costing System Data Set – Improving Access to Psychological Therapies](#).~~ Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Data Set – Improving Access to Psychological Therapies
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Data Set – Improving Access to Psychological Therapies
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Improving Access to Psychological Therapies

PLICS INTEGRATED DATA SET IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CONSTRAINTS, renamed from **PLICS IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Improving_Access_to_Psychological_Therapies_Data_Set_Constraints to Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Improving_Access_to_Psychological_Therapies
- Changed Description

PLICS INTEGRATED DATA SET MENTAL HEALTH ADMITTED PATIENT CARE CONSTRAINTS, renamed from **PLICS MENTAL HEALTH ADMITTED PATIENT CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

~~Data Set Constraints applied to the [Patient Level Information Costing System Mental Health Data Set – Admitted Patient Care](#).~~ Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Admitted Patient Care \(Mental Health\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary

	NHS Data Model and Dictionary and the data set specification		
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Admitted Patient Care (Mental Health) .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Admitted Patient Care (Mental Health) .

PLICS INTEGRATED DATA SET MENTAL HEALTH ADMITTED PATIENT CARE CONSTRAINTS_renamed from PLICS MENTAL HEALTH ADMITTED PATIENT CARE DATA SET CONSTRAINTS

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from `Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Mental_Health_Admitted_Patient_Care_Data_Set_Constraints` to `Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Mental_Health_Admitted_Patient_Care_`
- Changed Description

PLICS INTEGRATED DATA SET OUT-PATIENT CARE (ACUTE) CONSTRAINTS_renamed from PLICS ACUTE OUT-PATIENT CARE DATA SET CONSTRAINTS

Change to XML Schema Constraint: Changed Name, Description

Data Set Constraints applied to the [Patient Level Information Costing System Acute Data Set - Out-Patient Care](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Out-Patient Care \(Acute\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ATTENDANCE IDENTIFIER	max an12	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an12
CDS UNIQUE IDENTIFIER	max an35	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an35
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Out-Patient Care .

ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Out-Patient Care .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Out-Patient Care (Acute) .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Out-Patient Care (Acute) .

PLICS INTEGRATED DATA SET OUT-PATIENT CARE (ACUTE) CONSTRAINTS, renamed from **PLICS ACUTE OUT-PATIENT CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Acute_Out-Patient_Care_Data_Set_Constraints to Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Out-Patient_Care_(Acute)_Constraints
- Changed Description

PLICS INTEGRATED DATA SET SPECIALIST WARD CARE (ACUTE) CONSTRAINTS, renamed from **PLICS ACUTE SPECIALIST WARD CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

Data Set Constraints applied to the [Patient Level Information Costing System Acute Data Set - Specialist Ward Care](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Specialist Ward Care \(Acute\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
CRITICAL CARE LOCAL IDENTIFIER	max an8	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Data Set allows max an8
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Specialist Ward Care .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Acute Data Set - Specialist Ward Care .
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Specialist Ward Care (Acute) .
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Specialist Ward Care (Acute) .

PLICS INTEGRATED DATA SET SPECIALIST WARD CARE (ACUTE) CONSTRAINTS, renamed from **PLICS ACUTE SPECIALIST WARD CARE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description

- Changed Name from Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Acute_Specialist_Ward_Care_Data_Set_Constraints to Data_Dictionary.Messages.Message_Documentation.Data_Set_Constraints.PLICS_Integrated_Data_Set_Specialist_Ward_Care_(Acute)_Constraints
- Changed Description

PLICS MENTAL HEALTH CARE CONTACTS DATA SET CONSTRAINTS

Change to XML Schema Constraint: Changed Description

Data Set Constraints applied to the [Patient Level Information Costing System Mental Health Data Set – Care Contacts](#). Data Set Constraints applied to the [Patient Level Information Costing System Integrated Data Set - Care Contacts \(Mental Health\)](#).

Key to Data Set Constraint Column Headings:

Column Name	Column Meaning	Column Options	
Format/Length	Indicates any differences between the Format/Length of the item in the NHS Data Model and Dictionary and the data set specification	None = The Format/Length is the same as the NHS Data Model and Dictionary	Any other entry = The Format/Length is different in the data set specification to the NHS Data Model and Dictionary
Range	Indicates whether a range value constraint has been applied in the data set specification	None = There is no range value constraint applied in the data set specification	Any other entry = Shows the range value constraint applied in the data set specification
Pattern Match	Indicates whether a data pattern, to which the data must conform, has been applied in the data set specification	None = There is no data pattern, to which the data must conform, applied in the data set specification	Any other entry = Shows the data pattern, to which the data must conform, applied in the data set specification

Data Set Constraints:

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	an3	None	None	an5 and an6 is not applicable for the Patient Level Information Costing System Mental Health Data Set – Care Contacts
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Mental Health Data Set – Care Contacts
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Care Contacts (Mental Health)
ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	min an3 max an5	None	None	an6 is not applicable for the Patient Level Information Costing System Integrated Data Set - Care Contacts (Mental Health)

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

