

# NHS Data Model and Dictionary



<b>Type:</b>	Change Request
<b>Reference:</b>	1774
<b>Version No:</b>	1.0
<b>Subject:</b>	Patient Level Information Costing System (PLICS) Ambulance Data Set
<b>Effective Date:</b>	11 January 2021
<b>Reason for Change:</b>	Change to Information Standards
<b>Publication Date:</b>	27 November 2020

## Background:

From 2020 the Costing Transformation Programme (CTP) mandates providers of Ambulance Services within England to submit incident level activity and financial data for all incidents going through 999 call centres or despatch centres within England to NHS Digital on an annual basis.

The Patient Level Information Costing System (PLICS) Ambulance Data Set is used to standardise the method of reporting cost information for the services provided. The move to costing at an individual incident was signalled as part of the NHS Five Year Forward View and is the core to NHS England and NHS Improvement's Costing Transformation Programme (CTP).

The programme's aim is to

- Introduce and implement new costing standards for patient level costing
- Develop and implement one single national cost collection to replace current multiple collections
- Establish the minimum required standards for costing software and promoting its adoption
- Drive and encourage sector support to adopt patient level costing methodology and technology.

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

## Summary of changes:

### Data Set

[PATIENT LEVEL INFORMATION COSTING SYSTEM  
DATA SET - AMBULANCE](#)

New Data Set

**Supporting Information**

[AMBULANCE INCIDENT DATE AND TIME](#)

New Supporting Information

[PATIENT LEVEL INFORMATION COSTING SYSTEM](#)

New Supporting Information

[AMBULANCE DATA SET OVERVIEW](#)

[SUPPORTING DATA SETS MENU](#)

Changed Description

[SUPPORTING DATA SETS MESSAGE](#)

Changed Description

[DOCUMENTATION](#)

**Class Definitions**

[CARE CONTACT](#)

Changed Attributes

**Attribute Definitions**

[ACTIVITY COUNT](#)

Changed Dataset

[ACTIVITY DATE](#)

Changed Dataset

[ACTIVITY DATE AND TIME TYPE](#)

Changed Description

[ACTIVITY DURATION](#)

Changed Dataset

[ACTIVITY IDENTIFIER](#)

Changed Dataset

[ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL  
INFORMATION COSTING](#)

Changed Dataset

[ACTIVITY TIME](#)

Changed Dataset

[AMBULANCE CALL IDENTIFIER](#)

Changed Dataset

[AMBULANCE CALL OUTCOME FOR PATIENT LEVEL  
INFORMATION COSTING](#)

New Attribute

[AMBULANCE CALL RESPONSE CATEGORY](#)

Changed Dataset

[AMBULANCE CALL RESPONSE TYPE](#)

Changed Dataset

[AMBULANCE CALL SOURCE](#)

Changed Dataset

[AMBULANCE MULTI PATIENT INCIDENT INDICATOR](#)

New Attribute

[CARE ACTIVITY TYPE FOR PATIENT LEVEL  
INFORMATION COSTING](#)

Changed Dataset,  
Description

[EVENT DATE](#)

Changed Dataset

[EVENT TIME](#)

Changed Dataset

[FINANCIAL AMOUNT](#)

Changed Dataset

[FINANCIAL YEAR](#)

Changed Dataset

[NHS NUMBER](#)

Changed Dataset

[NHS NUMBER STATUS INDICATOR CODE](#)

Changed Dataset

[ORGANISATION CODE](#)

Changed Dataset

[ORGANISATION IDENTIFIER](#)

Changed Dataset

[ORGANISATION SITE IDENTIFIER](#)

Changed Dataset

<a href="#"><u>RECORD COUNT</u></a>	Changed Dataset
<a href="#"><u>REPORTING PERIOD END DATE</u></a>	Changed Dataset
<a href="#"><u>REPORTING PERIOD START DATE</u></a>	Changed Dataset
<b>Data Elements</b>	
<a href="#"><u>ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>AMBULANCE CALL IDENTIFIER</u></a>	Changed Dataset
<a href="#"><u>AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)</u></a>	New Data Element
<a href="#"><u>AMBULANCE CALL RESPONSE CATEGORY (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset, Description
<a href="#"><u>AMBULANCE CALL RESPONSE TYPE</u></a>	Changed Dataset
<a href="#"><u>AMBULANCE CALL SOURCE</u></a>	Changed Dataset
<a href="#"><u>AMBULANCE INCIDENT DATE AND TIME</u></a>	New Data Element
<a href="#"><u>AMBULANCE INCIDENT DURATION</u></a>	New Data Element
<a href="#"><u>AMBULANCE MULTI PATIENT INCIDENT INDICATOR</u></a>	New Data Element
<a href="#"><u>CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>DATE AND TIME DATA SET CREATED</u></a>	Changed Dataset
<a href="#"><u>FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>GENERAL MEDICAL PRACTICE CODE (RECEIVING)</u></a>	Changed Dataset, Description
<a href="#"><u>MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)</u></a>	Changed Dataset
<a href="#"><u>NHS NUMBER</u></a>	Changed Dataset
<a href="#"><u>NHS NUMBER STATUS INDICATOR CODE</u></a>	Changed Dataset
<a href="#"><u>NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT</u></a>	New Data Element
<a href="#"><u>NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER</u></a>	New Data Element
<a href="#"><u>NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT</u></a>	New Data Element
<a href="#"><u>ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)</u></a>	Changed Dataset
<a href="#"><u>ORGANISATION IDENTIFIER (CODE OF PROVIDER)</u></a>	Changed Dataset
<a href="#"><u>ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)</u></a>	Changed Dataset

<a href="#">ORGANISATION IDENTIFIER (RECEIVING)</a>	Changed Dataset
<a href="#">ORGANISATION SITE IDENTIFIER (RECEIVING)</a>	Changed Dataset
<a href="#">PATIENT LEVEL INFORMATION COSTING TOTAL COST</a>	Changed Dataset
<a href="#">PLICS SUBMISSION RECORD COUNT</a>	Changed Dataset
<a href="#">REPORTING PERIOD END DATE</a>	Changed Dataset
<a href="#">REPORTING PERIOD START DATE</a>	Changed Dataset

**XML Schema Constraint**

<a href="#">PLICS AMBULANCE DATA SET CONSTRAINTS</a>	New XML Schema Constraint
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**Date:** 27 November 2020

**Sponsor:** Christopher Walters, Director of Pricing and Costing, NHS England and 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 DATA SET - AMBULANCE**

Change to Data Set: New Data Set

**MESSAGE HEADER**

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

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

**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	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)
R	NHS NUMBER
R	NHS NUMBER STATUS INDICATOR CODE

**CARE ACTIVITY DETAILS**

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

M/R	Data Set Data Elements
M	AMBULANCE CALL IDENTIFIER
R	AMBULANCE CALL SOURCE
R	AMBULANCE CALL RESPONSE CATEGORY (PATIENT LEVEL INFORMATION COSTING)
R	AMBULANCE MULTI PATIENT INCIDENT INDICATOR
R	NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT
R	NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT
R	NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER
M	AMBULANCE INCIDENT DATE AND TIME
R	AMBULANCE INCIDENT DURATION
M	AMBULANCE CALL RESPONSE TYPE
R	ORGANISATION IDENTIFIER (RECEIVING) or ORGANISATION SITE IDENTIFIER (RECEIVING) or GENERAL MEDICAL PRACTICE CODE (RECEIVING)

**CURRENCY DETAILS**

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

M/R	Data Set Data Elements
M	AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)

**COSTING DETAILS**

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

M/R	Data Set Data Elements
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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

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## AMBULANCE INCIDENT DATE AND TIME

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Change to Supporting Information: New Supporting Information

An Ambulance Incident Date And Time is an ACTIVITY DATE TIME.

An Ambulance Incident Date And Time is the date and time of the Ambulance Incident.

**This supporting information is also known by these names:**

Context	Alias
plural	Ambulance Incident Dates And Times

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## PATIENT LEVEL INFORMATION COSTING SYSTEM AMBULANCE DATA SET OVERVIEW

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Change to Supporting Information: New Supporting Information

### Introduction

The Patient Level Information Costing System Data Set - Ambulance is used to standardise the method of reporting cost information at Ambulance Incident level. All designated providers of Ambulance Services are required to submit Patient Level Information Costing data.

The Patient Level Information Costing System Data Set - Ambulance 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' 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 have mandated all designated providers of Ambulance Services to record and report:

- Patient Level Information Costing System Data Set - Ambulance
- 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 Mandatory or Required (M/R) column indicates the recommendation for the inclusion of data.

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

## Data Set Constraints

For guidance on the Data Set constraints, see the [PLICS Ambulance Data Set Constraints](#).

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## SUPPORTING DATA SETS MENU

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

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## SUPPORTING DATA SETS MESSAGE DOCUMENTATION

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Change to Supporting Information: Changed Description

### XML Schema Download:

- [XML Schema TRUD Download](#)

### Data Set Constraints:

- [Devices Patient Level Contract Monitoring Data Set Constraints](#)
- [Drugs Patient Level Contract Monitoring Data Set Constraints](#)
- [Patient Level Contract Monitoring Data Set Constraints](#)
- [PLICS Acute Admitted Patient Care Data Set Constraints](#)
- [PLICS Acute Emergency Care Data Set Constraints](#)
- [PLICS Acute Out-Patient Care Data Set Constraints](#)
- [PLICS Reconciliation Data Set Constraints](#)
- [PLICS Acute Specialist Ward Care Data Set Constraints](#)
- [PLICS Acute Supplementary Information Data Set Constraints](#)
- [PLICS Ambulance Data Set Constraints](#)

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## CARE CONTACT

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Change to Class: Changed Attributes

*Attributes of this Class are:*

ACUTE ONCOLOGY ASSESSMENT PATIENT PRESENTATION TYPE  
ACUTE ONCOLOGY EPISODE OUTCOME  
AMBULANCE CALL IDENTIFIER  
AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION  
COSTING  
AMBULANCE CALL RESPONSE CATEGORY  
AMBULANCE CALL RESPONSE TYPE  
AMBULANCE CALL SOURCE  
AMBULANCE MULTI PATIENT INCIDENT INDICATOR  
CARE CONTACT CANCELLATION REASON  
CARE CONTACT PATIENT THERAPY MODE  
CARE CONTACT SUBJECT  
CARE CONTACT TYPE  
CARE PROGRAMME APPROACH REVIEW ABUSE QUESTION ASKED  
INDICATOR  
CHILD DIFFICULT TO TEST REASON  
CLINICAL NURSE SPECIALIST INDICATION CODE  
CLINIC ATTENDANCE PURPOSE CODE FOR HIV  
CONSULTATION TYPE  
EMERGENCY CARE ATTENDANCE CATEGORY  
FIRST ATTENDANCE  
GROUP THERAPY INDICATOR

INFORMATION AND ADVICE PROVIDED INDICATOR  
INFORMATION AND ADVICE TYPE PROVIDED FOR FEMALE GENITAL  
MUTILATION  
INITIAL CONTACT INDICATOR  
INITIAL DIAGNOSIS CARE SETTING OR SERVICE FOR HIV  
INTERPRETER PRESENT AT CARE CONTACT INDICATION CODE  
LATE ANTENATAL BOOKING APPOINTMENT REASON  
MEDICAL STAFF TYPE SEEING PATIENT  
MENTAL HEALTH PREDICTION AND DETECTION INDICATOR  
MULTIPROFESSIONAL OR MULTIDISCIPLINARY INDICATION CODE  
NEW HIV DIAGNOSIS IN UNITED KINGDOM INDICATOR  
OTHER PERSON IN ATTENDANCE AT CARE CONTACT  
OUTCOME OF ATTENDANCE  
OUT PATIENT ATTENDANCE INDICATOR FOR RADIOTHERAPY DATA SET  
PATIENT HIV CARE STATUS  
POST EXPOSURE PROPHYLAXIS INDICATOR  
PRE EXPOSURE PROPHYLAXIS INDICATOR  
PSYCHIATRIC CARE INDICATOR FOR HIV  
SKIN TO SKIN CONTACT INDICATOR  
STAFF ROLE CARRYING OUT HOLISTIC NEEDS ASSESSMENT OR  
PERSONALISED CARE AND SUPPORT PLANNING  
TWO YEAR NEONATAL OUTCOMES ASSESSMENT NOT CARRIED OUT  
REASON

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#### **ACTIVITY COUNT**

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Change to Attribute: Changed Dataset

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

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#### **ACTIVITY DATE**

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Change to Attribute: Changed Dataset

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

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

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#### **ACTIVITY DATE AND TIME TYPE**

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Change to Attribute: Changed Description

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

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

*National Codes:*

- 300 Maternal Critical Incident Date and Time (Retired 1 April 2019)
- 301 Procedure Date and Time (Retired September 2018)
- 302 Baby First Feed Date and Time (Retired 1 April 2019)
- 303 Date and Time of Decision to Deliver (Retired 1 April 2019)
- 304 Discharge Date and Time (Hospital Provider Spell Postpartum) (Retired 1 April 2019)
- 305 Oxytocin Administered Date and Time (Retired 1 April 2019)
- 306 Rupture of Membranes Date and Time (Retired September 2018)
- 307 Transfer Start Date and Time (Neonatal Unit) (Retired 1 April 2019)
- 308 Urgent Care Service Accessed Date and Time (Retired 01 September 2015)
- 309 Clinical Intervention Date and Time (Retired September 2018)
- 310 Critical Care Period Start Date and Time (Retired September 2018)
- 311 Parents Seen By Senior Staff Member Date and Time (Retired September 2018)
- 312 Critical Care Period Discharge Date and Time (Retired September 2018)
- 313 Arrival Date and Time at Accident and Emergency Department (Retired September 2018)
- 314 Assault Date and Time (Retired September 2018)
- 315 [Care Professional Clinical Responsibility Timestamp](#)
- 316 [Assessment Tool Validation Timestamp](#)
- 317 [Emergency Care Clinically Ready To Proceed Timestamp](#)
- 318 [Ambulance Incident Date And Time](#)

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**ACTIVITY DURATION**

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Change to Attribute: Changed Dataset

The duration of an [ACTIVITY](#).

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**ACTIVITY IDENTIFIER**

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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](#).

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#### ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING

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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).

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#### ACTIVITY TIME

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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.

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

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#### AMBULANCE CALL IDENTIFIER

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Change to Attribute: Changed Dataset

A unique identifier for each [Ambulance Call](#).

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#### AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING

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Change to Attribute: New Attribute

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

This attribute is also known by these names:

Context	Alias
plural	AMBULANCE CALL OUTCOMES FOR PATIENT LEVEL INFORMATION COSTING

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AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING

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Change to Attribute: New Attribute

## AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)
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AMBULANCE CALL RESPONSE CATEGORY

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Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ 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 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)
- 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)

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#### AMBULANCE CALL RESPONSE TYPE

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Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~ 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

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#### AMBULANCE CALL SOURCE

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Change to Attribute: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~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)

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**AMBULANCE MULTI PATIENT INCIDENT INDICATOR**

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Change to Attribute: New Attribute

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

**This attribute is also known by these names:**

Context	Alias
plural	AMBULANCE MULTI PATIENT INCIDENT INDICATORS

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**AMBULANCE MULTI PATIENT INCIDENT INDICATOR**

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Change to Attribute: New Attribute

## AMBULANCE MULTI PATIENT INCIDENT INDICATOR

### Data Elements:

AMBULANCE MULTI PATIENT INCIDENT INDICATOR

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### CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING

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Change to Attribute: Changed Dataset, Description

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

### National Codes:

~~APC Admitted Patient Care~~

~~OP Out-patient Care~~

~~AE Emergency Care~~

~~REC Reconciliation~~

~~SWC Specialist Ward Care~~

~~SI Supplementary Information~~

APC Admitted Patient Care

OP Out-patient Care

AE Emergency Care

REC Reconciliation

SWC Specialist Ward Care

SI Supplementary Information

AMB Ambulance

AMBREC Ambulance Reconciliation

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### EVENT DATE

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Change to Attribute: Changed Dataset

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

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### EVENT TIME

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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.

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**FINANCIAL AMOUNT**

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Change to Attribute: Changed Dataset

An amount of money.

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**FINANCIAL YEAR**

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Change to Attribute: Changed Dataset

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

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**NHS NUMBER**

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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.

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#### NHS NUMBER STATUS INDICATOR CODE

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Change to Attribute: Changed Dataset

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

Note:

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

*National Codes:*

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

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## ORGANISATION CODE

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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.

---

**RECORD COUNT**

---

Change to Attribute: Changed Dataset

A count of records contained 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.

---

**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](#).

---

**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: New Data Element

Format/Length:	an2
National Codes:	See <a href="#">AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING</a>
Default Codes:	

**Notes:**

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

**This data element is also known by these names:**

Context	Alias
plural	<a href="#">AMBULANCE CALL OUTCOMES (PATIENT LEVEL INFORMATION COSTING)</a>

---

**AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)**

---

Change to Data Element: New Data Element

## AMBULANCE CALL OUTCOME (PATIENT LEVEL INFORMATION COSTING)

**Attribute:**

<a href="#">AMBULANCE CALL OUTCOME FOR PATIENT LEVEL INFORMATION COSTING</a>
--

---

**AMBULANCE CALL RESPONSE CATEGORY (PATIENT LEVEL INFORMATION COSTING)**

---

Change to Data Element: Changed Dataset, Description

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	min an2 max an5
National Codes:	See <a href="#">AMBULANCE CALL RESPONSE CATEGORY</a>
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 [Patient Level Information Costing System Data Set - Ambulance](#).

---

**AMBULANCE CALL RESPONSE TYPE**

---

Change to Data Element: Changed Dataset

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	an2
National Codes:	See <a href="#">AMBULANCE CALL RESPONSE TYPE</a>
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

~~This item is being used for development purposes and has not yet been approved.~~

Format/Length:	an2
National Codes:	See <a href="#">AMBULANCE CALL SOURCE</a>
Default Codes:	

**Notes:**

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

---

**AMBULANCE INCIDENT DATE AND TIME**

Change to Data Element: New Data Element

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

**Notes:**

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

**This data element is also known by these names:**

Context	Alias
plural	<a href="#">AMBULANCE INCIDENT DATES AND TIMES</a>

---

**AMBULANCE INCIDENT DATE AND TIME**

Change to Data Element: New Data Element

## AMBULANCE INCIDENT DATE AND TIME

### Attribute:

ACTIVITY DATE

ACTIVITY TIME

## AMBULANCE INCIDENT DURATION

Change to Data Element: New Data Element

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'.

### This data element is also known by these names:

Context	Alias
plural	AMBULANCE INCIDENTS DURATION

## AMBULANCE INCIDENT DURATION

Change to Data Element: New Data Element

## AMBULANCE INCIDENT DURATION

### Attribute:

ACTIVITY DURATION

## AMBULANCE MULTI PATIENT INCIDENT INDICATOR

Change to Data Element: New Data Element

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](#).

**This data element is also known by these names:**

Context	Alias
plural	AMBULANCE MULTI PATIENT INCIDENT INDICATORS

---

**AMBULANCE MULTI PATIENT INCIDENT INDICATOR**

Change to Data Element: New Data Element

## **AMBULANCE MULTI PATIENT INCIDENT INDICATOR**

**Attribute:**

[AMBULANCE MULTI PATIENT INCIDENT INDICATOR](#)

---

**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](#).

---

**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.

---

**FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)**

---

Change to Data Element: Changed Dataset

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

**Notes:**

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

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

---

**GENERAL MEDICAL PRACTICE CODE (RECEIVING)**

---

Change to Data Element: Changed Dataset, Description

Format/Length:	an6
National Codes:	
Default Codes:	

**Notes:**

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

~~This item is being used for development purposes and has not yet been approved.~~ 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](#).

---

**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](#).

---

**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: New Data Element

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.

**This data element is also known by these names:**

Context	Alias
plural	<u>NUMBERS OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT</u>

---

**NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT**

---

Change to Data Element: New Data Element

## **NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT AMBULANCE INCIDENT**

**Attribute:**

<u>ACTIVITY COUNT</u>
-----------------------

---

**NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER**

---

Change to Data Element: New Data Element

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.

This data element is also known by these names:

Context	Alias
plural	NUMBERS OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER

NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER

Change to Data Element: New Data Element

## NUMBER OF AMBULANCE CALL RESPONSE TYPES ARRIVING AT RECEIVING HEALTHCARE PROVIDER

Attribute:

ACTIVITY COUNT
----------------

NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT

Change to Data Element: New Data Element

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.

This data element is also known by these names:

Context	Alias
plural	

NUMBERS OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT

NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT

Change to Data Element: New Data Element

NUMBER OF AMBULANCE CALL RESPONSE TYPES MOBILISED FOR AMBULANCE INCIDENT

Attribute:

ACTIVITY COUNT

ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	VPP00 - Private <a href="#">PATIENTS</a> / <a href="#">Overseas Visitor</a> 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](#) 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](#) 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](#) at "[Contact us](#)".

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England 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 \(CODE OF COMMISSIONER\)](#), when it has been approved for use in national information standards.**

---

#### **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 <a href="#">ORGANISATION IDENTIFIER</a> has been issued
	89999 - Non-NHS UK provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued

#### **Notes:**

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

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

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

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

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

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

---

**ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)**

---

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
Default Codes:	

**Notes:**

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

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

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

---

**ORGANISATION IDENTIFIER (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)**, when it has been approved for use in national information standards.

---

**ORGANISATION SITE IDENTIFIER (RECEIVING)**

---

Change to Data Element: Changed Dataset

**This item is being used for development purposes and has not yet been approved.**

---

**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](#).

---

**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.

---

**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.

---

**PLICS AMBULANCE DATA SET CONSTRAINTS**

Change to XML Schema Constraint: New XML Schema Constraint

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

Data Element	Format/Length	Range	Pattern Match	Reason / Comment
<a href="#">ORGANISATION IDENTIFIER (CODE OF PROVIDER)</a>	an3	None	None	an5 and an6 is not applicable for the <a href="#">Patient Level Information Costing</a>

				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.

For enquiries about this Change Request, please email [information.standards@nhs.net](mailto:information.standards@nhs.net)

