

NHS Data Model and Dictionary



Type:	Change Request
Reference:	1797
Version No:	1.0
Subject:	Patient Level Information Costing System (PLICS) - Mental Health Admitted Patient Care Data Set and Patient Level Information Costing System (PLICS) - Mental Health Care Contacts Data Set
Effective Date:	11 January 2021
Reason for Change:	Change to Information Standards
Publication Date:	27 November 2020

Background:

From 2020 the Costing Transformation Programme (CTP) mandates NHS Mental Health Trusts within England to submit patient level activity and financial data to NHS Digital on an annual basis. The Patient Level Information Costing System (PLICS) Mental Health Data Set - Admitted Patient Care and The Patient Level Information Costing System (PLICS) Mental Health Data Set - Care Contacts are used to standardise the method of reporting cost information for the services provided. The move to costing at an individual patient level 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) Mental Health Data Set - Admitted Patient Care and the Patient Level Information Costing System (PLICS) Mental Health Data Set - Care Contacts 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 MENTAL HEALTH DATA SET - ADMITTED PATIENT CARE	New Data Set
PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET - CARE CONTACTS	New Data Set
<u>Supporting Information</u>	
PATIENT LEVEL INFORMATION COSTING SYSTEM MENTAL HEALTH DATA SET OVERVIEW	New Supporting Information
SUPPORTING DATA SETS MENU	Changed Description
SUPPORTING DATA SETS MESSAGE DOCUMENTATION	Changed Description
SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU	Changed Description
<u>Class Definitions</u>	
ACTIVITY GROUP	Changed Attributes
<u>Attribute Definitions</u>	
ACTIVITY COUNT	Changed Dataset
ACTIVITY DATE	Changed Dataset
ACTIVITY IDENTIFIER	Changed Dataset
ACTIVITY RESOURCE IDENTIFIER FOR PATIENT LEVEL INFORMATION COSTING	Changed Dataset
ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS	Changed Dataset
ADULT MENTAL HEALTH CARE CLUSTER CODE	Changed Dataset
ATTENDED OR DID NOT ATTEND	Changed Dataset
CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING	Changed Description, Dataset
EVENT DATE	Changed Dataset
EVENT TIME	Changed Dataset
FINANCIAL AMOUNT	Changed Dataset
FINANCIAL YEAR	Changed Dataset
HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING	New Attribute
ORGANISATION IDENTIFIER	Changed Dataset
RECORD COUNT	Changed Dataset
REPORTING PERIOD END DATE	Changed Dataset
REPORTING PERIOD START DATE	Changed Dataset
SERVICE REQUEST IDENTIFIER	Changed Dataset

Data Elements

<u>ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS</u>	Changed Dataset
<u>ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE</u>	New Data Element
<u>ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE</u>	New Data Element
<u>ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)</u>	Changed Dataset
<u>ATTENDED OR DID NOT ATTEND CODE (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>CARE CONTACT DATE</u>	Changed Dataset
<u>CARE CONTACT IDENTIFIER</u>	Changed Dataset
<u>DATE AND TIME DATA SET CREATED</u>	Changed Dataset
<u>DISCHARGE DATE (HOSPITAL PROVIDER SPELL)</u>	Changed Dataset
<u>END DATE (CARE CLUSTER ASSIGNMENT PERIOD)</u>	Changed Dataset
<u>FINANCIAL YEAR (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)</u>	New Data Element
<u>HOSPITAL PROVIDER SPELL NUMBER</u>	Changed Dataset
<u>MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CODE OF PROVIDER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)</u>	Changed Dataset
<u>PATIENT LEVEL INFORMATION COSTING TOTAL COST</u>	Changed Dataset
<u>PLICS SUBMISSION RECORD COUNT</u>	Changed Dataset
<u>REPORTING PERIOD END DATE</u>	Changed Dataset
<u>REPORTING PERIOD START DATE</u>	Changed Dataset
<u>SERVICE REQUEST IDENTIFIER</u>	Changed Dataset
<u>START DATE (CARE CLUSTER ASSIGNMENT PERIOD)</u>	Changed Dataset
<u>START DATE (HOSPITAL PROVIDER SPELL)</u>	Changed Dataset

XML Schema Constraint

[PLICS MENTAL HEALTH ADMITTED PATIENT CARE DATA SET CONSTRAINTS](#)

New XML Schema Constraint

[PLICS MENTAL HEALTH CARE CONTACTS DATA SET CONSTRAINTS](#)

New XML Schema Constraint

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 MENTAL HEALTH DATA SET - ADMITTED PATIENT CARE

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	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)

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 MENTAL HEALTH DATA SET - CARE CONTACTS

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	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)

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 MENTAL HEALTH DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

Introduction

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 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

- 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](#).

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](#)
- [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~~
- [Mental Health Admitted Patient Care](#)
- [Mental Health Care Contacts](#)

SUPPORTING DATA SETS MESSAGE DOCUMENTATION

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 Mental Health Admitted Patient Care Data Set Constraints](#)
- [PLICS Mental Health Care Contacts Data Set Constraints](#)

SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU

Change to Supporting Information: Changed Description

[Supporting Data Sets](#)

XML Schema Download:

- [XML Schema TRUD Download](#)

Data Set Constraints:

- [Devices Patient Level Contract Monitoring](#)
- [Drugs Patient Level Contract Monitoring](#)
- [Patient Level Contract Monitoring](#)
- [PLICS Acute Admitted Patient Care](#)
- [PLICS Acute Emergency Care](#)
- [PLICS Acute Out-Patient Care](#)
- [PLICS Reconciliation](#)
- [PLICS Acute Specialist Ward Care](#)
- [PLICS Acute Supplementary Information](#)
- [PLICS Mental Health Admitted Patient Care](#)
- [PLICS Mental Health Care Contacts](#)

ACTIVITY GROUP

Change to Class: Changed Attributes

Attributes of this Class are:

ACTIVITY GROUP TYPE
 ADJUSTED LENGTH OF STAY FOR PATIENT LEVEL INFORMATION
 COSTING
 ADMISSION METHOD
 CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
 CANCER TRANSFER REASON FOR INTER PROVIDER TRANSFER
 CANCER TREATMENT INTENT

CARE PACKAGE IDENTIFIER FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW ELIGIBILITY OUTCOME FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW OUTCOME CODE FOR NHS CONTINUING HEALTHCARE
CARE PACKAGE REVIEW TYPE FOR NHS CONTINUING HEALTHCARE
CARER RESIDENT INDICATION CODE FOR NATIONAL NEONATAL DATA SET
CHILDREN TEENAGERS AND YOUNG ADULTS AGE CATEGORY
CLINICAL COMMISSIONING GROUP ELIGIBILITY DECISION OUTCOME FOR NHS CONTINUING HEALTHCARE
COMMUNITY TREATMENT ORDER END REASON
CONSULTANT EPISODE COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
CONTINUITY OF CARER PATHWAY INDICATOR
DAUGHTER BORN AT THIS ENCOUNTER INDICATOR
DELIVERY PLACE CHANGE REASON
DISCHARGE DESTINATION
DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR
DISCHARGE FROM IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE REASON
DISCHARGE METHOD
DISCHARGE REASON FOR MOTHER MATERNITY SERVICES
ESTIMATED DATE OF DELIVERY
FIRST REGULAR DAY OR NIGHT ADMISSION
FITNESS ASSESSMENT FOR OLDER PATIENTS WITH BREAST CANCER INDICATOR
HOLISTIC NEEDS ASSESSMENT POINT OF PATHWAY FOR CANCER
HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING
LAST EPISODE IN SPELL INDICATOR CODE
LENGTH OF STAY ADJUSTMENT
LENGTH OF STAY ADJUSTMENT REASON
MATERNAL CRITICAL INCIDENT INDICATOR
MENTAL HEALTH ABSOLUTE DISCHARGE RESPONSIBILITY
MENTAL HEALTH ADMITTED PATIENT CLASSIFICATION
MENTAL HEALTH CONDITIONAL DISCHARGE END REASON
MENTAL HEALTH DELAYED DISCHARGE ATTRIBUTABLE TO INDICATION CODE
MENTAL HEALTH DELAYED DISCHARGE REASON
MULTIDISCIPLINARY TEAM RECOMMENDATION FOR NHS CONTINUING HEALTHCARE STANDARD

NEONATAL CRITICAL INCIDENT INDICATOR
NEONATAL LEVEL OF CARE
NHS CONTINUING HEALTHCARE ACTIVITY TYPE
NHS CONTINUING HEALTHCARE COMMISSIONED SERVICES INDICATOR
NHS CONTINUING HEALTHCARE PREVIOUSLY UNASSESSED PERIOD OF CARE DECISION OUTCOME
NHS CONTINUING HEALTHCARE REFERRAL EXCEEDING 28 DAYS TIME BAND CATEGORY
NHS CONTINUING HEALTHCARE TYPE
NON SMOKING CONFIRMATION STATUS AT 4 WEEKS
OPERATION FUNDING FOR NATIONAL JOINT REGISTRY
OUTCOME AT 4 WEEK FOLLOW UP FOR STOP SMOKING
PALLIATIVE CARE SPECIALIST SEEN INDICATOR
PALLIATIVE TREATMENT REASON FOR UPPER GASTROINTESTINAL
PATIENT ATTENDANCE SYMPTOMATIC INDICATOR FOR SEXUAL HEALTH SERVICE
PATIENT CLASSIFICATION
PATIENT RECEIVING ONE TO ONE NURSING CARE INDICATOR
PERSONALISED CARE AND SUPPORT PLANNING POINT OF CANCER PATHWAY
PHARMACOTHERAPY STOP SMOKING AID RECEIVED
PLANNED DELIVERY SETTING CHANGE REASON
PREGNANCY OUTCOME
PSYCHIATRIC PATIENT STATUS
SOURCE OF ADMISSION

ACTIVITY COUNT

Change to Attribute: Changed Dataset

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

ACTIVITY DATE

Change to Attribute: Changed Dataset

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

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

ACTIVITY 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).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS

Change to Attribute: Changed Dataset

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

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
SWG	Specialist Ward Care
SI	Supplementary Information
APC	Admitted Patient Care
OP	Out-patient Care
AE	Emergency Care
REC	Reconciliation
SWG	Specialist Ward Care
SI	Supplementary Information

MHPS Mental Health Provider Spell
MHCC Mental Health Care Contacts
MHREC Mental Health Reconciliation

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.

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.

HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

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)

This attribute is also known by these names:

Context	Alias
plural	HOSPITAL PROVIDER SPELL COMPLETION STATUSES FOR PATIENT LEVEL INFORMATION COSTING

HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Change to Attribute: New Attribute

HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

Data Elements:

HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

ORGANISATION IDENTIFIER

Change to Attribute: Changed Dataset

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

Note:

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

The Format/Length of a published code for an [ORGANISATION](#) is min an3 max an8.

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.

SERVICE REQUEST IDENTIFIER

Change to Attribute: Changed Dataset

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

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](#).

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS

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 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: New Data Element

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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)'.

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE is the date the **ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS** for a **PATIENT** ended.

This data element is also known by these names:

Context	Alias
plural	ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATES

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE

Change to Data Element: New Data Element

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS END DATE

Attribute:

ACTIVITY DATE

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE

Change to Data Element: New Data Element

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** where the **ACTIVITY DATE TYPE** is National Code '*Start Date*'.

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE is the date the **ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS** for a **PATIENT** started.

This data element is also known by these names:

Context	Alias
plural	

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATES

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE

Change to Data Element: New Data Element

ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS START DATE

Attribute:

ACTIVITY DATE

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.

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.

~~This item is being used for development purposes and has not yet been approved.~~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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[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 [ACTIVITY IDENTIFIER](#) for a [CARE CONTACT](#).

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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Discharge Date](#)'.

[DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) is the date a [PATIENT](#) was discharged from a [Hospital Provider Spell](#).

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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of a [Care Cluster Assignment Period](#).

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.

HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

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](#).

This data element is also known by these names:

Context	Alias
plural	HOSPITAL PROVIDER SPELL COMPLETION STATUSES (PATIENT LEVEL INFORMATION COSTING)

HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Change to Data Element: New Data Element

HOSPITAL PROVIDER SPELL COMPLETION STATUS (PATIENT LEVEL INFORMATION COSTING)

Attribute:

HOSPITAL PROVIDER SPELL COMPLETION STATUS FOR PATIENT LEVEL INFORMATION COSTING

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an12
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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](#).

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](#).

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 \(CODE OF PROVIDER\)](#), 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.

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.

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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of a [Care Cluster Assignment Period](#).

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](#) where the [ACTIVITY DATE TYPE](#) is National Code '[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](#).

PLICS MENTAL HEALTH ADMITTED PATIENT CARE DATA SET CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

Data Set constraints applied to the [Patient Level Information Costing System Mental Health Data Set - Admitted Patient Care](#).

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 .
HOSPITAL PROVIDER SPELL NUMBER	max an12	None	None	Existing Format/Length states an12 - CDS XML Schema allows max an12.

PLICS MENTAL HEALTH CARE CONTACTS DATA SET CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

Data Set constraints applied to the Patient Level Information Costing System Mental Health Data Set - Care Contacts.

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

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

