

# NHS Data Model and Dictionary



<b>Type:</b>	Change Request
<b>Reference:</b>	1778
<b>Version No:</b>	1.0
<b>Subject:</b>	Patient Level Information Costing System (PLICS) Improving Access to Psychological Therapies 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 Improving Access to Psychological Therapies (IAPT) services within England to submit patient level activity and financial data to NHS Digital on an annual basis. The Patient Level Information Costing System (PLICS) Improving Access to Psychological Therapies Data Set is used to standardise the method of reporting cost information for the services provided. The move to costing at an individual patient 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) Improving Access to Psychological Therapies Data Set and supporting definitions to the NHS Data Model and Dictionary to support the Information Standard.

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

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

## Summary of changes:

### **Data Set**

[PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES](#) New Data Set

### **Supporting Information**

[PATIENT LEVEL INFORMATION COSTING SYSTEM DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES](#) New Supporting Information

[SUPPORTING DATA SETS MENU](#) Changed Description

[SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU](#) Changed Description

### **Attribute Definitions**

[ACTIVITY COUNT](#) 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

[APPOINTMENT DATE](#) Changed Dataset

[APPOINTMENT TIME](#) Changed Dataset

[ATTENDED OR DID NOT ATTEND](#) Changed Dataset

[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

[LOCAL PATIENT IDENTIFIER](#) Changed Dataset

[NHS NUMBER](#) Changed Dataset

[NHS NUMBER STATUS INDICATOR CODE](#) Changed Dataset

[ORGANISATION IDENTIFIER](#) Changed Dataset

[PERSON BIRTH DATE](#) Changed Dataset

[PERSON STATED GENDER CODE](#) Changed Dataset

[POSTCODE](#) 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**

[ACTIVITY COUNT \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[ACTIVITY IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[ACTIVITY RESOURCE IDENTIFIER \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS](#) Changed Dataset

[ADULT MENTAL HEALTH CARE CLUSTER CODE \(FINAL\)](#) Changed Dataset

[APPOINTMENT DATE](#) Changed Dataset

[APPOINTMENT TIME](#) Changed Dataset

[ATTENDED OR DID NOT ATTEND CODE \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[CARE ACTIVITY TYPE \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[DATE AND TIME DATA SET CREATED](#) Changed Dataset

[FINANCIAL YEAR \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) Changed Dataset

[MONTHLY EXTRACT TOTAL COST \(PATIENT LEVEL INFORMATION COSTING\)](#) Changed Dataset

[NHS NUMBER](#) Changed Dataset

[NHS NUMBER STATUS INDICATOR CODE](#) Changed Dataset

[ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) Changed Dataset

[ORGANISATION IDENTIFIER \(CODE OF SUBMITTING ORGANISATION\)](#) Changed Dataset

[PATIENT LEVEL INFORMATION COSTING TOTAL COST](#) Changed Dataset

[PERSON BIRTH DATE](#) Changed Dataset

[PERSON STATED GENDER CODE](#) Changed Dataset

[PLICS SUBMISSION RECORD COUNT](#) Changed Dataset

[POSTCODE OF USUAL ADDRESS](#) Changed Dataset

[REPORTING PERIOD END DATE](#) Changed Dataset

[REPORTING PERIOD START DATE](#) Changed Dataset

[SERVICE REQUEST IDENTIFIER](#) Changed Dataset

### **XML Schema Constraint**

New XML Schema Constraint

PLICS IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET CONSTRAINTS

**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 - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES**

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)
R	NHS NUMBER
R	NHS NUMBER STATUS INDICATOR CODE
R	POSTCODE OF USUAL ADDRESS
R	PERSON BIRTH DATE

R PERSON STATED GENDER CODE

#### CARE ACTIVITY DETAILS

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

M/R	Data Set Data Elements
M	LOCAL PATIENT IDENTIFIER (EXTENDED)
M	SERVICE REQUEST IDENTIFIER
M	APPOINTMENT DATE
M	APPOINTMENT TIME
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 DATA SET OVERVIEW - IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Change to Supporting Information: New Supporting Information

#### Introduction

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

The [Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies](#) 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](#) has mandated all designated providers of [Improving Access to Psychological Therapies Services](#) to record and report:

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

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

### Time

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

### Format

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

### Transmission

[Patient Level Information Costing](#) data will be submitted to [NHS Digital](#) using [Secure Electronic File Transfer \(SEFT\)](#). [Secure Electronic File Transfer \(SEFT\)](#) can only be

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

## **Mandation**

The Mandation column indicates the recommendation for the inclusion of data.

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

## **Data Set Constraints**

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

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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
- ~~Improving Access to Psychological Therapies~~
- [Improving Access to Psychological Therapies](#)
- Mental Health Admitted Patient Care
- Mental Health Care Contacts

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## SUPPORTING DATA SETS MESSAGE DOCUMENTATION MENU

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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 Improving Access to Psychological Therapies](#)

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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 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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#### ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS

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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](#)

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#### ADULT MENTAL HEALTH CARE CLUSTER CODE

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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)

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#### **APPOINTMENT DATE**

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Change to Attribute: Changed Dataset

The date of an [APPOINTMENT](#).

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

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#### **APPOINTMENT TIME**

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Change to Attribute: Changed Dataset

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

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

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## ATTENDED OR DID NOT ATTEND

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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

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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:*

<del>APC</del>	<del>Admitted Patient Care</del>
<del>OP</del>	<del>Out-patient Care</del>
<del>AE</del>	<del>Emergency Care</del>
<del>REC</del>	<del>Reconciliation</del>
<del>SWC</del>	<del>Specialist Ward Care</del>
<del>SI</del>	<del>Supplementary Information</del>
APC	Admitted Patient Care
OP	Out-patient Care
AE	Emergency Care
REC	Reconciliation
SWC	Specialist Ward Care
SI	Supplementary Information
IAPT	Improving Access to Psychological Therapies
IAPTREC	Improving Access to Psychological Therapies 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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#### LOCAL PATIENT IDENTIFIER

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Change to Attribute: Changed Dataset

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

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

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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 IDENTIFIER

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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.

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## PERSON BIRTH DATE

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Change to Attribute: Changed Dataset

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

Note:

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

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

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## PERSON STATED GENDER CODE

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Change to Attribute: Changed Dataset

The gender of a [PERSON](#).

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

*National Codes:*

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

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

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**POSTCODE**

Change to Attribute: Changed Dataset

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

POSTCODES may also be used to identify a GEOGRAPHIC AREA.

Note:

This was e-GIF approved for use in NHS England.

e-GIF and the Government Data Standards Catalogue have been archived and are available for reference only.

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**RECORD COUNT**

Change to Attribute: Changed Dataset

A count of records contained within a data set submission.

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**REPORTING PERIOD END DATE**

Change to Attribute: Changed Dataset

The date that a REPORTING PERIOD ends.

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**REPORTING PERIOD START DATE**

Change to Attribute: Changed Dataset

The date that a REPORTING PERIOD begins.

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**SERVICE REQUEST IDENTIFIER**

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Change to Attribute: Changed Dataset  
The unique identifier for a [SERVICE REQUEST](#).

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**ACTIVITY COUNT (PATIENT LEVEL INFORMATION COSTING)**

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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](#).

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**ACTIVITY IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)**

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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](#).

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**ACTIVITY RESOURCE IDENTIFIER (PATIENT LEVEL INFORMATION COSTING)**

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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](#).

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**ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS**

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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="#">ADULT MENTAL HEALTH CARE CLUSTER ASSESSMENT STATUS</a>
Default Codes:	

**Notes:**

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

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**ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)**

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Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See <a href="#">ADULT MENTAL HEALTH CARE CLUSTER CODE</a>
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.

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**APPOINTMENT DATE**

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Change to Data Element: Changed Dataset

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

**Notes:**

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

**Usage in the CDS:**

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

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

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

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**APPOINTMENT TIME**

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Change to Data Element: Changed Dataset

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

**Notes:**

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

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

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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

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**CARE ACTIVITY TYPE (PATIENT LEVEL INFORMATION COSTING)**

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Change to Data Element: Changed Dataset

Format/Length:	min an2 max an7
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National Codes:	See <a href="#">CARE ACTIVITY TYPE FOR PATIENT LEVEL INFORMATION COSTING</a>
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.

**LOCAL PATIENT IDENTIFIER (EXTENDED)**

Change to Data Element: Changed Dataset

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

**Notes:**

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

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

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#### MONTHLY EXTRACT TOTAL COST (PATIENT LEVEL INFORMATION COSTING)

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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](#).

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#### NHS NUMBER

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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](#).

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#### NHS NUMBER STATUS INDICATOR CODE

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Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See <a href="#">NHS NUMBER STATUS INDICATOR CODE</a>

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](#).

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**ORGANISATION IDENTIFIER (CODE OF PROVIDER)**

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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.

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

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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.

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**PATIENT LEVEL INFORMATION COSTING TOTAL COST**

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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](#).

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**PERSON BIRTH DATE**

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Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
<a href="#">NWDS</a> ID:	PEBD
<a href="#">NWDS</a> Field Name:	Date of Birth
National Codes:	
Default Codes:	

**Notes:**

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

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## PERSON STATED GENDER CODE

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Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See <a href="#">PERSON STATED GENDER CODE</a>
Default Codes:	X - Not Known ( <a href="#">PERSON STATED GENDER CODE</a> not recorded)

### Notes:

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

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

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## PLICS SUBMISSION RECORD COUNT

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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.

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## POSTCODE OF USUAL ADDRESS

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Change to Data Element: Changed Dataset

Format/Length:	See <a href="#">POSTCODE</a>
National Codes:	
Default Codes:	

### Notes:

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

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

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

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#### REPORTING PERIOD END DATE

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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.

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#### REPORTING PERIOD START DATE

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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](#).

## PLICS IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES 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 - Improving Access to Psychological Therapies](#).

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 System Data Set - Improving Access to Psychological Therapies</a>
<a href="#">ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)</a>	min an3 max an5	None	None	an6 is not applicable for the <a href="#">Patient Level Information Costing System Data Set - Improving Access to Psychological Therapies</a>

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

