

Health and Social Care Information Centre

NHS Data Model and Dictionary Service

Type: Data Dictionary Change Notice
Reference: 1583
Version No: 1.0
Subject: Introduction of NHS Digital
Effective Date: Immediate
Reason for Change: Change of Name
Publication Date: 24 August 2016

Background:

NHS Digital is the new trading name for the Health and Social Care Information Centre (HSCIC).

This Data Dictionary Change Notice:

- Changes the name from the "Health and Social Care Information Centre" to "NHS Digital"
- Updates all references in the NHS Data Model and Dictionary to the new name.

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: http://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

[IMMUNISATION PROGRAMMES ACTIVITY DATA SET \(KC50\)](#)

Changed Description

Central Return Forms

[KC53 1](#)

Changed Description

[KC53 10](#)

Changed Description

[KC53 2](#)

Changed Description

[KC53 3](#)

Changed Description

[KC53 4](#)

Changed Description

[KC53 5](#)

Changed Description

[KC53 6](#)

Changed Description

[KC53 7](#)

Changed Description

[KC53 8](#)

Changed Description

[KC53 9](#)

Changed Description

[KC61 1](#)

Changed Description

[KC61 2](#)

Changed Description

[KC61 3](#)

Changed Description

[KC61 4](#)

Changed Description

[KC61 5](#)

Changed Description

[KC61 6](#)

Changed Description

[KC65 1](#)

Changed Description

[KC65 2](#)

Changed Description

[KC65 3](#)

Changed Description

[KC65 4](#)

Changed Description

[KC65 5](#)

Changed Description

KC65 6	Changed Description
KC65 7	Changed Description
Supporting Information	
ABOUT US HELP	Changed Description
ACCESSIBLE INFORMATION	Changed Description
BACKGROUND	Changed Description
BURDEN ADVICE AND ASSESSMENT SERVICE	Changed Description
CANCER REFERRAL TO TREATMENT PERIOD	Changed Description
CANCER TREATMENT PERIOD	Changed Description
CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES DATA SET OVERVIEW	Changed Description
CLINICAL CLASSIFICATIONS SERVICE	Changed Description
COMMISSIONING DATA SET BUSINESS RULES	Changed Description
COMMISSIONING DATA SETS HELP	Changed Description
COMMISSIONING DATA SET SUBMISSION PROTOCOL	Changed Description
COMMISSIONING DATA SET VERSION 6-2 TYPE LIST	Changed Description
COMMUNITY INFORMATION DATA SET OVERVIEW	Changed Description
CONTACT DETAILS	Changed Description
COPYRIGHT STATEMENT	Changed Description
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DATA SERVICES FOR COMMISSIONERS	Changed Description
DATA SERVICES FOR COMMISSIONERS REGIONAL OFFICE	Changed Description
DEPARTMENT OF HEALTH	Changed Description
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HELP INTRODUCTION	Changed Description
HOSPITAL EPISODE STATISTICS	Changed Description
IMMUNISATION PROGRAMMES ACTIVITY DATA SET (KC50) OVERVIEW	Changed Description
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET OVERVIEW	Changed Description
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INFORMATION STANDARD AND COLLECTION (INCLUDING EXTRACTION) NOTICE	Changed Description
INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)	Changed Description
MAINTENANCE	Changed Description
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MENTAL HEALTH SERVICES DATA SET OVERVIEW	Changed Description
NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW	Changed Description
NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS	Changed Description
NATIONAL CASEMIX OFFICE	Changed Description
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NATIONAL RENAL DATA SET INTRODUCTION	Changed Description
NATIONAL WORKFORCE DATA SET OVERVIEW	Changed Description
NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC62) OVERVIEW	Changed Description
NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC63) OVERVIEW	Changed Description
NHS CONTINUING HEALTHCARE QUARTERLY CENTRAL RETURN DATA SET OVERVIEW	Changed Description
NHS DATA MODEL AND DICTIONARY SERVICE	Changed Description
NHS DICTIONARY OF MEDICINES AND DEVICES	Changed Description
NHS DIGITAL renamed from HEALTH AND SOCIAL CARE INFORMATION CENTRE	Changed Name, Description
NHS FUNDED NURSING CARE ANNUAL CENTRAL RETURN DATA SET OVERVIEW	Changed Description

NHS HEALTH CHECKS DATA SET OVERVIEW	Changed Description
NHS POSTCODE DIRECTORY	Changed Description
OMNIBUS SURVEY	Changed Description
OPCS CLASSIFICATION OF INTERVENTIONS AND PROCEDURES	Changed Description
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ORGANISATION MERGERS	Changed Description
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PERSONAL DEMOGRAPHICS SERVICE BIRTH NOTIFICATION DATA SETS INTRODUCTION	Changed Description
PERSONAL DEMOGRAPHICS SERVICE CREATE INITIAL RECORD REQUEST DATA SET OVERVIEW	Changed Description
READ CODED CLINICAL TERMS	Changed Description
REFERENCED ORGANISATIONS MENU	Changed Description
SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW	Changed Description
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SUPPORTING INFORMATION MENU	Changed Description
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WHAT'S NEW: JULY 2016	Changed Description
XML SCHEMA TRUD DOWNLOAD	Changed Description

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APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR	Changed Description
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Description
CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE	Changed Description
CONSULTANT CODE	Changed Description
DELAY REASON COMMENT	Changed Description
DOCTOR INDEX NUMBER	Changed Description
FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE	Changed Description
FORENSIC MENTAL HEALTH CARE CLUSTER CODE	Changed Description
GENERAL DENTAL COUNCIL REGISTRATION NUMBER	Changed Description
LEARNING DISABILITIES CARE CLUSTER CODE	Changed Description
MAIN SPECIALTY CODE	Changed Description
NHS NUMBER	Changed Description
NHS OCCUPATION CODE	Changed Description
ORGANISATION CODE	Changed Description
ORGANISATION SITE CODE	Changed Description
PERSON STATED NATIONALITY	Changed Description
RADIOTHERAPY INTENT	Changed Description
REGION OF COUNTRY CODE FOR FEMALE GENITAL MUTILATION DATA SET	Changed Description
TREATMENT FUNCTION CODE	Changed Description
TREATMENT START DATE FOR CANCER	Changed Description

Data Elements

ACCIDENT AND EMERGENCY INVESTIGATION - FIRST	Changed Description
ACCIDENT AND EMERGENCY INVESTIGATION - SECOND	Changed Description
ACCIDENT AND EMERGENCY TREATMENT - FIRST	Changed Description
ACCIDENT AND EMERGENCY TREATMENT - SECOND	Changed Description
ACTIVITY TREATMENT FUNCTION CODE	Changed Description
ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)	Changed Description
ADVANCED CARDIOVASCULAR SUPPORT DAYS	Changed Description

<u>ADVANCED RESPIRATORY SUPPORT DAYS</u>	Changed Description
<u>AGE AT CDS ACTIVITY DATE</u>	Changed Description
<u>AGE ON ADMISSION</u>	Changed Description
<u>ASSIGNMENT CONTRACTED FTE</u>	Changed Description
<u>BASIC CARDIOVASCULAR SUPPORT DAYS</u>	Changed Description
<u>BASIC RESPIRATORY SUPPORT DAYS</u>	Changed Description
<u>CARE PROFESSIONAL MAIN SPECIALTY CODE</u>	Changed Description
<u>CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE (FINAL)</u>	Changed Description
<u>CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE (INITIAL)</u>	Changed Description
<u>CRITICAL CARE DISCHARGE DATE</u>	Changed Description
<u>CRITICAL CARE LEVEL 2 DAYS</u>	Changed Description
<u>CRITICAL CARE LEVEL 3 DAYS</u>	Changed Description
<u>CRITICAL CARE START DATE</u>	Changed Description
<u>CRITICAL CARE UNIT FUNCTION</u>	Changed Description
<u>CYPHS SUBMISSION RECORD COUNT</u>	Changed Description
<u>DERMATOLOGICAL SUPPORT DAYS</u>	Changed Description
<u>DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)</u>	Changed Description
<u>DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)</u>	Changed Description
<u>EMPLOYEE ABSENCE DURATION</u>	Changed Description
<u>EMPLOYEE ABSENCE WORKING HOURS LOST (REPORTING PERIOD)</u>	Changed Description
<u>EMPLOYEE LENGTH OF TIME IN POSITION</u>	Changed Description
<u>EMPLOYEE NHS LENGTH OF SERVICE</u>	Changed Description
<u>END DATE (EPISODE)</u>	Changed Description
<u>EPISODE NUMBER</u>	Changed Description
<u>FIRST ATTENDANCE CODE</u>	Changed Description
<u>FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)</u>	Changed Description
<u>FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)</u>	Changed Description
<u>FORENSIC MENTAL HEALTH CARE CLUSTER CODE (FINAL)</u>	Changed Description
<u>FORENSIC MENTAL HEALTH CARE CLUSTER CODE (INITIAL)</u>	Changed Description
<u>FTE STABILITY RATE (JOB ROLE IN REPORTING PERIOD)</u>	Changed Description
<u>FTE STABILITY RATE (ORGANISATION IN REPORTING PERIOD)</u>	Changed Description
<u>FTE STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)</u>	Changed Description
<u>HEADCOUNT (POSITION ASSIGNMENT CURRENT)</u>	Changed Description
<u>HEADCOUNT STABILITY RATE (JOB ROLE IN REPORTING PERIOD)</u>	Changed Description
<u>HEADCOUNT STABILITY RATE (ORGANISATION IN REPORTING PERIOD)</u>	Changed Description
<u>HEADCOUNT STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)</u>	Changed Description
<u>HEADCOUNT TURNOVER RATE (FTE IN REPORTING PERIOD)</u>	Changed Description
<u>HEADCOUNT TURNOVER RATE (ORGANISATION IN REPORTING PERIOD)</u>	Changed Description
<u>HOSPITAL PROVIDER SPELL NUMBER</u>	Changed Description
<u>IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY</u>	Changed Description
<u>SUSPENSION IDENTIFIER</u>	Changed Description
<u>LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)</u>	Changed Description
<u>LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)</u>	Changed Description
<u>LIVER SUPPORT DAYS</u>	Changed Description
<u>LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)</u>	Changed Description
<u>MATERNITY SUBMISSION RECORD COUNT</u>	Changed Description
<u>NEONATAL LEVEL OF CARE CODE</u>	Changed Description
<u>NEUROLOGICAL SUPPORT DAYS</u>	Changed Description
<u>ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE (LOCAL AUTHORITY DISTRICT)</u>	Changed Description
<u>ORGANISATION CODE (CODE OF PROVIDER)</u>	Changed Description
<u>ORGANISATION CODE (RESIDENCE RESPONSIBILITY)</u>	Changed Description
<u>ORGANISATION IDENTIFIER (CODE OF PROVIDER)</u>	Changed Description
<u>PATIENT CLASSIFICATION CODE</u>	Changed Description

PERSON AGE IN YEARS (REPORTING PERIOD END DATE)	Changed Description
PERSON GENDER CODE CURRENT	Changed Description
POSITION FTE VARIANCE	Changed Description
POSITION VACANCY LENGTH OF TIME UNFILLED	Changed Description
POSITION WORKED FTE (REPORTING PERIOD)	Changed Description
POSTCODE	Changed Description
PRIMARY DIAGNOSIS (ICD)	Changed Description
RENAL SUPPORT DAYS	Changed Description
SECONDARY DIAGNOSIS (ICD)	Changed Description
SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	Changed Description
START DATE (EPISODE)	Changed Description
START DATE (HOSPITAL PROVIDER SPELL)	Changed Description
WAITING TIME ADJUSTMENT (FIRST SEEN)	Changed Description
WAITING TIME ADJUSTMENT (TREATMENT)	Changed Description

Binary

SEARCH	Changed attached binary file
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Date: 24 August 2016

Sponsor: Tom Denwood, Director of National Provider Support, LSP Directorate Central Services, NHS Digital

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.

IMMUNISATION PROGRAMMES ACTIVITY DATA SET (KC50)

Change to Data Set: Changed Description

This return is suspended.

~~For further information, see the [Health and Social Care Information Centre website](#).~~ For further information, see the [NHS Digital](#) website at: [Immunisation Programmes Collection \(KC50\)](#).

[Immunisation Programmes Activity Data Set \(KC50\) Overview](#)

Data Set Data Elements
Organisation details: To carry details of the responsible Primary Care Trust. One occurrence of each Data Element is permitted.
ORGANISATION CODE (RESPONSIBLE PCT)
REPORTING PERIOD START DATE
REPORTING PERIOD END DATE
Part A (i): IMMUNISATION PROGRAMME ACTIVITY FOR DIPHTHERIA, TETANUS AND POLIO (Td/IPV). To carry details of the eligible population for vaccination, and vaccinations given for immunisation against Diphtheria, Tetanus and Polio (Td/IPV). Multiple occurrences of this group are permitted, one for each IMMUNISATION AGE GROUP reported.
IMMUNISATION AGE GROUP (DIPHTHERIA TETANUS AND POLIO)
ELIGIBLE POPULATION TOTAL (DIPHTHERIA TETANUS AND POLIO)
IMMUNISATION DOSES GIVEN TOTAL (DIPHTHERIA TETANUS AND POLIO)
Part A (ii): IMMUNISATION PROGRAMME ACTIVITY FOR MEASLES, MUMPS AND RUBELLA (MMR). To carry details of the eligible population for vaccination, and vaccinations given for immunisation against Measles, Mumps and Rubella (MMR). Multiple occurrences of this group are permitted, one for each IMMUNISATION AGE GROUP reported.
IMMUNISATION AGE GROUP (MEASLES MUMPS AND RUBELLA)

ELIGIBLE POPULATION TOTAL (MEASLES MUMPS AND RUBELLA)
IMMUNISATION COURSES COMPLETED TOTAL (MEASLES MUMPS AND RUBELLA)
Part B (i): IMMUNISATION PROGRAMME ACTIVITY - MANTOUX TESTS FOR TUBERCULOSIS (BCG). To carry details of the delivery of Mantoux tests as part of a Test of Immunity for Tuberculosis (BCG). Multiple occurrences of this group are permitted, one for each IMMUNISATION AGE GROUP reported.
IMMUNISATION AGE GROUP (TUBERCULOSIS)
MANTOUX TESTS PERFORMED TOTAL (TUBERCULOSIS)
Part B (ii): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG). To carry details of the eligible population for vaccination, and vaccinations given for immunisation against Tuberculosis (BCG). Multiple occurrences of this group are permitted, one for each IMMUNISATION AGE GROUP reported.
IMMUNISATION AGE GROUP (TUBERCULOSIS)
ELIGIBLE POPULATION TOTAL (TUBERCULOSIS)
IMMUNISATION DOSES GIVEN TOTAL (TUBERCULOSIS)
Part C (i): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1. To carry details of the eligible population for vaccination, and vaccinations against Tuberculosis (BCG), for Persons aged under 1 year. Multiple occurrences of this group are permitted, one for each IMMUNISATION PROGRAMME TYPE reported.
IMMUNISATION PROGRAMME TYPE (TUBERCULOSIS)
ELIGIBLE POPULATION TOTAL (TUBERCULOSIS)
IMMUNISATION DOSES GIVEN TOTAL (TUBERCULOSIS)
Part C (ii) SUMMARISED IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1. To carry details of the delivery of vaccinations against Tuberculosis to Persons aged under 1 year, irrespective of IMMUNISATION PROGRAMME TYPE. It is mandatory to report only one occurrence of this group.
IMMUNISATION DOSES GIVEN TOTAL (TUBERCULOSIS - PERSONS UNDER 1 YEAR)

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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~~For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).~~
~~For the latest version of the form and further details, please see the [NHS Digital website](#).~~

Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP) and [Strategic Health Authorities](#) require information from [Primary Care Trusts](#) on Cervical Screening.
- The information helps to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to ensure that the screening programme is managed effectively. It is used to monitor coverage by the cervical screening programme of the eligible [Primary Care Trust](#) responsible population.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC53 return is published annually by the Department in the Statistical Bulletin 'Cervical Screening Programme'.

Completing Return KC53: Cervical Screening Programme

- The Cervical [Screening Programme](#) is a programme to deliver services within a 'structured framework' to a defined target population, planned by a [Primary Care Trust](#). The services provided to the population under this programme may be carried out by one or more [Health Care Providers](#) - [NHS Trust](#), general medical practitioner (GMP), private or voluntary organisation or any combination of these.
- Information on Cervical Screening should be readily available from the call and recall service's computerised call and recall system.
- The return requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the [Primary Care Trust](#). It requires information about women ([PERSONS](#)) on the lists of GPs in the [Primary Care Trust](#) and women from the unregistered population who live in the geographical area for which the [Primary Care Trust](#) is responsible at 31 March. It is completed annually and submitted within two months of this date.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

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Part F: Cervical Screening Programme - Test Recall/Status of women following most severe screening result in the year

- This part of the return collects information about the action taken following a woman's most severe test result in a year.
- The women included are those who have had a [Screening Test](#) and are aged 20 to 64. The age is derived from the [PERSON BIRTH DATE](#).

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'.

- The data are based on the results of the woman's most severe test in the year and relate to [Screening Tests](#) with a [Screening Test Date](#) between 1 April - 31 March. Classifications are those of [CYTOLOGY RESULT TYPE](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

[Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Screening Test Date'. A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 'Request for Pathology Investigation.'

Woman's most severe test result in the year

- This is classified by the following [CYTOLOGY RESULT TYPES](#):
 - Inadequate** (cat. 1)
 - Negative** (cat. 2)
 - Mild dyskaryosis** (cat. 3)
 - Severe dyskaryosis** (cat. 4)
 - Severe dyskaryosis/?invasive carcinoma** (cat. 5)
 - ?Glandular neoplasia** (cat. 6)
 - Moderate dyskaryosis** (cat. 7)
 - Borderline changes** (cat. 8)
- The return requires a count of the [CYTOLOGY SCREENING ACTION TYPE](#) against each [CYTOLOGY RESULT TYPE](#). The actions are classified into:

Normal (A) -	<i>Standard Primary Care Trust recall interval (Normal) (A)</i>
Suspend (S) -	<i>Refer for medical assessment or under medical treatment (Suspend) (S)</i>
Repeat (R) -	<i>Repeat at interval specified (R)</i>
- The actions are based on result codes 1 to 8 from HMR 101/5, the operational document used by most laboratories for coding the results of cervical smears.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

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Part A: Cervical Screening Programme - Status of PCT Responsible Population

Part A1

- Part A1 of KC53 requires information on the routine recall interval in force in the [Primary Care Trust](#) for the [Screening Programme](#). This is the [CERVICAL SCREENING RECALL INTERVAL](#).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Part A2

- Part A2 of KC53 requires information on the [SCREENING STATUS](#) of the [Screening Population](#) - the number of women in [Primary Care Trusts](#) responsible population at 31 March.

[Screening Population](#) is a [HEALTH PROGRAMME POPULATION](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Age of woman at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)
 20-24 (line 0002)
 25-29 (line 0003)
 30-34 (line 0004)
 35-39 (line 0005)
 40-44 (line 0006)
 45-49 (line 0007)
 50-54 (line 0008)
 55-59 (line 0009)
 60-64 (line 0010)
 65-69 (line 0011)
 70-74 (line 0012)
 75-79 (line 0013)
 80 & over (line 0014)

Number of women resident in Primary Care Trust responsible population (column 2)

- This is the total number of women of all ages derived from the registers maintained by the [Primary Care Trust](#) to ensure compatibility with the other data recorded on the return.

The responsible population includes:

- all patients on the lists of the GPs in the [Primary Care Trust](#);
- and

- the unregistered population who live within the geographical area for which the [Primary Care Trust](#) is responsible.

Number of women recorded as having recall ceased (columns 3, 4 and 5)

- These columns do not include women with the [SCREENING STATUS](#) classification of *Recall suspended*.
- Column 3 counts women in the [Screening Programme](#) with the [SCREENING STATUS](#) classification of *Recall ceased - clinical reasons*. Women no longer eligible for screening due to removal of the cervix are included.
- Column 4 counts the number of women with the [SCREENING STATUS](#) classification of *Recall ceased - age reasons*, and column 5 counts those with the classification of *Recall ceased - other reasons*.

Eligible population (column 6)

- This is calculated by subtracting the number of women in column 3 (i.e. women with the [SCREENING STATUS](#) classification of *Recall ceased - clinical reasons*) from the number in column 2 (i.e. the [Primary Care Trust](#) responsible population).

Number of women whose most recent test was no more than 5 years ago (column 7)

- This is calculated from the addition of columns (2) to (5) in part A3.

Coverage (%) - less than 5 years since last adequate test (column 8)

- This is calculated from columns (6) and (7) in Part A2.

Target Age Group (25-64) (line 0015)

- This counts the number of women in the [Screening Programme](#) aged between 25 and 64 on 31 March (sum of lines 0003 to 0010). Coverage of the [Screening Programme](#) is based on women aged 25 to 64, and not on the NHS Cervical Screening Programme's target population of women aged 20 to 64 who are eligible to receive screening test invitations.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0014 for each category of women.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

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For the latest version of the form and further details, please see the [NHS Digital website](#).

Part A3: Cervical Screening Programme - Screening Status of Eligible Women at 31 March YYYY

- This part of the return collects information specifically about the number of women screened by time since their last test. It includes all women who have had a [Screening Test](#) at any time during their life, even if the test was not part of a call and recall system, but was taken opportunistically. It does not include inadequate tests.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'.

Age of women at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)

20-24 (line 0002)

25-29 (line 0003)

30-34 (line 0004)

35-39 (line 0005)

40-44 (line 0006)

45-49 (line 0007)

50-54 (line 0008)

55-59 (line 0009)

60-64 (line 0010)

65-69 (line 0011)

70-74 (line 0012)

75-79 (line 0013)

80 & over (line 0014)

Number of women whose most recent adequate test was in last 1.5 years (column 2)

Number of women whose most recent adequate test was more than 1.5 years but no more than 3 years ago (column 3)

Number of women whose most recent adequate test was more than 3 years but no more than 3.5 years ago (column 4)

Number of women whose most recent adequate test was more than 3.5 years but no more than 5 years ago (column 5)

Number of women whose most recent adequate test was more than 5 years but no more than 10 years ago (column 6)

Number of women whose most recent adequate test was more than 10 years but no more than 15 years ago (column 7)

Number of women whose most recent adequate test was more than 15 years ago (column 8)

- The [Screening Test Date](#) should be used to derive the count of women tested in the time periods required by the return.

The [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code '[Screening Test Date](#)'.

Women called but no adequate smear (column 9)

- This is a count of the number of women who have been invited at any time in their lives but have no adequate smear.

Women called but never attended (column 10)

- This is a count of the number of women who have been invited at any time in their lives but have never attended.

Number of women with no cytology record (column 11)

- This is a count of women in the [Primary Care Trust](#) responsible population with no cervical screening history.

The responsible population includes:

- all patients on the lists of the GPs in the [Primary Care Trust](#);
and
- the unregistered population who live within the geographical area for which the [Primary Care Trust](#) is responsible.

Target Age Group (25-64) (line 0015)

- This counts the number of women in the [Screening Programme](#) aged between 25 and 64 on 31 March (sum of lines 0003 to 0010). Coverage of the [Screening Programme](#) is based on women aged 25 to 64, and not on the NHS Cervical Screening Programme's target population of women aged 20 to 64 who are eligible to receive [Screening Test Invitations](#).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code '[Screening Programme](#)'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0014 for each category of women.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

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Part B: Cervical Screening Programme - Number of Women Invited

- Part B of KC53 requires age-banded data on the number of women invited for screening, The number invited relates to [Screening Test Invitations](#) with an [APPOINTMENT DATE OFFERED](#) between 1 April and 31 March. This date does not necessarily relate to a due date in the year - e.g. the [Screening Test](#) could be set to take place outside this period. Where a woman is invited on more than one occasion in the year, the last invitation is recorded on KC53.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) for a [Screening Test](#).

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

Age of woman at 31 March (column 1)

- The age bands are derived from the [PERSON BIRTH DATE](#).

Under 20 (line 0001)
 20-24 (line 0002)
 25-29 (line 0003)
 30-34 (line 0004)
 35-39 (line 0005)
 40-44 (line 0006)
 45-49 (line 0007)
 50-54 (line 0008)
 55-59 (line 0009)
 60-64 (line 0010)
 65-69 (line 0011)
 70-74 (line 0012)
 75 & over (line 0013)

Call (column 2)

- A count of the number of women invited for their first screen i.e. those who have never been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

Routine recall (column 3)

- A count of the number of women invited for screening in the year as a result of a routine recall for screening. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women invited for early screening because of a previous abnormal screening result or following treatment for cervical abnormalities. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than three years for surveillance*.

Abnormality (column 5)

- A count of the number of women invited for early screening because their last smear showed some abnormality and a repeat was advised. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than three years because of abnormality*.

Inadequate smear (column 6)

- A count of the number of women invited for screening because their last smear was inadequate. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than three years because of inadequate smear*, or the classification *Technical recall (inadequate test)*.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [INVITATION TYPE](#).

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

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For the latest version of the form and further details, please see the [NHS Digital website](#).

Part C1: Cervical Screening Programme - Number of Women Tested - by Age

- Part C1 of KC53 requires data on the women screened in the year, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code 'Screening Test'.

Call (column 2)

- A count of the number of women screened in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) for a [Screening Test](#).

Routine recall (column 3)

- A count of the number of women screened in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of women screened in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of women screened in the year who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*screened while recall suspended*'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code '*Screening Test*'.

While recall ceased (column 8)

- A count of the number of women screened opportunistically in the year who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*screened while recall ceased*'.

Not Invited by Programme (column 9)

- A count of the number of women screened opportunistically during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*not invited by programme*'.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

Total all women (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [INVITATION TYPE](#) or women who have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) recorded.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part C2: Cervical Screening Programme - Number of Women Tested - by Result

- Part C2 of KC53 requires data on the women aged 20 - 64 screened in the year, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Screening Test Date](#)'.

Call (column 2)

- A count of the number of women screened in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) for a [Screening Test](#).

Routine recall (column 3)

- A count of the number of women screened in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of women screened in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of women screened in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of women screened in the year who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*screened while recall suspended*'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code '*Screening Test*'.

While recall ceased (column 8)

- A count of the number of women screened opportunistically in the year who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*screened while recall ceased*'.

Not Invited by Programme (column 9)

- A count of the number of women screened opportunistically during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*not invited by programme*'.

Result of test

- This is classified by the following [CYTOLOGY RESULT TYPES](#):
Inadequate (cat. 1) (line 0001)
Negative (cat. 2) (line 0002)
Borderline changes (cat. 8) (line 0003)
Mild dyskaryosis (cat. 3) (line 0004)
Moderate dyskaryosis (cat. 7) (line 0005)
Severe dyskaryosis (cat. 4) (line 0006)
Severe dyskaryosis/?invasive carcinoma (cat. 5) (line 0007)
?Glandular neoplasia (cat. 6) line 0008)

Total women tested aged 20-64 (line 9999)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0001 to 0008).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code '*Screening Programme*'.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part C3: Cervical Screening Programme - Number of Tests - by Result

- Part C3 of KC53 requires data on all tests in the review period, not limited to the target age group 20 - 64, by invitation or opportunistically. The number screened relates to [Screening Tests](#) with a [Screening Test Date](#) between 1 April and 31 March. Where a woman is screened more than once in the year, for whatever reason, her [INVITATION TYPE](#) at her first [Screening Test Date](#) in the review period is to be recorded.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Screening Test Date'.

Call (column 2)

- A count of the number of tests in the year as a result of a first call for screening within 12 months of the original invitation. These women will not have been screened before. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *First call*.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) for a [Screening Test](#).

Routine recall (column 3)

- A count of the number of tests in the year as a result of a routine recall for screening within 12 months of the recall invitation. These women will have had a previous negative result and been recalled after the usual interval (3 to 5 years). The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Routine recall*.

Surveillance (column 4)

- A count of the number of tests in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years for surveillance*.

Abnormality (column 5)

- A count of the number of tests in the year as a result of a non-routine recall for screening within 12 months of the recall invitation. These women will usually have had a recent mildly abnormal smear. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have the classification *Repeat in less than 3 years because of abnormality*.

Inadequate smear (column 6)

- Enter the number of tests in the year as a result of a technical recall within 12 months of the recall invitation. The [INVITATION TYPE](#) of the [Screening Test Invitation](#) will have either the classification *Repeat in less than 3 years because of inadequate smear* or the classification *Technical recall (inadequate test)*.

While recall suspended (column 7)

- A count of the number of tests in the year of women who were suspended from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*Screened while recall suspended*'

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code '*Screening Test*'.

While recall ceased (column 8)

- A count of the number of tests in the year of women who were ceased from the call and recall system at the time of their [Screening Test Date](#). These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification of '*screened while recall ceased*'.

Not Invited by Programme (column 9)

- A count of the number of opportunistic tests during the year. This includes all women whose Recall Status was "No action", "GP not informed", "GP informed", "ZZZ GP" and those women whose Recall Status was "Final non-responder" where the initial invitation was generated more than 12 months ago. These women will have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) classification '*not invited by programme*'.

Result of test

- This is classified by the following [CYTOLOGY RESULT TYPES](#):
Inadequate (cat. 1) (line 0001)
Negative (cat. 2) (line 0002)
Borderline changes (cat. 8) (line 0003)
Mild dyskaryosis (cat. 3) (line 0004)
Moderate dyskaryosis (cat. 7) (line 0005)
Severe dyskaryosis (cat. 4) (line 0006)
Severe dyskaryosis/?invasive carcinoma (cat. 5) (line 0007)
?Glandular neoplasia (cat. 6) line 0008)

Total all results (line 9999)

- This counts the number of tests in the [Screening Programme](#) for all age groups on 31 March (sum of lines 0001 to 0008).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code '*Screening Programme*'.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part D: Cervical Screening Programme - Result of Test

- Part D of KC53 requires age-banded data on the most severe results of cervical screening tests recorded during the year. It does not include inadequate tests. Where a woman has only one smear tested in the year which turns out to be inadequate, or more than one, all of which are inadequate, no entry is required.
- The data are based on the results of the woman's most severe test in the year and relate to [Screening Tests](#) with a [Screening Test Date](#) between 1 April - 31 March. Classifications are those of [CYTOLOGY RESULT TYPES](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Screening Test Date](#)'.

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 'Request for Pathology Investigation.'

Negative (column 2)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of *Negative (cat. 2)*.

Borderline (column 3)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Borderline changes (cat. 8)*.

Mild dyskaryosis (column 4)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Mild dyskaryosis (column 4)*.

Moderate dyskaryosis (column 5)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Moderate dyskaryosis (cat. 7)*.

Severe dyskaryosis (column 6)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Severe dyskaryosis (cat. 4)*.

Severe dyskaryosis/?invasive carcinoma (column 7)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was *Severe dyskaryosis/?invasive carcinoma (cat. 5)*.

?Glandular neoplasia (column 8)

- A count of the number of women whose most severe [CYTOLOGY RESULT TYPE](#) classification was ? *Glandular neoplasia (cat. 6)*.

Target age group (line 0014)

- This counts the number of women in the [Screening Programme](#) aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 'Screening Programme'.

Total all ages (line 9999)

- This is the total for all age groups counted in lines 0001 to 0013 for each [CYTOLOGY RESULT TYPE](#) classification.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC53: Adult Screening Programmes: Cervical Screening

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part E: Cervical Screening Programme - Notification of Result - Waiting Times

- This part of the return requires information on the length of time elapsing between a woman taking a smear test and when notification of the result is sent to her by the call and recall service. The national standard to be achieved is that women should be advised in writing of the result of their test four weeks from the date the test was taken. The information is used to monitor the performance of [Screening Programmes](#) and laboratories.

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 'Screening Programme'.

- The return also collects information on those instances where the letter is sent directly by the laboratory or by some other agency instead of by the call and recall service.
- The return counts all tests and not just those tests with the most severe result. It includes only smears taken as part of a NHS [Screening Programme](#).

Number of weeks between date smear is taken and date result is sent from the call and recall service

- This is the number of weeks between the [Screening Test Date](#) and the [Screening Result Sent Date](#) of the [Screening Test](#), where the [RESULT SENT DIRECT](#) indicator is Yes.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where the [CLINICAL INTERVENTION TYPE](#) is National Code 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Screening Test Date'. [Screening Result Sent Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code 'Screening Result Sent Date'.

- They are sub-divided into the following time periods:

- Less than or equal to four weeks (line 0001)
- > 4 weeks up to 6 weeks (line 0002)
- > 6 weeks up to 8 weeks (line 0003)
- > 8 weeks up to 10 weeks (line 0004)
- > 10 weeks up to 12 weeks (line 0005)
- > Over 12 weeks (line 0006)

Number of tests (column 2)

- This counts the number of [Screening Tests](#) where results were sent from the call and recall service for each time period.

Total (line 0007)

- This is the total of [Screening Tests](#) for all time periods counted in lines 0001 to 0006.

Letter not sent by the call and recall service (line 0008)

- This counts the number of [Screening Tests](#) where the [RESULT SENT DIRECT](#) indicator is *No*, indicating that the result was not sent by the call and recall service.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP), [Strategic Health Authorities](#) and trusts require information from [Pathology Laboratories](#) on cervical cytology and outcome of referrals.

A [Pathology Laboratory](#) is a [Laboratory](#).

- The information helps to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to ensure that the screening programme is managed effectively. The information is used to ensure that the laboratory is achieving acceptable standards in examining smears in line with guidance provided by the NHS Cervical Screening Programme.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC61 return is published annually by the Department in the Statistical Bulletin 'Cervical Screening Programme'.

Completing Return KC61: Pathology Laboratories - Cervical Cytology and Outcome of Referrals

- KC61 returns are required by all [Pathology Laboratories](#) carrying out cervical cytology within NHS [Health Care Providers](#). This applies to independently managed NHS laboratories, including cytopathology laboratories and also private laboratories if they are commissioned to report on smears for the NHS.

Each return requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the [NHS Trust](#) and must be signed by a [CONSULTANT](#) in one of the Pathology [MAIN SPECIALTY CODES](#). It also requires the pathology [LABORATORY NAME](#) and pathology [LABORATORY CODE](#). Note that pathology [LABORATORY CODES](#) are maintained and issued by the [Organisation Data Service](#) on behalf of the NHS Cervical Screening Programme.

- A [Pathology Laboratory](#)'s KC61 return should include all the original [Requests for Pathology Investigation](#) received by that laboratory. A [Request for Pathology Investigation](#) forwarded to another laboratory should only be included in the first laboratory's return (except Part A3).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 'Request for Pathology Investigation'.

- Smears re-screened within the same Laboratory as part of internal or external quality control or for any other reason should not be included in the KC61 return. The number of requests sent to or received from another Laboratory for primary screening or other reason should be recorded in Part A3.
- Where more than one slide is associated with one [Request for Pathology Investigation](#), only the most significant [CYTOLOGY RESULT TYPES](#) may be counted for the KC61.
- The return KC61 is completed annually and submitted within two months of the end of the period.

- Parts A and B of the return relate to all smears reported by the laboratory where the smear was received and registered between 1 April of one year and 31 March of the following year. If this date is not recorded, the [CERVICAL SMEAR EXAMINED DATE](#) can be used as a proxy. Part C1 of the return relates to smears where the date of the smear which led to a referral fell in the first three months of the financial year (April, May and June). Part C2 is a duplicate of Part C1, but will collect data relating to gynaecological referrals from smears registered during the whole of the financial year *prior to* the current year.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part A1: Number of Smears Examined by Source of Smear

- Part A1 requires data on the number of results recorded analysed by [SMEAR SOURCE TYPE](#) and [CYTOLOGY RESULT TYPES](#) and are in accordance with the categories shown in boxes 9 and 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.
- Column 10 counts the total of cytology samples examined. These are subdivided by the test results, derived from the [CYTOLOGY RESULT TYPE](#) classifications (columns 2 - 9).
- The totals are further subdivided by [SMEAR SOURCE TYPE](#) (lines 0001-0006).
- Line 0007 of the return counts the combined total smears in lines 0001 and 0002 i.e. total smears examined from [SMEAR SOURCE TYPE](#) classifications of '[GENERAL MEDICAL PRACTITIONER](#)' and '*NHS Community Clinic - this includes [Sexual and Reproductive Health Clinics](#), well women clinics and young persons' clinics, other than those run by [GENERAL MEDICAL PRACTITIONERS](#)*'.
- Line 008 of the return counts the Grand Total of lines 0001 to 0006 for columns 2 to 10.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

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Part A2: Laboratory Processing from Receipt of Smear to Authorisation of Report

- Part A2 collects information about the backlog of smears in laboratories. The laboratory which receives the original request should issue the report and include the information within this return.

Total number of smears registered

- This is the total number of [Pathology Laboratory Investigations](#) received and registered in:

Quarter 1 - As at 30 June yyyy (Line 0001)

Quarter 2 - As at 30 September yyyy (Line 0002)

Quarter 3 - As at 31 December yyyy (Line 0003)

Quarter 4 - As at 31 March yyyy (Line 0004)

A [Pathology Laboratory Investigation](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 24 'Pathology Laboratory Investigation'.

Number of results reported (to woman or PCT) within

- The number of results reported are subdivided into the following time periods:

0-2 weeks 0-14 days (column 3)

3-4 weeks 15-28 days (column 4)

5-6 weeks 29-42 days (column 5)

7-8 weeks 43-56 days (column 6)

9-10 weeks 57-70 days (column 7)

More than 10 weeks over 70 days (column 8)

- The interval to be reported is from the date of receipt of the smear at the [Laboratory](#), the [SAMPLE RECEIPT DATE](#), and the date of authorisation of the final report, the [PATHOLOGY RESULT REPORTED DATE](#) (for the [SAMPLE](#) collected).

Total (line 0005)

- This is the total for all time periods counted in lines 0001 to 0004.

Part A3: Requests Screened for/by Another Laboratory

- Part A3 records information about which laboratories import and export smears.

Requests Sent To Another Laboratory For Screening (Line 0001)

- This requires the number of [Requests for Pathology Investigation](#) where the [DIAGNOSTIC TEST REQUEST](#) for the screening is to be sent to and carried out by another [Pathology Laboratory](#), sub-divided by details of Laboratory sent to and whether for primary screening or 'other'. 'Other' may include rapid review, checking, abnormal or clinical reporting etc.

A [Pathology Laboratory](#) is a [Laboratory](#). A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 '*Request for Pathology Investigation*'.

Requests Received From Another Laboratory For Screening (Line 0002)

- This requires the number of [Requests for Pathology Investigation](#) where the [DIAGNOSTIC TEST REQUEST](#) for the screening of the received smear has been sent from another [Pathology Laboratory](#), sub-divided by details of Laboratory received from and whether for primary screening or 'other'. 'Other' may include rapid review, checking, abnormal or clinical reporting etc.

Part A3: Where More Than One Smear is Taken

- Part A3 also requires the number of instances where a single report is derived from more than one sample.

Number of Instances Where a Single Report is Derived from More Than One Sample (Line 0003)

- This requires the number of [Requests for Pathology Investigation](#) where there is more than one [SAMPLE](#) collected. Full details should be available on request.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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For the latest version of the form and further details, please see the [NHS Digital website](#).

Part B: Results of Smears from GP and NHS Community Clinics Only by Age Group of Women

- Part B requires the results of smears examined, but only those where the [SMEAR SOURCE TYPE](#) is classified as either '[GENERAL MEDICAL PRACTITIONER](#)' or '*NHS Community Clinic - this includes [Sexual and Reproductive Health Clinics](#), well women clinics and young persons' clinics, other than those run by [GENERAL MEDICAL PRACTITIONERS](#)*'.
- Columns 2 - 9 count the number of samples examined for each [CYTOLOGY RESULT TYPES](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.
- These results are further broken down into age bands derived from the [PERSON BIRTH DATE](#) of the [PERSON](#) - the woman from whom the cervical smear was taken. This is the age of the woman at the date of the smear and not the woman's age on 31 March. The smears are the subject of the [Request for Pathology Investigation](#).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST](#) is National Code 03 '*Request for Pathology Investigation*'.

Total 20 - 64 (line 0014)

- This counts the number of women in NHS Cervical Screening Programme aged between 20 and 64 on 31 March (sum of lines 0002 to 0010).

Grand Total (line 0015)

- This is the total for all age groups examined in lines 0001 to 0013. This total should be the same as line 0007 in Part A1.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

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Part C1: Outcome by 31 March yyyy for Women Recommended for Gynaecological Referral where the Smear was Registered during April- June yyyy.

- Part C1 requires the analysis of the number of women subsequently referred for gynaecological investigation following a smear. This is where the [CYTOLOGY SCREENING ACTION TYPE](#) of a [Screening Test](#) has a classification of *Refer for medical assessment or under medical treatment (Suspend) (S)*. The date of the smear must be between 1 April and 30 June of the current data year. The [CYTOLOGY RESULT TYPES](#) for each woman is used to allocate her to one of appropriate subdivisions of **Most significant result** in columns 3 to 9.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

- Note that [CYTOLOGY RESULT TYPE](#) classifications of *Severe dyskaryosis (cat. 4)*, *Severe dyskaryosis/invasive carcinoma (Cat. 5)* and *Glandular neoplasia (Cat. 6)* are recorded separately in columns 7,8 and 9 respectively.
- [CYTOLOGY RESULT TYPE](#) with a classification of *Negative (cat. 2)* are not counted.
- The number of Most significant results in the [CYTOLOGY RESULT TYPE](#) columns (columns 3 - 9) are further analysed by the [BIOPSY REFERRAL OUTCOME](#) (lines 0001-0014). For cervical histology, biopsies are taken at colposcopy.
- Note that Cervical cancer is sub-divided into 'stage 1B or worse' (line 0001) and 'stage 1A' (line 0002) and that there are four options to describe results which are not applicable or not known: 'Seen in Colposcopy - NAD no biopsy taken' (line 0009), 'Outcome known - none of the above' (line 0010), 'Seen in Colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012).
- Part C1 also includes the formula to calculate the Positive Predictive Value (PPV) of smears reported as moderate dyskaryosis or worse to enable the laboratory to assess whether or not they are reaching an achievable standard.
- Part C1 includes the formula to calculate Lost to follow-up of smears reported as 'Seen in colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012), as a percentage of the Total.
- Provision has been made to record details of non-cervical cancers at the bottom of Part C1.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC61: Pathology Laboratories - Cervical Cytology and Outcome of Gynaecological Referrals

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Part C2: Retrospective Collection

Outcome by 31 March yyyy for Women Recommended for Gynaecological Referral where the Smear was Registered during April yyyy - March yyyy.

- Part C2 is a duplicate of Part C1 but will collect data relating to gynaecological referrals from smears registered during the whole of the financial year prior to the current year. This is where the [CYTOLOGY SCREENING ACTION TYPE](#) of a [Screening Test](#) has a classification of *Refer for medical assessment or under medical treatment (Suspend) (S)*. The date of the smear must be between 1 April and 31 March of the previous data year. The [CYTOLOGY RESULT TYPES](#) for each woman is used to allocate her to one of appropriate subdivisions of **Most significant result** in columns 3 to 9.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 'Screening Test'.

- Note that [CYTOLOGY RESULT TYPE](#) classifications of '*Severe dyskaryosis (cat. 4)*', '*Severe dyskaryosis/invasive carcinoma (Cat. 5)*' and '*Glandular neoplasia (Cat. 6)*' are recorded separately in columns 7,8 and 9 respectively.
- [CYTOLOGY RESULT TYPES](#) with a classification of '*Negative (cat. 2)*' are not counted.
- The number of Most significant results in the [CYTOLOGY RESULT TYPE](#) columns (columns 3 - 9) are further analysed by the [BIOPSY REFERRAL OUTCOME](#) (lines 0001-0014). For cervical histology, biopsies are taken at colposcopy.
- Note that Cervical cancer is sub-divided into 'stage 1B or worse' (line 0001) and 'stage 1A' (line 0002) and that there are four options to describe results which are not applicable or not known: 'Seen in Colposcopy - NAD no biopsy taken' (line 0009), 'Outcome known - none of the above' (line 0010), 'Seen in Colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012).
- Part C2 also includes the formula to calculate the Positive Predictive Value (PPV) of smears reported as moderate dyskaryosis or worse to enable the laboratory to assess whether or not they are reaching an achievable standard.
- Part C2 includes the formula to calculate Lost to follow-up of smears reported as 'Seen in colposcopy - result not known' (line 0011) and 'No outcome available' (line 0012), as a percentage of the Total.
- Provision has been made to record details of non-cervical cancers at the bottom of Part C2.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes

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Contextual Overview

- The [Department of Health](#), NHS Cervical Screening Programme (NHSCSP) and Regional Offices require information from NHS [Health Care Providers](#) on colposcopy clinic activity.
- The KC65 forms part of the wider NHS Cancer Information Strategy which aims to improve the effectiveness and efficiency of care delivery for those with actual or suspected cancer, throughout the [PATIENT](#) journey.
- The information is used to monitor the process of achieving the Government's target to reduce the incidence of invasive cervical cancer and to monitor the performance of colposcopy clinics on local, regional and national levels.
- Information on the return is also used in Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability.
- Information based on the KC65 return is published annually by the Department in the Statistical Bulletin *Cervical Screening Programme*.

Completing Return KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

- KC65 is a quarterly return with the first quarter starting on 1 April and the last quarter ending on 31 March. Returns must be submitted by the thirtieth working day after the end of the quarter.
- The KC65 return requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the NHS [Health Care Provider](#) - [NHS Trust](#) or [Primary Care Trust](#) - as well as the name of a contact and the contact telephone number on the front page. It must be signed and dated by the person completing the return.
- The British Society for Colposcopy and Cervical Pathology has agreed a Minimum Data Set (MDS) for colposcopy services, currently being introduced into Colposcopy Clinics. The MDS meets professional requirements for audit and quality improvement as well as departmental needs, and provides the information needed to complete the KC65.

Colposcopy

- Colposcopy is a [Patient Procedure](#) carried out on a woman who has been referred to a Colposcopy Clinic following a [Screening Test](#) carried out either as part of a [Screening Programme](#) or opportunistically. Alternatively the woman may be referred as a result of clinical indications.

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

[Patient Procedure](#) and [Screening Test](#) are both a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure' and 28 'Screening Test' respectively.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

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 For the latest version of the form and further details, please see the [NHS Digital website](#).

Part A - Women referred to colposcopy by result of referral smear and time from referral to first appointment

- Part A of the KC65 return is a count of the number of women referred for colposcopy. This information is used to monitor referral patterns to ensure that guidelines on referral are being followed.
- A colposcopy is a [Patient Procedure](#) carried out during a [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#). The [PATIENT](#) will have been referred to the Colposcopy Clinic:
 - following a [Screening Test](#) carried out either as part of a [Screening Programme](#) or opportunistically.
 or
 - as a result of clinical indication

A [Screening Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 06 'Screening Programme'.

[Patient Procedure](#) and [Screening Test](#) are both a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure' and 28 'Screening Test' respectively.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 'Clinic Attendance Consultant' and 10 'Clinic Attendance Nurse' respectively.

In cases where there is both a clinical indication and a [Screening Test](#) referral smear, the referral should be treated as clinical indication.

- The data is based on the woman's first [Out-Patient Appointment](#) in the quarter regardless of whether she attended the clinic or not.

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

Time from referral to first appointment (lines 0001 to 0005)

- Lines 0001 to 0005 are counts of [REFERRAL REQUESTS](#) by the time from referral to first appointment. This should be measured from the [PATHOLOGY RESULT REPORTED DATE](#) for referrals following a screening test, and from the [SERVICE REQUEST DATE](#) for all other [REFERRAL REQUESTS](#), to the [APPOINTMENT DATE](#) of the first [Out-Patient Appointment](#).

For [PATIENTS](#) with a first [APPOINTMENT](#) which was cancelled by the clinic ([ATTENDED OR DID NOT ATTEND](#) was National Code 4 'Appointment cancelled or postponed by the [Health Care Provider](#)'), the time is measured from referral to the subsequent first [APPOINTMENT](#).

Referral Indication - Result of referral smear (columns 2 to 8)

- These columns count all the women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Screening smear'. These are persons in a [Screening Programme](#) who have been given a [Screening Test](#) as part of a planned [Screening Programme](#). It also includes women screened opportunistically, these women have had a [Screening Test](#) with the [OPPORTUNISTIC SCREENING TYPE](#) recorded.

In addition, if a person in a [Screening Programme](#) has been suspended from the [Screening Programme](#) following colposcopy and is currently having surveillance smears as indicated by the [OPPORTUNISTIC SCREENING TYPE](#) classification of 'Screened while recall suspended', it may be that an abnormal smear will cause the woman to be re-referred to colposcopy. In this case the [COLPOSCOPY REFERRAL INDICATION](#) classification should be 'Screening smear', regardless of whether or not she has been discharged from colposcopy at this time.

- The information in columns 2-8 is based on the cervical screening test results, which led to the [REFERRAL REQUEST](#). Classifications are those of [CYTOLOGY RESULT TYPES](#) of a [Request for Pathology Investigation](#) and are in accordance with the categories shown in box 22 of HMR 101/5 Request/Report for Cervical or Vaginal Cytology.

Where the cervical screening test results which led to the [REFERRAL REQUEST](#) indicates more than one result type, the most severe result should be recorded as the [CYTOLOGY RESULT TYPE](#).

A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 03 'Request for Pathology Investigation'.

Inadequate (column 2)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Inadequate sample (cat.1)'.

NHS Cervical Screening Programme guidelines state the recording of three cervical screening tests with a [CYTOLOGY RESULT TYPE](#) classification of 'Inadequate sample (cat.1)' indicates referral to colposcopy however, referral to colposcopy may occur following an inadequate smear for other reasons.

Borderline changes (column 3)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Borderline changes (cat.8)'.

NHS Cervical Screening Programme guidelines state the recording of three cervical screening tests with a [CYTOLOGY RESULT TYPE](#) classification of 'Borderline changes (cat.8)' indicates referral to colposcopy however, referral to colposcopy may occur following a borderline smear for other reasons.

Mild dyskaryosis (column 4)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Mild dyskaryosis (cat.3)'.

Moderate dyskaryosis (column 5)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears'.

Severe dyskaryosis (column 6)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis (cat.4)'.

Severe dyskaryosis/invasive carcinoma (column 7)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Severe dyskaryosis/? invasive carcinoma (cat.5)*'.

Glandular neoplasia (column 8)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*?Glandular neoplasia (cat.6), including adenocarcinoma*'.

Referral Indication - Clinical indication (columns 9, 10)

- These columns count women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*Clinical indication*'.

Where a woman is referred with symptoms and is given a [Screening Test](#) the [COLPOSCOPY REFERRAL INDICATION](#) should still be a classification of '*Clinical indication*' and not '*Screening smear*'. Where no symptoms are present the [COLPOSCOPY REFERRAL INDICATION](#) should not be a classification of '*Clinical indication*'.

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 28 '*Screening Test*'.

Clinical Indication Urgent (column 9)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*urgent*'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (column 10)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of '*non-urgent*'. This includes all other symptomatic referrals for colposcopy.

Other (column 11)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Other*' or with no [CYTOLOGY RESULT TYPE](#) and no [COLPOSCOPY REFERRAL INDICATION](#).

Entries for a [CYTOLOGY RESULT TYPE](#) classification of '*Other*' should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). '*Other*' does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate.

Otherwise this column should only be used in the rare situations where usual categorisation is not appropriate. Examples include women with incomplete or missing records and women who have moved from abroad.

Where an entry is present in column 11 supporting notes should be recorded in the available box on the first page of the KC65 form.

Total number referred (column 12)

- This is the total of women referred for colposcopy, broken down by time from referral to first appointment

Total (line 0006)

- This is the total for all women counted in columns 2 to 12.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

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Part B - Appointments for Colposcopy

- Part B of the KC65 return is a breakdown of appointments by cancellation/non-attendance, and type of appointment. This information will allow monitoring of non-attendances, patient cancellations, and clinic cancellations.

It includes all [Out-Patient Appointments](#) with an [APPOINTMENT DATE](#) within the [REPORTING PERIOD](#).

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

Attendance Status

- The Attendance status is derived from the value of [ATTENDED OR DID NOT ATTEND](#) for the [Out-Patient Appointment](#).

Attended (line 0001)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was either National Code 5 'attended on time or, if late, before the relevant care professional was ready to see the patient', or National Code 6 'arrived late, after the relevant care professional was ready to see the patient, but was seen'.

Cancelled by patient - in advance (line 0002)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 2 'appointment cancelled by, or on behalf of, the patient' - before the appointment date.

Cancelled by patient - on the day (line 0003)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 2 'appointment cancelled by, or on behalf of, the patient' - on the appointment day.

Cancelled by Clinic (line 0004)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 4 'appointment cancelled or postponed by the Health Care Provider'.

DNA - no advance warning (line 0005)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 3 'did not attend - no advance warning given'.

DNA - arrived late (line 0006)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was National Code 7 'patient arrived late and could not be seen'.

DNA - left without being seen (line 0007)

- The number of appointments for which [ATTENDED OR DID NOT ATTEND](#) was national Code 3 '*did not attend - no advance warning given*' (arrived, but did not wait to be seen).

Total (line 0008)

- This is the total of all women counted in lines 0001 to 0007.

Appointment Type

- Columns 2 to 4 require counts of colposcopy [Out-Patient Appointments](#) by [APPOINTMENT TYPE](#).

An [Out-Patient Appointment](#) is an [APPOINTMENT](#).

New (column 2)

- The number of colposcopy [Out-Patient Appointments](#) which are first [APPOINTMENTS](#).

Return for Treatment (column 3)

- The number of colposcopy [Out-Patient Appointments](#) where the [APPOINTMENT TYPE](#) is National Code 01 '*Treatment: An appointment specifically for treatment*'.

Follow Up (column 4)

- The number of colposcopy [Out-Patient Appointments](#) which are follow-up [APPOINTMENTS](#) where the [APPOINTMENT TYPE](#) is National Code 02 '*Surveillance: All other appointments*'.

Total (column 5)

- This is the total for all women in columns 3 to 5.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

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Part C1 - First attendances by type of procedure and result of referral

- Parts C1 and C2 of the KC65 return are counts of procedures undertaken at colposcopy clinics, showing the nature of treatment by result of referral. The information is used to monitor treatment patterns to ensure that treatment guidelines, such as on the number of biopsies taken, are met.
- Parts C1 and C2 are identical, except that Part C1 relates to initial treatment at first attendance, and Part C2 relates to all attendances. For part C1 data is collected on the woman's first [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#) in the [REPORTING PERIOD](#).

Where a woman has a smear taken during the attendance the [COLPOSCOPY PRIME PROCEDURE TYPE](#) should be recorded as classification '*No treatment; no treatment received and no biopsy taken*'.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 '*Clinic Attendance Consultant*' and 10 '*Clinic Attendance Nurse*' respectively.

For [Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#), a first attendance is the first in a series of the only attendance at the clinic by a patient.

- The procedures undertaken in the colposcopy clinics are [Patient Procedure](#). Only one [Patient Procedure](#) should be counted for each woman's first attendance. If more than one procedure is carried out, the most severe should be recorded for KC65.

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 '*Patient Procedure*'.

Result of referral smear

- Lines 0001 to 0008 require data on the number of women referred for colposcopy by [CYTOLOGY RESULT TYPES](#).

Inadequate (line 0001)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Inadequate sample (cat. 1)*'.

Borderline changes (line 0002)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Borderline changes (cat. 8)*'.

Mild dyskaryosis (line 0003)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of '*Mild dyskaryosis (cat. 3)*'.

Moderate dyskaryosis (line 0004)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears'.

Severe dyskaryosis (line 0005)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis (cat. 4)'.

Severe dyskaryosis/invasive carcinoma (line 0006)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis/invasive carcinoma (cat. 5)'.

Glandular neoplasia (line 0007)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Glandular neoplasia (cat. 6), including adenocarcinoma'.

Referral Indication - Clinical indication (lines 0008, 0009)

- These columns count first attendances for women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication'.

Note all procedures carried out on women who have been referred to the colposcopy clinic with a [REFERRAL REQUEST](#) with a [COLPOSCOPY REFERRAL INDICATION](#) of classification *Clinical indication* should be recorded in this line regardless of the result of any smear taken after the referral.

Clinical Indication Urgent (line 0008)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) of classification of 'urgent'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (line 0009)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'non-urgent'. This includes all other symptomatic referrals for colposcopy

Other (line 0010)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Other'.

Entries recorded in Other (line 0010) should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). Other (line 0010) does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate. Where an entry is present in Other (line 0010) then supporting notes should be recorded in the available box on the first page of the KC65 form.

Total (line 0011)

- This is the total for all women counted in columns 2 to 8.

No treatment (column 2)

- This counts the number of women who received no treatment and for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'No treatment; no treatment received and no biopsy taken'.

Procedure Type**Diagnostic biopsy (punch) (column 3)**

- This counts the number of women who received no treatment and for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy, or any other biopsy taken for diagnostic purposes only*' was recorded.

Treatment biopsy or treatment/diagnostic biopsy - Excision (column 4)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP*'.

Ablation + No Biopsy taken or biopsy result not yet known (column 5)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (ii) no biopsy taken, or biopsy result not known by clinic*'.

Ablation + Biopsy (column 6)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (i) biopsy result available*' was recorded.

Other (column 7)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Other; treatment method recorded as other and biopsy type recorded as other than no biopsy. This will include polyp avulsion and treatment with silver nitrate*' was recorded. It excludes any treatment that is not related to cervical abnormalities.

Number of first attendances (column 8)

- This is the total of all first attendances (see paragraph 2), subdivided by the [CYTOLOGY RESULT TYPE](#) classifications.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).~~
For the latest version of the form and further details, please see the [NHS Digital website](#).

Part C2 - All attendances by type of procedure and result of referral

- Parts C1 and C2 of the KC65 return are counts of procedures undertaken at colposcopy clinics, showing the nature of treatment by result of referral. The information is used to monitor treatment patterns to ensure that treatment guidelines, such as on the number of biopsies taken, are met.
- Parts C1 and C2 are identical, except that Part C1 relates to initial treatment at first attendance, and Part C2 relates to all attendances. For part C2 data is collected on each [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#) in the [REPORTING PERIOD](#).

Where a woman has a smear taken during the attendance the [COLPOSCOPY PRIME PROCEDURE TYPE](#) should be recorded as classification 'No treatment; no treatment received and no biopsy taken'.

[Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#) are both a [CARE CONTACT](#) where [CARE CONTACT TYPE](#) is National Code 06 'Clinic Attendance Consultant' and 10 'Clinic Attendance Nurse' respectively.

For [Clinic Attendance Consultant](#) and [Clinic Attendance Nurse](#), a first attendance is the first in a series of the only attendance at the clinic by a patient.

- The procedures undertaken in the colposcopy clinics are [Patient Procedures](#). Only one [Patient Procedure](#) should be counted for each [Clinic Attendance Consultant](#) or [Clinic Attendance Nurse](#). If more than one procedure is carried out, the most severe should be recorded for KC65.

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure'.

Result of referral smear

- Lines 0001 to 0008 require data on the number of women referred for colposcopy by [CYTOLOGY RESULT TYPES](#).

Inadequate (line 0001)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Inadequate sample (cat. 1)'.

Borderline changes (line 0002)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Borderline changes (cat. 8)'.

Mild dyskaryosis (line 0003)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Mild dyskaryosis (cat. 3)'.

Moderate dyskaryosis (line 0004)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Moderate dyskaryosis (cat. 7), including abnormal, unclassifiable and ungraded smears'.

Severe dyskaryosis (line 0005)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis (cat. 4)'.

Severe dyskaryosis/invasive carcinoma (line 0006)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Severe dyskaryosis/invasive carcinoma (cat. 5)'.

Glandular neoplasia (line 0007)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Glandular neoplasia (cat. 6), including adenocarcinoma'.

Referral Indication - Clinical indication (lines 0008, 0009)

- These columns count attendances for women with a [REFERRAL REQUEST](#) for colposcopy with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication'.

Note all procedures carried out on women who have been referred to the colposcopy clinic with a [REFERRAL REQUEST](#) with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'Clinical indication' should be recorded in this line regardless of the result of any smear taken after the referral.

Clinical Indication Urgent (line 0008)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'urgent'. This is restricted to cervical lesions suspicious of cancer, or post-coital bleeding of over four weeks where the patient is aged over 35.

Clinical Indication Non-Urgent (line 0009)

- A count of the number of women with a [COLPOSCOPY REFERRAL INDICATION](#) classification of 'non-urgent'. This includes all other symptomatic referrals for colposcopy

Other (line 0010)

- A count of the number of women with a [CYTOLOGY RESULT TYPE](#) classification of 'Other'.

Entries recorded in Other (line 0010) should only occur in exceptional circumstances. NHS Cervical Screening Programme (NHSCSP) guidelines state that all smears should be identified as belonging to one of the eight recognised category classifications of [CYTOLOGY RESULT TYPE](#). Other (line 0010) does not correspond to these recognised categories and should be used to record those rare cases in which a recognised category is not appropriate. Where an entry is present in Other (line 0010) then supporting notes should be recorded in the available box on the first page of the KC65 form.

Total (line 0011)

- This is the total for all women counted in columns 2 to 8.

No treatment (column 2)

- This counts the number of women who received no treatment and for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of 'No treatment; no treatment received and no biopsy taken'.

Procedure Type**Diagnostic biopsy (punch) (column 3)**

- This counts the number of women who received no treatment and for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy, or any other biopsy taken for diagnostic purposes only*' was recorded.

Treatment biopsy or treatment/diagnostic biopsy - Excision (column 4)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP*'.

Ablation + No Biopsy taken or biopsy result not yet known (column 5)

- This counts the number of women for whom was recorded a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (ii) no biopsy taken, or biopsy result not known by clinic*'.

Ablation + Biopsy (column 6)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of '*Ablation; treatment method recorded as ablation. This will include cold coagulation, [Cryotherapy](#), cautery and diathermy. (i) biopsy result available*' was recorded.

Other (column 7)

- This counts the number of women for whom [COLPOSCOPY PRIME PROCEDURE TYPE](#) of '*Other; treatment method recorded as other and biopsy type recorded as other than no biopsy. This will include polyp avulsion and treatment with silver nitrate*' was recorded. It excludes any treatment that is not related to cervical abnormalities.

Number of first attendances (column 8)

- This is the total of all first attendances (see paragraph 2), subdivided by the [CYTOLOGY RESULT TYPE](#) classifications.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65 - Colposcopy Clinics: Referrals, Treatments and Outcomes

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.

~~For the latest version of the form and further details, please see the [Health and Social Care Information Centre website](#).~~ For the latest version of the form and further details, please see the [NHS Digital website](#).

Part D - Cervical Biopsies, by time from biopsy to informing patient of result in writing

- Part D of the KC65 return shows for each cervical biopsy the time elapsing before the woman is informed in writing of the result. The NHS Cervical Screening Programme (NHSCSP) has issued guidance on waiting times, and the information is used to monitor whether clinics are meeting these standards. The return is based upon those biopsies taken during the first month of the quarter.
- The time measured in this part of the return is the interval between the [PROCEDURE DATE](#) of the colposcopy [Patient Procedure](#) at which the biopsy was taken and the [Patient Informed Biopsy Result Date](#).

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code '[Patient Procedure](#)'. [PROCEDURE DATE](#) and [Patient Informed Biopsy Result Date](#) are both the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code '[Procedure Date](#)' and '[Patient Informed Biopsy Result Date](#)' respectively.

Total biopsies in first month of quarter

- Column 2 counts the number of biopsies taken during the first month of the quarter. These are subdivided by the waiting times in lines 0001-0005.

Less than or equal to 2 weeks (line 0001)

- This counts the number of women whose waiting time was less than or equal to 14 days.

>2 weeks up to 4 weeks (line 0002)

- This counts the number of women whose waiting time was more than 14 days but less than or equal to 28 days.

>4 weeks up to 8 weeks (line 0003)

- This counts the number of women whose waiting time was more than 28 days but less than or equal to 56 days.

>8 weeks up to 12 weeks (line 0004)

- This counts the number of women whose waiting time was more than 56 days but less than or equal to 84 days.

>12 weeks (line 0005)

- This counts the number of women whose waiting time was more than 84 days.

Total (line 0006)

- This is the total for all women counted in column 2.

Change to Central Return Form: Changed Description

Central Return Form Guidance

KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes

~~This return is in development by the NHS Cancer Screening Programme, therefore the information should not be used.~~

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Part E - Cervical Biopsies, by type and outcome

- Part E of KC65 shows the histological result [BIOPSY REFERRAL OUTCOME](#) for each cervical biopsy, which indicates whether cancer or a pre-cancerous condition has been identified from the sample taken. The information will help to monitor whether NHS Cervical Screening Programme (NHSCSP) guidance on the quality of biopsies and accuracy of diagnosis is being met.
- This part of the KC65 return is based upon those biopsies taken during the first month of the quarter. Please note that the total number of biopsies recorded in Part E should equal the total number recorded in Part D as both parts relate to the same biopsies.
- Column 5 counts the total number of [BIOPSY REFERRAL OUTCOMES](#). These are analysed by biopsy type.

Biopsy Type - Diagnostic (punch) (column 2)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of *'Diagnostic biopsy (punch); no treatment received and biopsy type recorded as directed biopsy or multiple directed biopsy or any other biopsy taken for diagnostic purposes only'* was recorded.

Biopsy Type - Excision (column 3)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of *'Loop/laser excision or knife cone; treatment method recorded as loop/laser excision or knife cone and biopsy type recorded as other than no biopsy. This will include LLETZ and NEEP.'* was recorded.

Biopsy Type - Other (column 3)

- This counts the number of women for whom a [COLPOSCOPY PRIME PROCEDURE TYPE](#) classification of other than *'Diagnostic biopsy (punch)'*, or *'Loop/laser excision or knife'* was recorded.

Outcome (Histology result)

- These results are further sub-divided by [BIOPSY REFERRAL OUTCOME](#).

Cancer (including micro-invasive) (line 0001)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of *'Cancer (including micro-invasive)'*.

Adenocarcinoma in situ / CGIN (line 0002)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of *'Adenocarcinoma in situ'*.

CIN3 (line 0003)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of *'CIN3'*.

CIN2 (line 0004)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'CIN2'.

CIN1 (line 0005)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'CIN1'.

HPV/cervicitus only (line 0006)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'HPV/cervicitus only'.

No CIN/No HPV (line 0007)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'No CIN/No HPV (normal)'.

Inadequate / unsatisfactory biopsy (line 0008)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'Inadequate/unsatisfactory biopsy'.

Result not known by clinic (line 0009)

- This counts women with a [BIOPSY REFERRAL OUTCOME](#) classification of 'Result not known by clinic'.

Total (line 0010)

- This is the total for all women counted in columns 2 to 5.

Data Quality Checks

- The following data quality checks should be made:

Part D

Part E

Column 2 Line 006

= Column 4 Line 010

ABOUT US HELP

Change to Supporting Information: Changed Description

The NHS Data Model and Dictionary is maintained by the [NHS Data Model and Dictionary Service](#).

[NHS Data Model and Dictionary Service](#) Products

The [NHS Data Model and Dictionary Service](#) produce other supporting products and services which complement the content of the NHS Data Model and Dictionary.

These can be found on the [Health and Social Care Information Centre](#) website and can be accessed by clicking on the link to the [NHS Data Model and Dictionary Service](#) on the [Front Page](#) of the dictionary.

The [NHS Data Model and Dictionary Service](#) part of the [Health and Social Care Information Centre](#) website contains information, such as:

- [Frequently Asked Questions](#)
- [How to join the NHS Data Model and Dictionary Service Mailing List?](#)

What would you like to do next?

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NHS

Data Model and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).

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Help Pages

If you need help using the NHS Data Model and Dictionary, access the [Help](#) pages.

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Help Pages

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ACCESSIBLE INFORMATION

Change to Supporting Information: Changed Description

[Accessible Information](#) is information which is able to be read or received and understood by the individual or group for which it is intended.

The Equality Act 2010 places a duty on all service providers to take steps or make reasonable adjustments in order to avoid putting a disabled [PERSON](#) at a substantial disadvantage when compared to a [PERSON](#) who is not disabled.

~~[SCCI 1605 Accessible Information](#) requires that Health and Social Care [Organisations](#) identify and record the information and communication support needs of [PATIENTS](#) and service users (and where appropriate their~~

carers), where these needs relate to or are caused by a [DISABILITY](#), impairment or sensory loss. SCCI 1605 [Accessible Information](#) requires that Health and Social Care Organisations identify and record the information and communication support needs of PATIENTS and service users (and where appropriate their carers), where these needs relate to or are caused by a [DISABILITY](#), impairment or sensory loss. These [Organisations](#) are also required to take action to ensure that these needs are met.

The information and communication support needs cover four areas:

- communication support
- requires specific contact method
- requires communication professional
- requires specific information format

For further information on [Accessible Information](#), see the [NHS England website](#).

BACKGROUND

Change to Supporting Information: Changed Description

The NHS Data Model and Dictionary provides a reference point for approved [Information Standards and Collections \(including Extractions\) \(ISCEs\)](#) within the NHS in England and is maintained by the [NHS Data Model and Dictionary Service](#).

It contains [Data Collections](#) and associated definitions which have been approved by the [Information Standards Board for Health and Social Care](#) or [Standardisation Committee for Care Information](#). The information will be of interest to professionals and [Organisations](#) that work within Health and Social Care, along with suppliers of electronic systems and services.

Note: The NHS Data Model and Dictionary does not contain all national data collections.

What would you like to do next?

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NHS

Data Model and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).

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Help Pages

If you need help using the NHS Data Model and Dictionary, access the [Help](#) pages.

BURDEN ADVICE AND ASSESSMENT SERVICE

Change to Supporting Information: Changed Description

The ~~[Burden Advice and Assessment Service \(BAAS\)](#)~~ is provided by the ~~[Health and Social Care Information Centre \(HSCIC\)](#)~~. The Burden Advice and Assessment Service (BAAS) is provided by NHS Digital.

The [Burden Advice and Assessment Service](#) carries out many of the functions of the former Review of Central Returns (ROCR) Service, however the [Burden Advice and Assessment Service](#) looks in greater depth at the impact and cost of burden on the NHS and how this can be minimised.

The [Burden Advice and Assessment Service](#):

- provide an assessment process to validate the level of burden incurred by introducing new information standards, collections and extractions
- provide recommendations to the [Standardisation Committee for Care Information \(SCCI\)](#) advising on ways of minimising the burden of data collections, standards and extracts
- conducts a three year rolling review of all national and local collections provides
- a Data Collections Burden Reduction (DCBR) service
- offers advice and sets the criteria to the developers of new data collections, information standards, and extractions

~~For further information on the [Burden Advice and Assessment Service](#), see the [Health and Social Care Information Centre](#) website at: [Burden Advice and Assessment Service \(BAAS\)](#).~~ For further information on the Burden Advice and Assessment Service, see the [NHS Digital](#) website at: [Burden Advice and Assessment Service \(BAAS\)](#).

CANCER REFERRAL TO TREATMENT PERIOD

Change to Supporting Information: Changed Description

A [Cancer Referral To Treatment Period](#) is a [REFERRAL TO TREATMENT PERIOD](#).

The service standard for referral to treatment for cancer is that the [PATIENT](#) must receive [First Definitive Treatment](#) within 62 days (or 31 days for Acute Leukaemia, testicular, and children's cancers), rather than within [18 Weeks](#).

A [PATIENT](#) will have a [Cancer Referral To Treatment Period](#) in the following circumstances:

- The [PATIENT](#) was referred to secondary care with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#), where the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) was National Code 'Two Week Wait'
- The [PATIENT](#) was referred to secondary care and cancer was not initially suspected, but was subsequently diagnosed, and the [PATIENT](#) was referred on to an appropriate specialist

A [Cancer Referral To Treatment Period](#) is the period of time between [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and either:

- the ~~[TREATMENT START DATE FOR CANCER](#), where a [PATIENT](#) diagnosed with a cancer condition (see [Cancer Waiting Times - Useful Documentation and Links](#)) receives [First Definitive Treatment](#), or~~
- the [TREATMENT START DATE FOR CANCER](#), where a [PATIENT](#) diagnosed with a cancer condition (see [Cancer Waiting Times - Useful Documentation and Links](#)) receives [First Definitive Treatment](#), or
- the [DATE FIRST SEEN](#) where a [PATIENT](#), although referred with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#), is subsequently diagnosed with a non-cancer condition (even if the non-cancer diagnosis is confirmed after the [DATE FIRST SEEN](#)), or
- the [DATE](#) the [PATIENT](#) declines [First Definitive Treatment](#), or
- the [DATE](#) that [Active Monitoring](#) (as a [First Definitive Treatment](#)) starts.

A [Cancer Referral To Treatment Period](#) does NOT complete automatically if the [PATIENT](#) does not attend the first [APPOINTMENT](#) during the [Cancer Referral To Treatment Period](#). [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) is used to align waiting times monitoring with the service standard for [18 Weeks](#).

CANCER TREATMENT PERIOD

Change to Supporting Information: Changed Description

A [Cancer Treatment Period](#) is an [ACTIVITY GROUP](#).

A [Cancer Treatment Period](#) is initiated when a decision to treat for a cancer condition is made, and ends when the [PATIENT](#) receives the [Planned Cancer Treatment](#) specified in the [Cancer Care Plan](#) covering the [PATIENTS](#) condition. This is the same as [TREATMENT START DATE FOR CANCER](#). ~~(See [Cancer Waiting Times – Useful Documentation and Links](#)).~~ (See [Cancer Waiting Times - Useful Documentation and Links](#)).

If the [PATIENT](#) receives several different types of treatment within the same [Cancer Care Plan](#) (e.g. surgery, followed by [Chemotherapy](#), followed by [Radiotherapy](#)), then each stage has its own [Cancer Treatment Period](#) of 31 days between [DECISION TO TREAT DATE](#) (or [EARLIEST CLINICALLY APPROPRIATE DATE](#)), and [TREATMENT START DATE FOR CANCER](#).

[CANCER CARE SETTING \(TREATMENT\)](#) is used to derive whether a waiting time adjustment between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#) may be recorded in [WAITING TIME ADJUSTMENT \(TREATMENT\)](#).

CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The Maternity and Children's Data Set has been developed as a key driver to achieving better outcomes of care for mothers, babies and children. The data set will provide comparative, mother and child-centric data that will include information on incidence and care that can be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities. The child health element of the data set covers all stages of the care pathway across primary, secondary and tertiary sectors from birth until the day before the 19th birthday and/or transition into adult services. The initial data collection will concentrate on the data required to support the Healthy Child Programme and will for the first time:

- allow maternal and child health data to be linked so that vital information can be used to improve services
- provide comparative data (demographics, equalities, interventions and outcomes from pregnancy through childhood) so that health visiting services can be directed to areas with most need
- provide planners, commissioners and managers with reliable information on service delivery, which can be used to inform future planning and service improvements
- improve accountability, making it easier for the public to access comparative information to support them in making decisions about type and place of care
- record outcomes to contribute to clinical risk management and governance to reduce litigation costs
- underpin the improvement of local information systems to meet data set standards.

Data Collection

The [Children and Young People's Health Services Data Set](#) (also known as the [Children and Young People's Health Service Secondary Uses Data Set](#)) provides the definitions for data:

- to be lodged in the data warehouse regularly and routinely
- to be assembled, compiled and to flow into a secondary uses data warehouse
- to provide timely, pseudonymised patient-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

Data is expected to be collected from various clinical systems, collated and assembled through the compiler. This standard is intended to facilitate electronic data recording and reporting but it is not intended to create clinical records for Children's and Young People's Health Services or to enable other systems to interoperate with other clinical systems.

Submission Information

The [Children and Young People's Health Services Data Set](#) is submitted to the [Health and Social Care Information Centre \(HSCIC\)](#) using the [Children and Young People's Health Services Data Set XML Schema](#). The [Children and Young People's Health Services Data Set](#) is submitted to [NHS Digital](#) using the [Children and Young People's Health Services Data Set XML Schema](#).

Format Information

Data for submission will be formatted into an XML file as per the [Technology Reference Data Update Distribution Service \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

For enquires regarding the XML Schema, please contact the [Health and Social Care Information Centre](#) at enquiries@nhsdigital. For enquires regarding the XML Schema, please contact NHS Digital at enquiries@nhsdigital.nhs.uk.

Further Guidance

Further information and implementation guidance has been produced by the [Health and Social Care Information Centre \(HSCIC\)](#) and is available at: [Children and Young People's Health Services Data Set](#). Further information and implementation guidance has been produced by [NHS Digital](#) and is available at: [Children and Young People's Health Services Data Set](#).

CLINICAL CLASSIFICATIONS SERVICE

Change to Supporting Information: Changed Description

The [Clinical Classifications Service \(CCS\)](#) is provided by the [Health and Social Care Information Centre](#). The [Clinical Classifications Service \(CCS\)](#) is provided by [NHS Digital](#).

The [Clinical Classifications Service](#) is the definitive source of clinical coding guidance and sets the national standards used by the NHS in coding clinical data.

For further information on the [Clinical Classifications Service](#), see the [Health and Social Care Information Centre](#) website at: [About the Clinical Classifications Service](#). For further information on the [Clinical Classifications Service](#), see the [NHS Digital](#) website at: [About the Clinical Classifications Service](#).

COMMISSIONING DATA SET BUSINESS RULES

Change to Supporting Information: Changed Description

The [Commissioning Data Sets](#) have notation to identify the business and/or processing rules which apply to individual Data Elements. This notation appears in the [Rules](#) column of the [Commissioning Data Sets](#) details page.

Population Validation

All Data Elements are subject to **length** validation. Some Data Elements are also subject to **format** and **content** validation against a list of permitted values defined in the NHS Data Model and Dictionary. The value lists are held on the Attribute which the Data Element is based on, plus default codes which are held on the Data Element itself.

RULE	POPULATION VALIDATION
F	The format is validated, for example the format of a DATE must comply with the XML standard.
V	The Data Element is validated against an explicit list of permitted values as defined in the NHS Data Model and Dictionary.

Business Rules

Some Data Elements are subject to additional Business Rules as indicated below:

- **Prefix H** = [Healthcare Resource Group](#) Business Rules.
- **Prefix I** = CDS-XML Schema anomalies and issues.
- **Prefix N** = NHS Data Standards and Policy Rules
- **Prefix S** = [Secondary Uses Service](#) Business Rules

PREFIX	BUSINESS RULES: H - Healthcare Resource Group Business Rules
H4	This Data Element 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 Secondary Uses Service Guidance page.
H4	This Data Element 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 .

PREFIX	BUSINESS RULES: I - CDS-XML Schema Anomalies and Issues
I1	This is a known schema anomaly and has been registered for future resolution.
I2	See the specifications in the NHS Data Model and Dictionary for the specific format characteristics of this Data Element.
I3	There is no national requirement to flow Healthcare Resource Group 4 (HRG4) through the Commissioning Data Sets, see DSCN 17/2008 .

PREFIX	BUSINESS RULES: N - NHS Data Standards and Policy Rules
N1	Psychiatric PATIENTS only.
N2	Not defined or approved by the Standardisation Committee for Care Information or its predecessor the Information Standards Board for Health and Social Care .
N3	The definition and value list for this data is under review.
N4	Up to 20 codes per daily activity occurrence may be recorded.
N5	This data should only flow in Commissioning Data Set version 6-1 for PATIENTS detained under the Mental Health Act prior to the Mental Health Act 2007 (Retired June 2015).
N6	This data should only flow in Commissioning Data Set version 6-2 for PATIENTS detained under the Mental Health Act 2007.
N7	From Commissioning Data Set version 6-0 onwards, the use of the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE in the location group is optional as it must be carried in the Episode Characteristics.

PREFIX	BUSINESS RULES: S - Secondary Uses Service Business Rules
S1	This mandatory Commissioning Data Set date is used as the originating date to determine the mandatory CDS ACTIVITY DATE .
S2	The Secondary Uses Service DOES NOT support the use of the CDS TEST INDICATOR. Therefore this Data Element must not be used (Retired June 2015).
S3	See Security Issues and Patient Confidentiality , for further information.
S4	Used to ensure the correct sequencing of multiple and/or subsequent Commissioning Data Set submissions.
S5	These ORGANISATION CODES must be present and registered with the Secondary Uses Service. The Commissioning Data Set Schema does not validate the content value of this data
S6	All CDS REPORT PERIOD START DATES and CDS REPORT PERIOD END DATES must be consistent in all Commissioning Data Set records contained in a BULK Interchange submission. The CDS REPORT PERIOD START DATE must be on or before the CDS REPORT PERIOD END DATE .

	The CDS ACTIVITY DATE is a mandatory data element and must fall within the period defined. See the Commissioning Data Set Submission Protocol .
S7	See the Commissioning Data Set Addressing Grid .
S8	These Data Elements are required for correct processing by the Secondary Uses Service . If omitted, the Secondary Uses Service will reject the Commissioning Data Set data.
S9	The CDS UNIQUE IDENTIFIER is a mandatory data item when using the Net Change Protocol. When using the Bulk Update Protocol this data item is optional but it is strongly advised that where it can be correctly generated and maintained it should be used. See the Commissioning Data Set Submission Protocol .
S10	For CDS V6-2 Type 170 - Admitted Patient Care - Detained and or Long Term Psychiatric Census Commissioning Data Set , the CDS ACTIVITY DATE contains the CDS CENSUS DATE which is also the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE .
S11	For the following CDS Types , the CDS ACTIVITY DATE must contain the DATE OF ELECTIVE ADMISSION LIST CENSUS which is usually the end of the Period being reported: CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) Commissioning Data Set CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) Commissioning Data Set
S12	These PERSON BIRTH DATE Data Elements must use DATES between 01/01/1880 and 31/12/2999 in order to pass validation
S13	Data Elements reporting a DATE (which is not a PERSON BIRTH DATE Data Element) must use dates between 01/01/1900 and 31/12/2999 in order to pass validation
S14	For Data Elements reporting a TIME , the hour portion must be between 00 and 23 inclusive in order to pass validation

COMMISSIONING DATA SETS HELP

Change to Supporting Information: Changed Description

This page contains information on the following subjects:

- ~~Commissioning Data Sets~~
- ~~Commissioning Data Set Supporting Information~~
- ~~XML Schema Documentation~~
- ~~Supporting Data Sets~~

Commissioning Data Sets

~~The Commissioning Data Set is the basic structure used for the submission of commissioning data to the [Secondary Uses Service](#). Every secondary care provider in England has to send a set of standard Commissioning Data Sets to the [Secondary Uses Service](#) which contains details of all the care they have provided.~~

~~Each Commissioning Data Set name is in Title Case and where the name of a Data Set is **Aqua Blue**, it indicates that it is a hyperlink and if clicked on will display the Data Set.~~

~~To access a Commissioning Data Set,:~~

- ~~Access the NHS Data Model and Dictionary [Main Menu](#)~~
- ~~Select [Commissioning Data Sets Menu](#) from the left hand menu~~
- ~~Select [Commissioning Data Set Versions](#)~~
- ~~Select the link to [Commissioning Data Set Version 6 2 Type List](#).~~

~~Further guidance on the layout of the [Commissioning Data Sets](#) can be found at: [Commissioning Data Set Redesign Guidance Notes](#).~~

~~There are three frames to each Commissioning Data Set:~~

- ~~"Left Hand Frame": shows the Commissioning Data Set menu.~~
- ~~"Middle Frame":~~

- This displays the Data Set.
- The Data Set is split into Data Groups which contain Data Elements grouped into logical sections. For example the 'CDS Data Group: Patient Identity' contains Data Elements relating to a Patient's identity such as [NHS NUMBER](#).
- If you click on any item in the Data Set, the definition will be displayed in the "Right Hand Frame".
- **"Right Hand Frame":**
 - This initially shows an "Overview" page, which provides information relating to the type of Commissioning Data Set.
 - It displays Data Element definitions viewed from the "Middle Frame".
- Where information is displayed in frames, the width of the frames can be adjusted by clicking on the "vertical" scroll bar and dragging it left or right as appropriate.

Commissioning Data Set Supporting Information

Further information relating to Commissioning Data Sets can be accessed from the Commissioning Data Sets menu in the "Left Hand Frame".

This section provides help and guidance for transmitting the Commissioning Data Sets to the [Secondary Uses Service](#), for example, the [XML Schema TRUD Download](#). The Commissioning Data Set XML Schema, documentation and Release Notes can be downloaded via this page.

Note: XML based messaging has been mandated as the standard to be used for transmitting the Commissioning Data Sets. The XML Schema defines the nationally agreed data specification.

Schema Documentation

The Commissioning Data Set XML Message Schema is a technical document that is designed for use by anyone setting up and maintaining systems to flow Commissioning Data Sets. It offers a visual representation of the actual XML Schema against which the data is validated.

This provides:

- The Format and Length of the Data Element
- Optionality: this indicates whether Data Elements are Optional or Mandatory
- Conditionality: this indicates that there are conditions where the Data Element must be populated
- National codes (not descriptions) which are shown as enumerations
- A structural view of each Commissioning Data Set

Supporting Data Sets

Supporting Data Sets are subsets of Commissioning Data Sets and can be accessed from the [Front Page](#) as with any other Data Sets, for example, the Critical Care Minimum Data Set. All relevant Commissioning Data Sets can be accessed by clicking on the hyperlinks from this Data Set.

What would you like to do next?

•



NHS

Data Model and Dictionary Content

View the [Commissioning Data Sets Overview](#) in the NHS Data Model and Dictionary.

•



Guidance

For guidance on the Commissioning Data Set Layout, see the [Commissioning Data Set Redesign Guidance Notes](#).

This page contains information on the following subjects:

- Commissioning Data Sets
- Commissioning Data Set Supporting Information
- XML Schema Documentation
- Supporting Data Sets

Commissioning Data Sets

The Commissioning Data Set is the basic structure used for the submission of commissioning data to the [Secondary Uses Service](#). Every secondary care provider in England has to send a set of standard Commissioning Data Sets to the [Secondary Uses Service](#) which contains details of all the care they have provided.

Each Commissioning Data Set name is in Title Case and where the name of a Data Set is **Aqua Blue**, it indicates that it is a hyperlink and if clicked on will display the Data Set.

To access a Commissioning Data Set,:

- Access the NHS Data Model and Dictionary [Main Menu](#)
- Select [Commissioning Data Sets Menu](#) from the left hand menu
- Select [Commissioning Data Set Versions](#)
- Select the link to [Commissioning Data Set Version 6-2 Type List](#).

Further guidance on the layout of the [Commissioning Data Sets](#) can be found at: [Commissioning Data Set Redesign Guidance Notes](#).

There are three frames to each Commissioning Data Set:

- **"Left Hand Frame"**: shows the Commissioning Data Set menu.
- **"Middle Frame"**:
 - This displays the Data Set.
 - The Data Set is split into Data Groups which contain Data Elements grouped into logical sections. For example the 'CDS Data Group: Patient Identity' contains Data Elements relating to a Patient's identity such as [NHS NUMBER](#).
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- **"Right Hand Frame"**:
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- Where information is displayed in frames, the width of the frames can be adjusted by clicking on the "vertical" scroll bar and dragging it left or right as appropriate.

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The Commissioning Data Set XML Message Schema is a technical document that is designed for use by anyone setting up and maintaining systems to flow Commissioning Data Sets. It offers a visual representation of the actual XML Schema against which the data is validated.

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- The Format and Length of the Data Element
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What would you like to do next?

•



NHS

Data Model and Dictionary Content

View the [Commissioning Data Sets Overview](#) in the NHS Data Model and Dictionary.

•



Guidance

For guidance on the Commissioning Data Set Layout, see the [Commissioning Data Set Redesign Guidance Notes](#).

COMMISSIONING DATA SET SUBMISSION PROTOCOL

Change to Supporting Information: Changed Description

The [Commissioning Data Sets](#) submitted by providers carry information to determine the update method to be used by the [Secondary Uses Service](#) in order to update the national database.

These update rules are known as the [Commissioning Data Set Submission Protocol](#) and the set of data controls used to indicate this are carried in the Commissioning Data Set Transaction Header Group which must be present and correct in every [CDS Type](#) submitted to the [Secondary Uses Service](#).

Two Update Mechanisms are available:

- **Net Change** - to support the management of an individual [CDS Type](#) in the [Secondary Uses Service](#) database and enables Commissioning data to be inserted/ updated or deleted.
CDS Senders are expected to use the Net Change Update Mechanism wherever possible.
- **Bulk Replacement** - to support the management of bulk commissioning data for an identified [CDS BULK REPLACEMENT GROUP CODE](#) of data for a specified time period and for a specified [CDS PRIME RECIPIENT IDENTITY](#).
CDS Senders should only use the Bulk Replacement Update Mechanism in exceptional circumstances.

Net Change:

Net Change processes are managed by specific data settings as defined in the [CDS V6-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) option of the CDS Transaction Header Group. The [Secondary Uses Service](#) uses the following data to manage the database:

- [CDS SENDER IDENTITY](#)
- [CDS UNIQUE IDENTIFIER](#)
- [CDS APPLICABLE DATE](#)
- [CDS APPLICABLE TIME](#)

Each [CDS Type](#) must have a [CDS UNIQUE IDENTIFIER](#) which must be uniquely maintained for the life of that Commissioning Data Set record. This is a particular consideration where mergers and/or healthcare systems are changed or upgraded, see [Commissioning Data Set Submission and Organisation Mergers](#). Any change to the [CDS UNIQUE IDENTIFIER](#) during the "lifetime" of a Commissioning Data Set record will almost certainly result in a duplicate record being lodged in the [Secondary Uses Service](#) database.

A Commissioning Data Set record delete transaction must be sent to the [Secondary Uses Service](#) database when any previously sent Commissioning Data Set record requires deletion/removal, for example to reflect Commissioner changes etc.

Where [CDS UPDATE TYPE](#) 1 is required (delete/cancellation), an empty XML element called 'Delete Transaction' can be used instead of submitting the original [CDS Type](#) record, after the [CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#). See the CDS V6-2- XML Schema Release Notes which can be downloaded via the [XML Schema TRUD Download](#) page.

The [CDS APPLICABLE DATE](#) and [CDS APPLICABLE TIME](#) must be used to ensure that all Commissioning data is updated in the [Secondary Uses Service](#) database in the correct chronological order.

The [CDS SENDER IDENTITY](#) **must not change during the lifetime of the CDS data.**

This is particularly significant for multiple and/or merged [Organisations](#), and for those services who submit data on behalf of another [NHS Trust](#), [NHS Foundation Trust](#) or [Independent Sector Healthcare Provider](#).

Bulk Replacement

Bulk Replacement processes are managed by specific data settings as defined in the [CDS V6-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) option of the CDS Transaction Header Group. The [Secondary Uses Service](#) uses the following data to manage the database:

- [CDS SENDER IDENTITY](#)
- [CDS BULK REPLACEMENT GROUP CODE](#)
- [CDS EXTRACT DATE](#)
- [CDS EXTRACT TIME](#)
- [CDS REPORT PERIOD START DATE](#)
- [CDS REPORT PERIOD END DATE](#)
- [CDS PRIME RECIPIENT IDENTITY](#)

Every [CDS Type](#) must be submitted using the correct [CDS BULK REPLACEMENT GROUP CODE](#).

The [CDS REPORT PERIOD START DATE](#) and the [CDS REPORT PERIOD END DATE](#), (i.e. the effective date period), must be valid and consistent, and reflect the dates relevant to the Commissioning data contained in the interchange.

The [CDS SENDER IDENTITY](#) must not change during the lifetime of the Commissioning Data Set record. This is particularly significant for multiple and/or merged [Organisations](#), and for those services who submit data on behalf of another [Organisation](#).

The [CDS PRIME RECIPIENT IDENTITY](#) must be identified in each Commissioning Data Set and must not be changed during the lifetime of the Commissioning Data Set record otherwise the data stored in the [Secondary Uses Service](#) database may lose its integrity (e.g. duplicate Commissioning data may be stored).

For this reason it is advised that the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) should always be used to determine the [CDS PRIME RECIPIENT IDENTITY](#) as detailed in the [Commissioning Data Set Addressing Grid](#). Senders must also be aware that if the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) is itself derived from the [PATIENT's POSTCODE OF USUAL ADDRESS](#) then great care must be taken to manage all elements of this relationship.

If it is necessary to change any of this data during the lifetime of a Commissioning Data Set record, then the [Secondary Uses Service \(SUS\) Service Desk](#) should be contacted for advice. See [SUS Guidance](#) for contact details. See the [NHS Digital](#) website at: [SUS Guidance](#).

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

Sub contracting

If a [Health Care Provider](#) sub-contracts healthcare provision and its associated Commissioning Data Set submission to a second [Organisation](#) (eg a different [Health Care Provider](#) or a Shared Services Organisation), arrangements to submit the Commissioning Data Set data must be made locally to ensure that only one [Organisation](#) sends the Commissioning Data Set data to the [Secondary Uses Service](#).

If the second [Organisation](#) wishes to add other Commissioning data to the [Secondary Uses Service](#) database to that already submitted by the first [Organisation](#), both parties need to ensure that a different [CDS SENDER IDENTITY](#) is used. Often this is done by changing the last 2 digits of the 5 digit code (the Site element of the [ORGANISATION CODE](#)).

Note: Data sent using the same [CDS SENDER IDENTITY](#) by two different parties will most likely overwrite each other's data in the [Secondary Uses Service](#) database. ~~Further advice can be obtained from the [Secondary Uses Service \(SUS\) Service Desk](#), see [SUS Guidance](#) for contact details.~~ Further advice can be obtained from the [Secondary Uses Service \(SUS\) Service Desk](#), see the [NHS Digital](#) website at: [SUS Guidance](#).

Users should be aware of how the 15 character code of their [CDS INTERCHANGE SENDER IDENTITY](#) (also known as the EDI Address) is created. This may depend on how their XML interface solution has been set up. It may not be possible to rely on a change to the [ORGANISATION CODE \(CODE OF PROVIDER\)](#) in order to change the [CDS INTERCHANGE SENDER IDENTITY](#) should this become necessary.

COMMISSIONING DATA SET VERSION 6-2 TYPE LIST

Change to Supporting Information: Changed Description

~~For guidance on the Commissioning Data Set Layout, see the [Commissioning Data Set Redesign Guidance Notes](#) on the NHS Data Model and Dictionary website.~~ For guidance on the Commissioning Data Set Layout, see the [Commissioning Data Set Redesign Guidance Notes](#) on the NHS Data Model and Dictionary website.

CDS Layout with CDS XML Schema Rules	Overview
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Accident and Emergency Commissioning Data Set Type:	
CDS V6-2 Type 010 - Accident and Emergency CDS	CDS V6-2 Type 010 - Accident and Emergency CDS Overview
Out Patient Commissioning Data Set Types:	
CDS V6-2 Type 020 - Outpatient CDS	CDS V6-2 Type 020 - Outpatient CDS Overview
CDS V6-2 Type 021 - Future Outpatient CDS	CDS V6-2 Type 021 - Future Outpatient CDS Overview
Admitted Patient Care Commissioning Data Set Types:	
CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS	CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS Overview
CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS	CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS Overview
CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS	CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS Overview
CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS	CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS Overview
CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS	CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS Overview
CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS	CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS Overview
CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS	CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS Overview
CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS	CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS Overview
CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS	CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS Overview
Elective Admission List Commissioning Data Set Types - End Of Period Census Types:	
CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) CDS	CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) CDS Overview
CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) CDS	CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) CDS Overview
CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) CDS	CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) CDS Overview
Elective Admission List Commissioning Data Set Types - Event During Period Types:	
CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) CDS	CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) CDS Overview
CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) CDS	CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) CDS Overview
CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) CDS	CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) CDS Overview
CDS V6-2 Type 090 - Elective Admission List - Event During Period (Available or Unavailable) CDS	CDS V6-2 Type 090 - Elective Admission List - Event During Period (Available or Unavailable) CDS Overview
CDS V6-2 Type 100 - Elective Admission List - Event During Period (Old Service Agreement) CDS	CDS V6-2 Type 100 - Elective Admission List - Event During Period (Old Service Agreement) CDS Overview
CDS V6-2 Type 110 - Elective Admission List - Event During Period (New Service Agreement) CDS	CDS V6-2 Type 110 - Elective Admission List - Event During Period (New Service Agreement) CDS Overview
Commissioning Data Set Interchange and Message Controls - Mandatory for every Interchange:	
CDS V6-2 Type 001 - CDS Interchange Header	CDS V6-2 Type 001 - CDS Interchange Header Overview

CDS V6-2 Type 002 - CDS Interchange Trailer	CDS V6-2 Type 002 - CDS Interchange Trailer Overview
CDS V6-2 Type 003 - CDS Message Header	CDS V6-2 Type 003 - CDS Message Header Overview
CDS V6-2 Type 004 - CDS Message Trailer	CDS V6-2 Type 004 - CDS Message Trailer Overview
Commissioning Data Set Transaction Header Group - Mandatory for every Commissioning Data Set:	
CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol	CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol Overview
or	
CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol	CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol Overview

COMMUNITY INFORMATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The [Community Information Data Set](#) provides national definitions for the data required to generate consistent [PERSON](#)-based data from care records, which should be used for reporting and to monitor and manage [Community Health Service](#) provision.

The data collected in the [Community Information Data Set](#) is provided by Community [Health Care Providers](#) in England, and is in respect of any [PATIENT](#) in receipt of or referred to [Community Health Services](#) in England who is funded via an [NHS Standard Contract](#).

The [Community Information Data Set](#) is used by the [Department of Health](#), commissioners and providers of [Community Health Services](#) and [PATIENTS](#), as the data set provides:

- accurate information on which to make intelligent commissioning decisions to support Patient Choice and Any Qualified Provider policies
- information on the use of resources to improve the operational management of [SERVICES](#)
- information on [SERVICE](#) provision to enable and support [PATIENT](#) choice

The data is also used for the following national and local purposes:

- managing and monitoring commissioning information
- informing commissioning decisions
- traceability and visibility of [Community Health Service](#) expenditure, including support for the development of the [National Tariff Payment System](#) for [Community Health Services](#)
- monitoring access to and use of [SERVICES](#)
- addressing health inequalities
- monitoring outcomes
- ongoing service development and improvement
- comparing indicators of quality and safety of [SERVICES](#)
- research and [SERVICE](#) development.

Submission information

The [Community Information Data Set](#) is for local use only.

A future [Information Standard and Collection \(including Extraction\) Notice](#) will be published to notify providers and system suppliers of the requirement to flow the data set nationally.

Further guidance

~~Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available at: [Community Information Data Set](#).~~ Further guidance has been produced by [NHS Digital](#) and is available at: [Community Information Data Set](#).

CONTACT DETAILS

Change to Supporting Information: Changed Description

- ~~NHS Data Model and Dictionary:~~

~~Website:~~ [NHS Data Model and Dictionary Service web pages](#)

- **NHS Data Model and Dictionary:**

Website: [NHS Data Model and Dictionary Service web pages](#)

Email: information.standards@nhs.net

- ~~Health and Social Care Information Centre~~

- **NHS Digital**

~~Website:~~ [Health and Social Care Information Centre website](#) **Website:** [NHS Digital website](#)

Email: enquiries@nhsdigital.nhs.uk

- **[Standardisation Committee for Care Information](#)**

~~Website:~~ [Standardisation Committee for Care Information web pages](#) **Website:** [Standardisation Committee for Care Information web pages](#)

Email: sccl@nhs.net

- **[Department of Health](#)**

Website: [Department of Health website](#)

Queries: [Contact DH](#)

- **[Organisation Data Service](#) Queries:**

[Organisation Data Service](#) information is published:

- ~~on the [Organisation Data Service web pages](#)~~
- on the [Organisation Data Service web pages](#)
- to named recipients both inside the NHS and to others licensed to use this data in support of the NHS, through the online [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- as a subset of the data on the [NHS Choices website](#).

Email: exeter.helpdesk@nhs.net

- **Postcodes:**

[Office for National Statistics](#)

Website links:

- [Office for National Statistics](#)

- [National Statistics Postcode Products](#).

Email: ons.geography@ons.gov.uk

COPYRIGHT STATEMENT

Change to Supporting Information: Changed Description

Copyright © ~~Health and Social Care Information Centre~~ Copyright © NHS Digital.

~~For more guidance on copyright see www.hscic.gov.uk/terms-and-conditions.~~ For more guidance on copyright see <http://digital.nhs.uk/terms-and-conditions>.

If you have any queries on copyright and crown copyright, please contact the Data Access and Information Sharing team via the Contact Centre at: enquiries@nhsdigital.nhs.uk.

DATA DICTIONARY CHANGE NOTICE

Change to Supporting Information: Changed Description

A [Data Dictionary Change Notice \(DDCN\)](#) is a notice of a change to the NHS Data Model and Dictionary which is not appropriate for [Standardisation Committee for Care Information](#) publication as an [Information Standard and Collection \(including Extraction\) Notice](#), as the change does not relate to an individual standard.

~~Further information on [Data Dictionary Change Notices](#) can be found on the [NHS Data Model and Dictionary Service](#) part of the [Health and Social Care Information Centre](#) website at:~~ Further information on [Data Dictionary Change Notices](#) can be found on the [NHS Data Model and Dictionary Service](#) part of the [NHS Digital](#) website at:

- [Policy and Publications page](#)
- ~~[Data Dictionary Change Notices page](#)~~
- [Policy and Publications page](#)
- [Data Dictionary Change Notices page](#).

DATA SERVICES FOR COMMISSIONERS

Change to Supporting Information: Changed Description

~~The [Data Services for Commissioners \(DSfC\)](#) is provided by the [Health and Social Care Information Centre](#) under direction from [NHS England](#).~~ The [Data Services for Commissioners \(DSfC\)](#) is provided by [NHS Digital](#) under direction from [NHS England](#).

~~The [Data Services for Commissioners](#) is delivered by staff seconded into the [Health and Social Care Information Centre](#) from [Commissioning Support Units](#).~~ The [Data Services for Commissioners](#) is delivered by staff seconded into [NHS Digital](#) from [Commissioning Support Units](#). The seconded staff are based in [Data Services for Commissioners Regional Offices](#).

The [Data Services for Commissioners](#):

- processes data to support local commissioning whilst protecting confidentiality
- receive and process personal confidential data (PCD) on behalf of [Commissioning Support Units](#), [Clinical Commissioning Groups](#), [NHS England Regions \(Geography\)](#) and Public Health [Organisations](#).

~~For further information on the [Data Services for Commissioners](#), see the [Health and Social Care Information Centre](#) website at: [Data Services for Commissioners](#).~~ For further information on the [Data Services for Commissioners](#), see the [NHS Digital](#) website at: [Data Services for Commissioners](#).

DATA SERVICES FOR COMMISSIONERS REGIONAL OFFICE

Change to Supporting Information: Changed Description

A [Data Services for Commissioners Regional Office \(DSCRO\)](#) is an [Organisation](#) within the [Health and Social Care Information Centre](#). A [Data Services for Commissioners Regional Office \(DSCRO\)](#) is an [Organisation](#) within [NHS Digital](#).

A [Data Services for Commissioners Regional Office](#) is a local office of the [Data Services for Commissioners](#).

For further information on the [Data Services for Commissioners Regional Offices](#), see the [Health and Social Care Information Centre](#) website at: [Data Services for Commissioners](#). For further information on the [Data Services for Commissioners Regional Offices](#), see the [NHS Digital](#) website at: [Data Services for Commissioners](#).

DEPARTMENT OF HEALTH

Change to Supporting Information: Changed Description

The [Department of Health \(DH\)](#) is an [Organisation](#).

The [Department of Health](#) helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

For further information on the [Department of Health](#), see the [Department of Health](#) part of the [gov.uk website](#).

A new health and care system became fully operational from 1 April 2013 to deliver the ambitions set out in the Health and Social Care Act 2012.

To achieve this, the [Department of Health](#) is supported by a number of agencies and public bodies, including:

- [Care Quality Commission](#)
- [Health and Social Care Information Centre](#)
- [Health Education England](#)
- [Health Research Authority](#)
- [Monitor](#)
- [National Institute for Health and Care Excellence](#)
- [NHS Digital](#)
- [NHS England](#)
- [NHS Business Services Authority](#)
- [NHS Trust Development Authority](#)
- [Public Health England](#).

For further information on the role of the [Department of Health](#) in the new system, see the [Department of Health](#) part of the [gov.uk website](#).

FEMALE GENITAL MUTILATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The [Female Genital Mutilation Data Set](#) provides essential information in relation to the female genital mutilation population across England.

The [Female Genital Mutilation Data Set](#) is used:

- To publish Official Statistics which will inform the [Department of Health](#), [NHS England](#), other Government Agencies and the public, about female genital mutilation when it has been identified
- To identify the potential risk of female genital mutilation to young girls and vulnerable women
- For better planning and management of female genital mutilation [SERVICES](#) at a local level and across England

Data may be input immediately using an input screen via the [HSCIC](#) Clinical Audit Platform when female genital mutilation is identified, or data extracts for Patients, can be submitted as a bulk upload on a monthly basis for each [Organisation](#). Data may be input immediately using an input screen via the [NHS Digital](#) Clinical Audit Platform when female genital mutilation is identified, or data extracts for Patients, can be submitted as a bulk upload on a monthly basis for each [Organisation](#).

[CARE CONTACT](#) activities undertaken for female genital mutilation [PATIENTS](#) during the [REPORTING PERIOD](#) are reported in the data upload. This includes any attendances at an [Out-Patient Clinic](#) led by any type of [CARE PROFESSIONAL](#), [Hospital Provider Spells](#), [Accident and Emergency Attendances](#), [Group Therapy](#), [Ward Attendances](#); or any other type of direct [PATIENT](#) facing [CARE CONTACT](#), with an exception to [Sexual and Reproductive Health Clinics](#) and Genitourinary Medicine (GUM) clinics, who are not required to submit the [Female Genital Mutilation Data Set](#) to the [Health and Social Care Information Centre](#). This includes any attendances at an Out-Patient Clinic led by any type of [CARE PROFESSIONAL](#), [Hospital Provider Spells](#), [Accident and Emergency Attendances](#), [Group Therapy](#), [Ward Attendances](#); or any other type of direct [PATIENT](#)-facing [CARE CONTACT](#), with an exception to [Sexual and Reproductive Health Clinics](#) and Genitourinary Medicine (GUM) clinics, who are not required to submit the [Female Genital Mutilation Data Set](#) to the [NHS Digital](#).

The associated [SNOMED CT Subsets](#) for the [Female Genital Mutilation Data Set](#) are listed below:

- Female genital mutilation related findings - Original ID 58681000000133
- Female genital mutilation related procedures - Original ID 58671000000131

DATA EXTRACT SPECIFICATION

Description:

The [Department of Health](#) requires all [NHS Trusts](#), [NHS Foundation Trusts](#) and [GENERAL MEDICAL PRACTITIONERS](#) to generate and provide a data extract in accordance with the [Female Genital Mutilation Data Set](#). This requirement is applicable to all [CARE PROFESSIONALS](#) in these [Organisations](#) whenever it has been identified that a woman or young girl has undergone female genital mutilation.

Further information is available on the [Health and Social Care Information Centre website](#). Further information is available on the [NHS Digital](#) website at: [Female Genital Mutilation Datasets](#).

Time period:

Data extracted from systems can be submitted as a bulk upload on a quarterly basis for each [Organisation](#).

Format:

Data submitted by the bulk upload facility must be formatted in 3 separate comma separated variable (csv) files (i.e. Patient, Attendance or Female Genital Mutilation), which are used to populate the [Health and Social Care Information Centre](#) Clinical Audit Platform. Data submitted by the bulk upload facility must be formatted in 3 separate comma separated variable (csv) files (i.e. Patient, Attendance or Female Genital Mutilation), which are used to populate the [NHS Digital](#) Clinical Audit Platform. The data elements should be transmitted in the order specified in the [Female Genital Mutilation Data Set](#).

Transmission

Electronic files must be transmitted to the [Health and Social Care Information Centre](#) via the Clinical Audit Platform which is a secure web portal. Electronic files must be transmitted to [NHS Digital](#) via the Clinical Audit Platform which is a secure web portal.

Connection to the web portal requires registration to the Clinical Audit Platform, which will include the provision of a login account name and password.

Further information about the Clinical Audit Platform and the data upload facility can be found on the [Clinical Audit Platform web pages](#) on the [Health and Social Care Information Centre](#) website. Further information about the Clinical Audit Platform and the data upload facility can be found on the [Clinical Audit Platform web pages](#) on the [NHS Digital](#) website.

Further guidance on the [Female Genital Mutilation Data Set](#) can be found on the [Standardisation Committee for Care Information publication web pages](#) on the [Health and Social Care Information Centre](#) website. Further guidance on the [Female Genital Mutilation Data Set](#) can be found on the [Standardisation Committee for Care Information publication web pages](#) on the [NHS Digital](#) website.

HEALTHCARE RESOURCE GROUP

Change to Supporting Information: Changed Description

Developed by the [National Casemix Office](#), [Healthcare Resource Groups](#) (HRGs) are standard groupings of clinically similar treatments which use common levels of healthcare resource.

[Healthcare Resource Groups](#) offer [Organisations](#) the ability to understand their [ACTIVITY](#) in terms of the types of [PATIENTS](#) they care for and the treatments they undertake. They enable the comparison of [ACTIVITY](#) within and between different [Organisations](#) and provide an opportunity to benchmark treatments and services to support trend analysis over time.

[Healthcare Resource Groups](#) are currently used as a means of determining fair and equitable reimbursement for care services delivered by [Health Care Providers](#). Their use as consistent 'units of currency' supports standardised healthcare commissioning across the NHS. They improve the flow of finances within - and sometimes beyond - the NHS.

For further information on [Healthcare Resource Groups](#), see the [Health and Social Care Information Centre](#) website at: [Introduction to Healthcare Resource Groups](#). For further information on [Healthcare Resource Groups](#), see the [NHS Digital](#) website at: [Introduction to Healthcare Resource Groups](#).

HELP INTRODUCTION


Change to Supporting Information: Changed Description

Welcome to the NHS Data Model and Dictionary Help Pages

- This page provides a list of all NHS Data Model and Dictionary help pages.
- All the pages listed below can also be accessed from the menu in the left hand frame.
- The help pages have three icons which are a visual prompt to indicate that there is a hyperlink.

Please note that the icons are not hyperlinks.

ITEM NAME	DESCRIPTION	
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NAVIGATION		
		
		This icon indicates that there is a hyperlink to a page within the NHS Data
About Us	The NHS Data Model and Dictionary is maintained by the NHS Data Model and Dictionary Service	None
All Item Index (A-Z)	The NHS Data Model and Dictionary has an All Items Index which lists all the items in the dictionary in alphabetical order	All Items Index (A-Z)

Attributes	An Attribute is the detailed information that describes a Class	Attributes
Background	The NHS Data Model and Dictionary provides a reference point for approved Information Standards and Collections (including Extractions) (ISCEs) within the NHS in England	None
Classes	A Class is something that you want to describe and the Attributes define the detail for the Class	Classes
Commissioning Data Sets	The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service	Commissioning Data Sets
Commissioning Data Sets	The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service	Commissioning Data Sets
Data Collections	A Data Collection or Data Set is a group of Data Elements that are required to support business analysis	Data Collections
Data Elements	A Data Element is the definition of the information which usually flows in a Data Set. In addition, they can contain text providing guidance, support, values or other information	Data Elements
Data Modelling Introduction	The NHS Data Model and Dictionary is made up of a	None

	number of components	
Demonstrations	A number of short demonstrations are available which will take you through the NHS Data Model and Dictionary components	None
Diagrams	The NHS Data Model and Dictionary has a small set of diagrams which represent parts of the NHS Data Model	Diagrams
Help Introduction	The NHS Data Model and Dictionary Help Introduction Page will help direct you to the information you require	None
Navigation	There are many ways to navigate the NHS Data Model and Dictionary.	None
NHS Business Definitions	Each NHS Business Definition consists of freestanding text which describes an aspect of NHS activity	NHS Business Definitions
Related DDCN/DSCN/ISN	The Related DDCN/DSCN/ISN link shows which Data Dictionary Change Notice (DDCN) , Data Set Change Notice (DSCN) or Information Standard and Collection (including Extraction) Notice (ISCE) made changes to an item	Main Menu
Search	The NHS Data Model and Dictionary has a Quick Search Facility and an Advanced Search Facility	Main Menu and Advanced Search
Supporting Information	Supporting Information provides information to help users	Supporting Information

	understand and use the NHS Data Model and Dictionary	
Test Your Knowledge	Test Your Knowledge can be found at the end of each Demonstration to check your understanding of the subject	None
What's New	The What's New page shows the Information Standards and Collections (including Extractions) Notices, Data Set Change Notices and Data Dictionary Change Notices that have been incorporated into each release of the NHS Data Model and Dictionary	What's New

** This is not a demonstration, guidance is available on the new Commissioning Data Set Layout.

Please note that the information contained in the demonstrations was correct at the time of publication.

HOSPITAL EPISODE STATISTICS

Change to Supporting Information: Changed Description

[Hospital Episode Statistics](#) is a data warehouse containing details of all Admitted Patient Care, Outpatient Attendances and Accident and Emergency Attendances in England. It includes private [PATIENTS](#) treated by the NHS, [PATIENTS](#) who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

For further information on [Hospital Episode Statistics](#), see the [Health and Social Care Information Centre](#) website at: [Hospital Episode Statistics](#). For further information on [Hospital Episode Statistics](#), see the [NHS Digital](#) website at: [Hospital Episode Statistics](#).

IMMUNISATION PROGRAMMES ACTIVITY DATA SET (KC50) OVERVIEW

Change to Supporting Information: Changed Description

This return is suspended.

~~For further information, see the [Health and Social Care Information Centre](#) website.~~ For further information, see the [NHS Digital](#) website at: [Immunisation Programmes Collection \(KC50\)](#).

The [Immunisation Programmes Activity Data Set \(KC50\)](#) requires summary information from [Primary Care Trusts](#) about the delivery of [Immunisation Programmes](#) for the following [VACCINE PREVENTABLE DISEASES](#):

- Diphtheria, Tetanus and Polio (Td/IPV)
- Measles, Mumps and Rubella (MMR), and
- Tuberculosis (BCG).

The responsible population for the [Primary Care Trusts](#) with respect to the delivery of these [Immunisation Programmes](#) includes:

- [PERSONS](#) registered with a [GENERAL MEDICAL PRACTITIONER](#) whose [GP Practice](#) is under the responsibility of the [Primary Care Trust](#), regardless of where the child is resident, and
- any [PERSONS](#) not registered with a [GENERAL MEDICAL PRACTITIONER](#), who are resident within the [Primary Care Trust GEOGRAPHIC AREA](#).

This does not include [PERSONS](#) who are resident within the [Primary Care Trust GEOGRAPHIC AREA](#) but registered with a [GENERAL MEDICAL PRACTITIONER](#) whose [GP Practice](#) is under the responsibility of a different [Primary Care Trust](#).

Reporting

The [Immunisation Programmes Activity Data Set \(KC50\)](#) is reported for each financial year (i.e. between 1st April and 31st March), and must be received no later than the last working day of April. ~~Reporting is via the Omnibus Survey collection tool provided by the Health and Social Care Information Centre.~~ Reporting is via the Omnibus Survey collection tool provided by NHS Digital.

~~For further information on the Immunisation Programmes Activity Data Set (KC50), see the Health and Social Care Information Centre website.~~ For further information on the Immunisation Programmes Activity Data Set (KC50), see the NHS Digital website at: [Immunisation Programmes Collection \(KC50\)](#).

Immunisation Age Group

The [IMMUNISATION AGE GROUP](#) reported should reflect the age in year of the [PERSON IN PROGRAMME](#) within the [REPORTING PERIOD](#). For example, the [IMMUNISATION AGE GROUP](#) of National Code '14 Age 13 years' is used to report [Immunisation Programme](#) activity performed on a [PERSON](#) who becomes 13 years of age during the [REPORTING PERIOD](#).

~~Further guidance with respect to the application of IMMUNISATION AGE GROUPS is provided by the Health and Social Care Information Centre and can be found on the Health and Social Care Information Centre website.~~ Further guidance with respect to the application of [IMMUNISATION AGE GROUPS](#) is provided by NHS Digital and can be found on the NHS Digital website at: [Immunisation Programmes Collection \(KC50\)](#).

Part A (i): IMMUNISATION PROGRAMME ACTIVITY FOR DIPHTHERIA, TETANUS AND POLIO (Td/IPV)

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Diphtheria, Tetanus and Polio.

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) and [IMMUNISATION DOSES GIVEN TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) for each [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#).

Where the [Primary Care Trust](#) does not offer vaccination for immunisation against Diphtheria, Tetanus and Polio for a specific [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#), the [ELIGIBLE POPULATION TOTAL \(DIPHTHERIA TETANUS AND POLIO\)](#) for that [IMMUNISATION AGE GROUP \(DIPHTHERIA TETANUS AND POLIO\)](#) is reported as zero.

Part A (ii): IMMUNISATION PROGRAMME ACTIVITY FOR MEASLES, MUMPS AND RUBELLA (MMR).

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Measles, Mumps and Rubella (MMR).

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(MEASLES MUMPS AND RUBELLA\)](#) and [IMMUNISATION COURSES COMPLETED TOTAL \(MEASLES MUMPS AND RUBELLA\)](#) for each [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#).

Where the [Primary Care Trust](#) does not offer vaccination for immunisation against Measles, Mumps and Rubella (MMR) for a specific [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#), the [ELIGIBLE POPULATION TOTAL \(MEASLES MUMPS AND RUBELLA\)](#) for that [IMMUNISATION AGE GROUP \(MEASLES MUMPS AND RUBELLA\)](#) is reported as zero.

Part B (i): IMMUNISATION PROGRAMME ACTIVITY - MANTOUX TESTS FOR TUBERCULOSIS (BCG).

This group reports the delivery of [Mantoux Tests](#).

It is mandatory to report the [MANTOUX TESTS PERFORMED TOTAL \(TUBERCULOSIS\)](#) for each [IMMUNISATION AGE GROUP \(TUBERCULOSIS\)](#).

Part B (ii): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG).

This group reports [Immunisation Programme](#) activity for the delivery of vaccinations for immunisation against Tuberculosis (BCG).

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(TUBERCULOSIS\)](#) and [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS\)](#) for each [IMMUNISATION AGE GROUP \(TUBERCULOSIS\)](#).

Part C (i): IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1 YEAR.

This group reports [Immunisation Programme](#) activity for the offer and delivery of vaccinations for immunisation against Tuberculosis (BCG), for [PERSONS](#) aged under 1 year.

It is mandatory to report the [ELIGIBLE POPULATION TOTAL \(TUBERCULOSIS\)](#) for each of the following [IMMUNISATION PROGRAMME TYPES \(TUBERCULOSIS\)](#):

National Codes:

- 2 Planned programme for infants aged under 1 year, vaccinated routinely
- 3 Planned programme for infants aged under 1 year, in selective high-risk group

It is mandatory to report the [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS\)](#) for each of the following [IMMUNISATION PROGRAMME TYPES \(TUBERCULOSIS\)](#):

National Codes:

- 2 Planned programme for infants aged under 1 year, vaccinated routinely
- 3 Planned programme for infants aged under 1 year, in selective high-risk group
- 4 Other programme

Part C (ii) SUMMARISED IMMUNISATION PROGRAMME ACTIVITY FOR TUBERCULOSIS (BCG) FOR PERSONS AGED UNDER 1 YEAR.

This mandatory group reports the [IMMUNISATION DOSES GIVEN TOTAL \(TUBERCULOSIS - PERSONS UNDER 1 YEAR\)](#) to all [PERSONS](#) aged under 1 year.

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The collection of outcome data including clinical scores is a defining characteristic for stepped care and the [National Institute for Health and Care Excellence \(NICE\)](#) recommended model of delivery of psychological therapies.

The [Improving Access to Psychological Therapies Data Set](#) provides an agreed national standard for data collection for commissioned providers of psychological therapy for anxiety and depression. Standardised [PATIENT](#) centred information facilitates an integrated approach to the provision of psychological therapies and leads to improvements in the quality of services.

The [Improving Access to Psychological Therapies Data Set](#) supports:

- Clinicians to evaluate the effectiveness, refine and adapt the interventions provided using [PATIENT](#) outcome measures
- Development and refinement of policy relating to psychological therapies
- Monitoring the implementation and effectiveness of the [Improving Access to Psychological Therapies \(IAPT\) Programme](#)
- The equity of provision in relation to geographical, gender, age, ethnicity, religion, sexual orientation and [DISABILITY](#) coverage of the new services
- The profile of therapy types provided, diagnosis pattern and durations of interventions and the frequency of multi-step interventions; and the relationship of these to presenting problems, medication usage, outcomes (clinical, symptomatic, work and social)
- Performance management at [Clinical Commissioning Group](#) and national level
- Better planning and management of services at local level
- Waiting Time monitoring through the central calculation of waiting times
- Monitoring of [PATIENT](#) experience to inform service delivery
- Capture of activity and movement across the stepped care pathway
- The development of a payment system for [Improving Access to Psychological Therapies Services](#).

The [Improving Access to Psychological Therapies Data Set](#) includes information on:

- [PATIENT](#) Demographics: Geographical, gender, age, ethnicity, religion, sexual orientation and [DISABILITY](#)
- Care Pathways: [PROVISIONAL DIAGNOSIS](#) information, psychological intervention types, referral and sessional details
- [APPOINTMENTS](#): Clinical, economic and social outcomes relating to the interventions provided
- Waiting Time Pauses: [ACTIVITY SUSPENSION](#) periods across the [PATIENT](#)'s care pathway
- [Improving Access to Psychological Therapies Patient Experience Questionnaires](#): Improving Access to Psychological Therapies treatment and assessment questionnaires
- [National Tariff Payment System](#): Additional data items to support the introduction and development of a payment system for [Improving Access to Psychological Therapies Services](#).

Time period

The extract covers one month.

Frequency

Reports are run monthly.

Further Guidance

Further guidance relating to the [Improving Access to Psychological Therapies Data Set](#) is available on the:

- ~~[Health and Social Care Information Centre](#) website at: [Improving Access to Psychological Therapies Data Set](#)~~
- [NHS Digital](#) website at: [Improving Access to Psychological Therapies Data Set](#)
- [Improving Access to Psychological Therapies \(IAPT\) Programme](#) website at: [Measuring Outcomes](#).

Change to Supporting Information: Changed Description

NHS DATA MODEL AND DICTIONARY

Version 3

[What's New: July 2016](#)



**Welcome to
Data Model
Dictionary for
England**

**If you would
know more
or need help
the NHS Data
and Dictionary
the [Help](#) page**

The NHS Data Model and Dictionary is a reference published by approved [Information Standards and Collections \(ISCs\)](#) (or [Extractions](#)) to support health activities with NHS in England. It has been developed by everyone who actively involves the collection of clinical data for the management of information in



The NHS Data Model and Dictionary is maintained and published by [Data Model and Dictionary Set](#). All changes are governed by the [Standardisation Committee for Information](#). It is published as [Information Standards and Collections \(ISCs\)](#) (or [Extractions](#)) [Notices](#) (ISC [Dictionary Change Notices](#) (DDC

**Rel
[Frequency](#)**

[Department](#)

[Health and](#)

INFORMATION STANDARD AND COLLECTION (INCLUDING EXTRACTION) NOTICE

Change to Supporting Information: Changed Description

An [Information Standard and Collection \(including Extraction\) Notice](#) is either a notice of an:

- Information Standard approved by the [Information Standards Board for Health and Social Care \(ISB\)](#) or
- ~~Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Department of Health, NHS England](#) or [Health and Social Care Information Centre](#).~~
- Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Department of Health, NHS England](#) or [NHS Digital](#).

An [Information Standard and Collection \(including Extraction\) Notice](#) was previously known as Information Standard (ISN) and [Data Set Change Notice](#) (DSCN).

When a health and social care [Organisation](#) in England receives an [Information Standard and Collection \(including Extraction\) Notice](#), they ensure that they and their contractors comply with the notice as specified.

The types of [Information Standards and Collections \(including Extractions\) Notices](#) are:

- **ISN: Information Standard Notice**
 - An Information Standard and Notice (ISN) is a notice of an Information Standard approved by the [Information Standards Board for Health and Social Care \(ISB\)](#).
 - Information Standard Notices published after 1 April 2014 are accepted by the [Standardisation Committee for Care Information](#) under [Information Standards Board for Health and Social Care](#) criteria.
- **ISN - IS: Information Standard Notice - Information Standard**
 - An 'Information Standard Notice (ISN) - IS' is a notice of an Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Department of Health](#) or [NHS England](#).
 - The [ISCE](#) is designated 'IS' to differentiate it from:
 - an ISN approved by the [Information Standards Board for Health and Social Care](#) or
 - an ISN issued in respect of collections (i.e. ISN - MC or ISN - NC).
- **~~ISN - MC: Information Standard Notice - Mandatory Collection~~**
 - ~~An 'Information Standard Notice (ISN) - MC' is a notice of an Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Health and Social Care Information Centre](#).~~
 - ~~The ISN is designated 'MC' to show it is a mandatory collection.~~

- **ISN - MC: Information Standard Notice - Mandatory Collection**

- An 'Information Standard Notice (ISN) - MC' is a notice of an Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by [NHS Digital](#).
- The ISN is designated 'MC' to show it is a mandatory collection.

- ~~**ISN - NC: Information Standard Notice - Non-mandatory Collection**~~

- ~~An 'Information Standard Notice (ISN) - NC' is a notice of an Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by the [Health and Social Care Information Centre](#).~~
- ~~The ISN is designated 'NC' to show it is a non-mandatory collection.~~

- **ISN - NC: Information Standard Notice - Non-mandatory Collection**

- An 'Information Standard Notice (ISN) - NC' is a notice of an Information Standard and Collection (including Extraction) (ISCE) accepted by the [Standardisation Committee for Care Information \(SCCI\)](#) for formal approval by [NHS Digital](#).
- The ISN is designated 'NC' to show it is a non-mandatory collection.

~~Further information on [Information Standards and Collections \(including Extractions\) Notices](#) can be found on the [Health and Social Care Information Centre](#) website at [Glossary of SCCI acronyms, words and phrases](#).~~ Further information on [Information Standards and Collections \(including Extractions\) Notices](#) can be found on the [NHS Digital](#) website at [Glossary of SCCI acronyms, words and phrases](#).

[Information Standards and Collections \(including Extractions\) Notices](#) published by the:

- [Information Standards Board for Health and Social Care](#) can be found on it's website at [Library](#)
- ~~[Health and Social Care Information Centre](#) can be found on it's website at [Information Standards Notices](#).~~
- [NHS Digital](#) can be found on it's website at [Information Standards Notices](#).

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

Change to Supporting Information: Changed Description

[International Classification of Diseases \(ICD\)](#) is the international standard diagnostic classification for all general epidemiological, health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines.

[International Classification of Diseases \(ICD\)](#) provides systematic analysis, interpretation and comparison of morbidity data collected in different areas and at different times. It is a means of classifying medical terms and is defined as a system of categories to which morbid entries are assigned according to established criteria. It is used to support operational and strategic planning, resource utilisation, performance management, reimbursement, research and epidemiology.

It is published by the [World Health Organisation](#) and further information is available from the [World Health Organisation website](#).

The classifications are revised periodically and national information standards and collections requiring [International Classification of Diseases \(ICD\)](#) coding should use the latest mandated version of the [International Classification of Diseases \(ICD\)](#) as given in the table below.

Year	Revision and Edition
Up to 31 March 1995	9th Revision
01-Apr-1995 to 31-Mar-2004	10th Revision

01-Apr-2004 to 31-Mar-2012	10th Revision - Reprinted (with corrections and updates) 2000
01-Apr-2012 to 31-Mar-2016	10th Revision 4th Edition
01-Apr-2016 until further notification	10th Revision 5th Edition

~~For details on current versions and further information, see the [Clinical Classifications Service](#) part of the [Health and Social Care Information Centre](#) website at: [Clinical Classifications Service](#).~~ For details on current versions and further information, see the [Clinical Classifications Service](#) part of the [NHS Digital](#) website at: [Clinical Classifications Service](#).

MAINTENANCE

Change to Supporting Information: Changed Description

The [Standardisation Committee for Care Information](#) ([SCCI](#)) agreed an end-to-end process for the development of [Information Standards and Collections \(including Extractions\)](#) ([ISCEs](#)) from 1 April 2014.

The [Health and Social Care Information Centre](#) ([HSCIC](#)) manages this process on behalf of the [Standardisation Committee for Care Information](#).

The methodology can be found on the [Health and Social Care Information Centre website](#).

What would you like to do next?

•



NHS

Data Model and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).

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Help Pages

If you need help using the NHS Data Model and Dictionary, access the [Help](#) pages.

The [Standardisation Committee for Care Information \(SCCI\)](#) agreed an end to end process for the development of [Information Standards and Collections \(including Extractions\) \(ISCEs\)](#) from 1 April 2014.

[NHS Digital](#) manages this process on behalf of the [Standardisation Committee for Care Information](#).

The methodology can be found on the [NHS Digital](#) website at: [The SCCI process](#).

What would you like to do next?

•



NHS

Data Model and Dictionary Content

Access the NHS Data Model and Dictionary [Main Menu](#).

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Help Pages

If you need help using the NHS Data Model and Dictionary, access the [Help](#) pages.

MATERNITY SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Contextual Overview

The Maternity and Children's Data Sets have been developed as a key driver to achieving better outcomes of care for mothers, babies and children.

The [Maternity Services Data Set](#) provides comparative, mother and child-centric data that includes information on incidence and care that can be used to improve clinical quality and service efficiency; and to commission services in a way that improves health and reduces inequalities.

The [Maternity Services Data Set](#) contains two data sets for:

- [Maternity Services Data Set](#) (also known at the [Maternity Services Secondary Uses Data Set](#)) where the information is identifiable
- [Mothers Sexual Health and Infectious Diseases Data Set](#) where the information is anonymised.

The [Maternity Services Data Set](#):

- allows maternal and child health data to be linked so that vital information can be used to improve services
- addresses health inequalities
- provides comparative data (demographics, equalities, interventions and outcomes from pregnancy through childhood) so that health visiting services can be directed to areas with most need
- improves accountability, making it easier for the public to access comparative information to support them in making decisions about type and place of care
- records outcomes to contribute to clinical risk management and governance to reduce litigation costs
- supports the development of maternity networks and changes to the maternity tariff to drive the extension of women's choices of maternity care, and
- underpins the improvement of local information systems to meet data set standards
- supports the Maternity Currencies.

Data Collection

The [Maternity Services Data Set](#) provides the definitions for data:

- to be lodged in the data warehouse regularly and routinely e.g. monthly. Extracts for [Hospital Episode Statistics \(HES\)](#) and other reports will be taken at prearranged intervals for publication as currently with the process for Commissioning Data Sets;
- to be assembled, compiled and to flow into a secondary uses data warehouse;
- to provide timely, pseudonymised [PATIENT](#)-based data and information for purposes other than direct clinical care, e.g. planning, commissioning, public health, clinical audit, performance improvement, research, clinical governance.

The [Maternity Services Data Set](#) enables standardised collection of data from various services to be assembled for reporting purposes.

Submission information

The [Maternity Services Data Set](#) is submitted to the [Health and Social Care Information Centre \(HSCIC\)](#) using the [Maternity Services Data Set XML Schema](#). The [Maternity Services Data Set](#) is submitted to [NHS Digital](#) using the [Maternity Services Data Set XML Schema](#).

Format information

Data for submission will be formatted into an XML file as per the [Technology Reference Data Update Distribution Service \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

~~For enquires regarding the XML Schema, please contact the [Health and Social Care Information Centre](#) at enquiries@nhsdigital.~~ For enquires regarding the XML Schema, please contact [NHS Digital](#) at enquiries@nhsdigital.nhs.uk.

Further guidance

~~Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available at [Maternity Data Set](#).~~ Further guidance has been produced by [NHS Digital](#) and is available at [Maternity Data Set](#).

MENTAL HEALTH SERVICES DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Mental Health Services Data Set \(MHSDS\)](#) is a [PATIENT](#) level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults (including elderly people) who are in contact with specialist secondary [Mental Health Services](#).

As a secondary uses data set, the [Mental Health Services Data Set](#) re-uses clinical and operational data for purposes other than direct [PATIENT](#) care and defines the data items, definitions and associated value sets to be extracted or derived from local information systems.

All [ACTIVITY](#) relating to [PATIENTS](#) who receive specialist secondary [Mental Health Services](#) and have, or are thought to have:

- A mental illness
- A [Learning Disability](#)
- An [Autistic Spectrum Disorder](#)
- Any combination of mental health, [Learning Disability](#) or [Autistic Spectrum Disorder](#) needs

are within scope of the [Mental Health Services Data Set](#).

The scope of the [Mental Health Services Data Set](#) requires [PATIENT](#) record level data submission from [SERVICES](#) as follows:

For each [PATIENT](#):

- If the care is wholly funded by the NHS: the data submission for that [PATIENT](#) is mandatory
- If the care is partially funded by the NHS: the data submission for that [PATIENT](#) is mandatory
- If the care is wholly funded by any means that is not NHS: the data submission for that [PATIENT](#) is optional.

Children and adolescents (including those with a [Learning Disability](#) and/or [Autistic Spectrum Disorder](#)) under the age of 18 should also be included where they are in receipt of care from a specialist secondary mental health, [Learning Disabilities](#) or [Autistic Spectrum Disorder SERVICE](#) or an [Early Intervention in Psychosis \(EIP\) Service](#).

Children and young people in receipt of psychological therapies covered under the Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT) are also included within the scope of this standard. However, [ACTIVITY](#) covered in the Adult Improving Access to Psychological Therapies Programme (IAPT) is out of scope; this is submitted under the [Improving Access to Psychological Therapies Data Set](#).

The [Mental Health Services Data Set](#) is used across the range of [Health Care Providers](#) and [Organisations](#) that provide specialist secondary mental health and/or [Learning Disabilities](#) and/or [Autistic Spectrum Disorder SERVICES](#) (irrespective of funding arrangements) including:

- NHS Mental Health Trusts
- NHS Learning Disabilities Trusts
- NHS Acute Trusts
- NHS [Care Trusts](#)
- [Independent Sector Healthcare Providers](#) offering a service model that includes NHS funded and non-NHS funded [PATIENTS](#)
- Any qualified provider offering specialist secondary mental health, [Learning Disability](#) or [Autistic Spectrum Disorder SERVICES](#).

Further information regarding the structure and submission of the [Mental Health Services Data Set](#) can be found on the [Health and Social Care Information Centre](#) website at: [Mental Health Services Data Set \(MHSDS\)](#). Further information regarding the structure and submission of the Mental Health Services Data Set can be found on the NHS Digital website at: [Mental Health Services Data Set \(MHSDS\)](#).

NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction:

The Cancer Reform Strategy (2007) introduced new and changed commitments in terms of service standards for cancer [PATIENTS](#) that must be met. A Review of Cancer Waiting Times Standards was carried out by the [Department of Health](#) and published alongside [Improving Outcomes: A Strategy for Cancer \(2011\)](#).

Following this review it was confirmed in Improving Outcomes: A Strategy for Cancer that:

"overall, cancer waiting time standards should be retained. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. The current cancer waiting times standards will therefore be retained."

This updated version of the [National Cancer Waiting Times Monitoring Data Set](#) supports the continued management and monitoring of the following waiting times:

- A maximum two week wait from an urgent [GP](#) referral for suspected cancer to [DATE FIRST SEEN](#) by a specialist for all suspected cancers
- A maximum one month (31-day) wait from diagnosis ([CANCER TREATMENT PERIOD START DATE](#)) to [First Definitive Treatment](#) for all cancers
- A maximum two month (62-day) wait from urgent [GP](#) referral for suspected cancer to [First Definitive Treatment](#) for all cancers
- A maximum one month (31-day) wait from urgent [GP](#) referral for suspected cancer to [First Definitive Treatment](#) for children's cancers, testicular cancers and acute leukaemia
- A maximum 62-day wait from referral from a cancer [Screening Programme](#) to [First Definitive Treatment](#) for all cancers
- A maximum 62-day wait from a [CONSULTANTS](#) decision to upgrade the urgency of a [PATIENT](#) they suspect to have cancer to [First Definitive Treatment](#) for all cancers
- A maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where an [Anti-Cancer Drug Regimen](#), surgery or [Radiotherapy](#) is the chosen [CANCER TREATMENT MODALITY](#)
- A maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to [DATE FIRST SEEN](#).

Patient Pathway Scenarios:

The [Patient Pathway Scenarios](#) for the [National Cancer Waiting Times Monitoring Data Set](#) are to be used to manage the collection of data for all [PATIENTS](#) suspected of having, or diagnosed with cancer.

Cancer for the purpose of this data collection exercise is defined using the [International Classification of Diseases \(ICD\)](#) codes. Data for [Patient Pathway Scenarios](#) two to seven must be collected and transmitted as specified for all [PATIENTS](#) with a [PRIMARY DIAGNOSIS](#) within the range C00 to C97 or D05, or a secondary or metastatic disease linked to the original [PRIMARY DIAGNOSIS \(ICD\)](#) within this range (excluding categories relating to non-melanoma skin cancer).

A full list of the [International Classification of Diseases \(ICD\)](#) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times Useful Documentation and Links](#). A full list of the [International](#)

[Classification of Diseases \(ICD\)](#) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

When reporting patient records to the Cancer Waiting Times Database:

- The Trust first seeing a [PATIENT](#) in a particular month or quarter is responsible for ensuring that the mandated and required data fields, up to [DATE FIRST SEEN](#), are complete on the database by the national deadline.
- The Trust first treating or giving subsequent treatment to a [PATIENT](#) in a particular month or quarter is responsible for ensuring that the mandated data fields on that [PATIENT](#) are complete on the database by the national deadline.
- Data to be complete and validated 25 working days after the [REPORTING PERIOD END DATE](#), either month or quarter
- ~~Specified dates are available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~
- Specified dates are available at: [Cancer Waiting Times - Useful Documentation and Links](#).

Transmisssion:

- Information can be entered either manually through the Cancer Waiting Times Record screen (as an individual record) or via the available batch upload function.
- ~~The specification for the csv upload file is detailed in the 'National Cancer Waiting Times User Manual' available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~
- The specification for the csv upload file is detailed in the 'National Cancer Waiting Times User Manual' available at: [Cancer Waiting Times - Useful Documentation and Links](#).
- Further information relating to the data items required for the seven scenarios can be found at [Patient Pathway Scenarios](#).
- The ability to transmit the data to the Cancer Waiting Times Database in XML format will be introduced from 1 October 2016 with the current csv upload function being discontinued from 1 April 2017. Data for submission will be formatted into an XML file as per the [Technology Reference Data Update Distribution Service \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

Security and Confidentiality:

~~Security and confidentiality information to accompany the collection of this information is available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~ Security and confidentiality information to accompany the collection of this information is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

Further guidance:

- ~~Further guidance is available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~
- Further guidance is available at: [Cancer Waiting Times - Useful Documentation and Links](#).
- Any additional queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to CANCER-WAITS@dh.gsi.gov.uk.

NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS

Change to Supporting Information: Changed Description

[National Cancer Waiting Times Monitoring Data Set](#)

Concept of Operation and Patient Pathway Scenarios:

The [National Cancer Waiting Times Monitoring Data Set](#) is a generic data set designed to support the monitoring of waiting times for a variety of different pathways of cancer care. For the purpose of this data collection cancer is defined using the [International Classification of Diseases \(ICD\)](#) codes. Data must be collected and transmitted as specified for all [PATIENTS](#) with a [PRIMARY DIAGNOSIS](#) within the range C00 to C97 or D05, or a secondary or metastatic disease linked to the original [PRIMARY DIAGNOSIS \(ICD\)](#) within this range (excluding categories relating to non-melanoma skin cancer). A full list of the [International Classification of Diseases \(ICD\)](#) diagnosis

~~codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#). A full list of the International Classification of Diseases (ICD) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~

Collection and submission of the [National Cancer Waiting Times Monitoring Data Set](#) is to be managed according to the maximum waiting time and information requirements of the pathway of care for each individual [PATIENT](#). These requirements for providers of cancer [SERVICES](#) to return data to the Cancer Waiting Times Database are defined using seven different scenarios.

The seven columns in the table below show which data items are required for a range of health care scenarios:

- **Scenario 1:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from the Cancer [Screening Programme](#)
- **Scenario 2:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from the Cancer [Screening Programme](#)
- **Scenario 3:**
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from the Cancer [Screening Programme](#)
- **Scenario 4:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#)
- **Scenario 5:**
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#)
- **Scenario 6:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#)
- **Scenario 7:**
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#) list.

Data Set Notation:

- ~~**M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.~~
- ~~**M* = Mandatory if applicable:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis, where collection of the item was applicable to them. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.~~
- **M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [Organisations](#) to submit this information on a monthly basis. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.
- **M* = Mandatory if applicable:** the Standard Contract Schedule 5 requires NHS provider [Organisations](#) to submit this information on a monthly basis, where collection of the item was applicable to them. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.
- **O = Optional**
- **O* = Optional if applicable:** These optional fields should only be populated if they relate to the [PATIENT PATHWAY](#) identified in scenarios 1 to 7 and the conditions required for their use are met.
- **N/A = Not Applicable**

Data Item	Scenarios						
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
NHS NUMBER	M	M	M	M	M	M	M
NHS NUMBER STATUS INDICATOR CODE	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M*	M*	M*	M*	M*	M*
ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M*	M*	M*	M*	M*	M*
SOURCE OF REFERRAL FOR OUT-PATIENTS	M	N/A	N/A	M	N/A	O	N/A
PRIORITY TYPE CODE	M	N/A	N/A	M	N/A	O	N/A
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	O	N/A
CANCER REFERRAL TO TREATMENT PERIOD START DATE	M	M	N/A	O	N/A	O	N/A
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	M	N/A	N/A	N/A	N/A	O	N/A
CONSULTANT UPGRADE DATE	N/A	N/A	N/A	M	N/A	O	N/A
SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	N/A	N/A	N/A	M	N/A	O	N/A
DATE FIRST SEEN	M	N/A	N/A	M	N/A	O	N/A
SITE CODE (OF PROVIDER FIRST SEEN)	M	N/A	N/A	M	N/A	N/A	N/A
WAITING TIME ADJUSTMENT (FIRST SEEN)	M*	N/A	N/A	O*	N/A	N/A	N/A
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	M*	N/A	N/A	O*	N/A	N/A	N/A
DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	N/A	N/A
DELAY REASON COMMENT (FIRST SEEN)	M*	N/A	N/A	M*	N/A	N/A	N/A
MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	M*	M*	M*	M*	M*	M*	M*
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	M*	M*	M*	M*	M*	M*	M*
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	M	M	M	M	M	M	M
PRIMARY DIAGNOSIS (ICD)	N/A	M	M	M	M	M	M
METASTATIC SITE	N/A	M*	M*	M*	M*	M*	M*
TUMOUR LATERALITY	N/A	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)	M*	M	M	M	M	M	M
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	N/A	M*	M*	M*	M*	M*	M*
TREATMENT START DATE (CANCER)	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)	N/A	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	M	M	M	M	M	M

CANCER TREATMENT MODALITY	N/A	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	M	M	M	M	M	M
RADIO THERAPY INTENT	N/A	M*	M*	M*	M*	M*	M*
RADIO THERAPY PRIORITY	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON REFERRAL TO TREATMENT (CANCER)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A

Full details of the validation rules and processes are available at [Cancer Waiting Times – Useful Documentation and Links](#). Full details of the validation rules and processes are available at [Cancer Waiting Times - Useful Documentation and Links](#).

NATIONAL CASEMIX OFFICE

Change to Supporting Information: Changed Description

The [National Casemix Office \(NCO\)](#) is an [Organisation](#).

The [National Casemix Office](#) designs and refines classifications that are used by the English NHS to describe healthcare [ACTIVITY](#). These classifications underpin the [National Tariff Payment System](#) from costing through to payment, and support local commissioning and performance management.

The [National Casemix Office](#) enables the NHS to:

- **support [ACTIVITY](#) costing:** to inform the [National Tariff Payment System](#) processes
- **report on [PATIENT ACTIVITY](#) information:** to ensure that providers are paid for the [SERVICES](#) they deliver
- **provide information:** to support epidemiological studies and service planning
- **enable providers and commissioners to use HRGs to benchmark and performance manage.**

For further information on the [National Casemix Office](#), see the [Health and Social Care Information Centre website](#). For further information on the [National Casemix Office](#), see the [NHS Digital](#) website at: [National Casemix Office \(NCO\)](#).

NATIONAL INTERIM CLINICAL IMAGING PROCEDURE CODE SET

Change to Supporting Information: Changed Description

The [National Interim Clinical Imaging Procedure Code Set \(NICIP Code Set\)](#) is a comprehensive national standard set of codes and descriptions for imaging procedures and is maintained by the [UK Terminology Centre](#). It is intended for use in all [Imaging Department](#) information systems.

The [NICIP Code Set](#) was approved by the [Information Standards Board for Health and Social Care \(ISB\)](#) and is mandated for all in-scope use cases. Further detail about the initial information standard and subsequent amendments can be found on the [Information Standards Board for Health and Social Care](#) website at: [ISB 0148 "Interim Clinical Imaging Procedure Codes"](#).

The [NICIP Code Set](#) is released biannually. The release dates are the 1st of April and the 1st of October each year.

All versions of the [NICIP Code Set](#), both with and without SNOMED CT maps, are only available from the [Technology Reference Data Update Distribution Service \(TRUD\)](#).

Clinicians and system managers working with the Picture Archiving and Communication Systems (PACS) and Radiology Information Systems (RIS) can make requests for additions to the [NICIP Code Set](#). ~~All requests must first be checked for conformance to the [Editorial Principles](#).~~ All requests must first be checked for conformance to the [Editorial Principles](#).

Requests for changes to the [NICIP Code Set](#) should be made via the [Information Standards Service Desk](#) and clearly marked "Diagnostic Imaging."

~~For further information on the [National Interim Clinical Imaging Procedure Code Set](#), see the [UK Terminology website](#).~~ For further information on the National Interim Clinical Imaging Procedure Code Set, see the [UK Terminology website](#).

NATIONAL RENAL DATA SET INTRODUCTION

Change to Supporting Information: Changed Description

[National Renal Data Set Overview](#)

Introduction to the sections within the National Renal Data Set

[National Renal Data Set - Demographics](#)

This section contains data items to capture [PATIENT](#) identifiers, demographic information and organisational data. This data can be used to link different data collections together within renal care, as part of wider analysis across co-morbidities and between primary and secondary care. The demographic data can be used to analyse outcomes across different ethnic groups, age groups and geographic locations.

[National Renal Data Set - Administration](#)

The Administration section specifies data items concerning admission, discharge, referral, listing for surgery and [PATIENT](#) transport. These provide information on workforce planning, knowledge to support audits within the renal community, intelligence on the source of referral, monitoring of the rate and timeliness of referral to renal team, comparisons with set targets and understanding [PATIENT](#) views on transport and the performance of the transport provided for [PATIENTS](#).

[National Renal Data Set - Renal Care](#)

This is a general nephrology section capturing a wide range of data. It includes a [PATIENT](#)'s treatment, procedures, co-morbidities, test results and observations all of which can be used for secondary analysis of outcomes. The diagnosis, procedures and observations are split into sub sections.

[National Renal Data Set - Dialysis](#)

The data items in this section apply only to [PATIENTS](#) receiving kidney [Renal Dialysis](#). The section contains items such as [PATIENT](#) observations relevant to their [Renal Dialysis](#) treatment and adequacy, complications and procedures to construct access.

Diagnosis, procedures and observations that apply to [Renal Dialysis PATIENTS](#) regardless of the type of [Renal Dialysis](#) are specified at the beginning of the section. There are sub sections for Haemodialysis and Peritoneal

Dialysis (PD) specific diagnosis, observations and procedures. The items concerning Peritoneal Dialysis relate primarily to the actual [PRESCRIPTION](#) of Peritoneal Dialysis and data such as the number of bags per week or [Renal Dialysis](#) fluid used would be captured when the [PRESCRIPTION](#) changes.

[National Renal Data Set - Transplant](#)

There are two distinct areas of this section, namely data items to be captured for the recipient of a kidney transplant and the data items to be captured for the donor of that transplant. The recipient will be the renal [PATIENT](#) to whom the rest of the data set applies, hence the transplant section should not be taken in isolation. There are data items that are relevant to the transplant recipient specified in other sections of the data set because they are relevant to all renal [PATIENTS](#).

The donor sub section specifies data to be captured for the donor such as [Tissue Typing](#), co-morbidity and blood test result data which can be used to monitor and analyse outcomes for the recipient with regard to the source of the transplanted kidney. For cadaveric donors the items specified would be a one off collection related to the actual transplant.

[National Renal Data Set - Paediatrics](#)

This section specifies items applicable only to paediatric renal [PATIENTS](#) and captures data more appropriate for analysis and monitoring of this group. The majority of the data items in this section are currently captured on the [British Association for Paediatric Nephrology](#) Registry's data entry sheets, the remainder are new items.

[National Renal Data Set - Dietetics](#)

This section contains data items to capture [Nutritional Assessment](#) and dietary requirements/advice. Data is captured by the renal dietitian as part of the management of the [PATIENT](#)'s renal care. This data applies to all renal [PATIENTS](#) and should be captured where appropriate and where needed at every assessment with a renal dietitian.

[National Renal Data Set - Prescribed Items](#)

This section captures indicators on the [PRESCRIPTION](#) of various medications and items specific to renal care and their dosages.

For further guidance see the [Health and Social Care Information Centre website](#). For further guidance see the [NHS Digital](#) website at: [National Renal Data Set](#).

NATIONAL WORKFORCE DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [National Workforce Data Set](#) (NWD) is a reference Data Set comprising standardised definitions to facilitate the capture of nationally consistent information relating to the NHS and wider healthcare workforce. [National Workforce](#) data items and definitions support a variety of workforce based collections. They are also embedded within operational HR/workforce systems including [Electronic Staff Record \(ESR\)](#), and the NHS Jobs web system.

The [National Workforce Data Set](#) provides common definitions for those data items that are needed to support workforce planning for the NHS workforce and is intended as a reference with an agreed set of data definitions for people who plan workforce at strategic, national and local level.

The changing nature of the provision of NHS funded care is leading to plurality of supply, and therefore a [National Workforce Data Set](#) ensures that all suppliers of NHS care provide workforce information in an agreed and pre-determined format. This provides a practical means for the consistent collection of this information from all providers of NHS funded care to enable comprehensive Healthcare Workforce planning going forwards.

The information captured using the values defined in the [National Workforce Data Set](#) will also be used locally within [Organisations](#) by a range of people in addition to those mentioned above, such as in Training and Development, Workforce Information and Planning and Equality and Diversity. The accuracy and relevance of the data captured using the [National Workforce Data Set](#) values will therefore impact on a number of issues at local level and beyond.

Further guidance has been produced by the [Health and Social Care Information Centre](#) and is available on their website at: [National Workforce Data Set](#). Further guidance has been produced by [NHS Digital](#) and is available on their website at: [National Workforce Data Set \(NWD\)](#) and [NHS occupation codes](#).

NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC62) OVERVIEW

Change to Supporting Information: Changed Description

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) provides information to the [NHS Breast Screening Programme](#) from [Breast Screening Units](#) on the processes and outcomes of the call and recall system.

The information is used:

- to monitor progress towards achieving the cancer targets
- to ensure that the [NHS Breast Screening Programme](#) is monitored and managed effectively

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is analysed by the [Health and Social Care Information Centre](#) and also used by the Public Health Research Unit to evaluate the effectiveness of [Breast Screening](#). The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is analysed by [NHS Digital](#) and also used by the Public Health Research Unit to evaluate the effectiveness of [Breast Screening](#). It is also used by the Regional Breast Screening Quality Assurance Reference Centres as part of the quality assurance process, and enables on-going monitoring of their individual programmes and comparisons within their regions and with England overall.

Collection

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) requires information on women invited for [Breast Screening](#), the outcome of the [Breast Screening](#) and further information on each cancer detected. It is completed annually and submitted by the end of the October following the end of the [REPORTING PERIOD](#) to which the data relates.

Women are included in the [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) only if the test date offered or [Screening Test Date](#) was within the review period. All [Screening Tests](#) taking place within the [REPORTING PERIOD](#) are counted. One woman may not have more than one outcome of cancer in the [REPORTING PERIOD](#). Women who are referred directly for a [Screening Test](#) (rather than an invitation as part of a [Screening Programme](#)) are also included if the [Screening Test Date](#) is within the [REPORTING PERIOD](#).

Submission

Parts One to Five of the [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) should be reported for Tables A to T.

TABLE	DESCRIPTION
A*	First invitation for routine screening
B*	Routine invitation to previous non-attenders
C1*	Return invitation to previous attenders (last screen within 5 years)
C2	Return invitation to previous attenders (last screen more than 5 years)
D	Short term recall
E	Self/GP referrals of women not previously screened
F1	Self/GP referrals of women previously screened (last screen within 5 years)
F2	Self/GP referrals of women previously screened (last screen more than 5 years previously)
T	All invitations and screenings: Sum of Tables A - F2

* [INVASIVE BREAST CANCER TOTAL OBSERVED](#), [INVASIVE BREAST CANCER TOTAL EXPECTED](#) and [STANDARDISED DETECTION RATIO TOTAL](#) are only appropriate for tables A, B and C1.

The [NHS Breast Screening Programme Central Return Data Set \(KC62\)](#) is submitted in csv file format.

NHS BREAST SCREENING PROGRAMME CENTRAL RETURN DATA SET (KC63) OVERVIEW

Change to Supporting Information: Changed Description

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) provides information to the [NHS Breast Screening Programme](#) from Upper Tier [Local Authorities](#) on the [Breast Screening](#) history of their residents.

The information is used to:

- assess coverage of [Breast Screening](#) and monitor standards of the [SERVICES](#) provided
- monitor progress towards achieving the Government's objective of reducing the death rate in the population invited for [Breast Screening](#)
- provide data for the Public Expenditure Survey (PES) negotiations, resource allocation to the NHS and Departmental accountability
- provide data published annually by the [Department of Health](#) in the statistical Bulletin '*Breast Screening Programme*'

Collection

Data on [Breast Screening](#) should be readily available from the Primary Care Organisation's computerised call and recall system designed for [Breast Screening](#). ~~A national computer program is provided and maintained by the Health and Social Care Information Centre.~~ A national computer program is provided and maintained by NHS Digital.

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) reports information on the [Breast Screening](#) history of women who were resident in the Upper Tier [Local Authority](#), including Unitary [Local Authorities](#) at 31 March. It is completed annually and submitted by the end of the October following the end of the [REPORTING PERIOD](#) to which the data relates.

Submission

The [NHS Breast Screening Programme Central Return Data Set \(KC63\)](#) is submitted in csv file format.

NHS CONTINUING HEALTHCARE QUARTERLY CENTRAL RETURN DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Department of Health](#) introduced the policy document 'The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care' in 2007 to establish a consistent and standardised guide to implementing the delivery of continuing care.

Continuing care is care provided over an extended period of time, to a [PERSON](#) aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

Further clarification can be found at the [Department of Health](#) part of the gov.uk website at: [National framework for NHS continuing healthcare and NHS funded nursing care](#).

In order to monitor the implementation and effectiveness of the Framework, the [Department of Health](#) has introduced a mandatory collection which requires quarterly figures to report the eligibility for and provision of [NHS CONTINUING HEALTHCARE](#) during the [REPORTING PERIOD](#).

~~The [NHS Continuing Healthcare Quarterly Central Return Data Set](#) is submitted centrally via the [Omnibus Survey](#) system maintained by the [Health and Social Care Information Centre](#).~~ The [NHS Continuing Healthcare Quarterly Central Return Data Set](#) is submitted centrally via the [Omnibus Survey](#) system maintained by NHS Digital.

~~Further information on the [NHS Continuing Healthcare Quarterly Central Return Data Set](#) can be found on the [Health and Social Care Information Centre website](#).~~ Further information on the [NHS Continuing Healthcare Quarterly Central Return Data Set](#) can be found on the [NHS Digital](#) website at: [NHS Continuing Care and NHS Funded Nursing Care Collection](#).

The collection includes:

- [PERSONS](#) aged 18 or over, receiving 100% [NHS CONTINUING HEALTHCARE](#) and recognised as eligible to receive [NHS CONTINUING HEALTHCARE](#) due to a primary health need under the guidelines of [National framework for NHS continuing healthcare and NHS funded nursing care](#).
- [PERSONS](#) still recognised as eligible under the former [Strategic Health Authorities](#) eligibility criteria. This also includes [PERSONS](#) retrospectively identified as having a primary health need under the guidelines of the National Framework, that is for periods of care from October 1st 2007 onwards.
- A [PERSON](#) covered by Section 117 of the Mental Health Act 1983, as amended by the Mental Health Act 2007, who is receiving or is recognised as eligible to receive [NHS CONTINUING HEALTHCARE](#) for a primary health need that is not related to their mental health condition. **Note:** [PERSONS](#) covered by Sections 2, 3, 17 or 117 of the Mental Health Act 1983, as amended by the Mental Health Act 2007 are **excluded**.

The collection excludes:

- [PERSONS](#) identified retrospectively as having a primary health need for any period of care prior to October 1st 2007.
- [PERSONS](#) receiving either 100% or part NHS funding for [NHS CONTINUING HEALTHCARE](#) through other NHS funding streams.
- [PERSONS](#) receiving temporary 100% NHS funding for [NHS CONTINUING HEALTHCARE](#), pending completion of a decision of eligibility to receive [NHS CONTINUING HEALTHCARE](#).

NHS DATA MODEL AND DICTIONARY SERVICE

Change to Supporting Information: Changed Description

~~The [NHS Data Model and Dictionary Service](#) is provided by the [Health and Social Care Information Centre \(HSCIC\)](#).~~ The [NHS Data Model and Dictionary Service](#) is provided by [NHS Digital](#).

The [NHS Data Model and Dictionary Service](#) provides the development, maintenance and support of NHS data standards, contained in the NHS Data Model and Dictionary.

~~For further information on the [NHS Data Model and Dictionary Service](#), see the [Health and Social Care Information Centre](#) website at: [NHS Data Model and Dictionary Service](#).~~ For further information on the [NHS Data Model and Dictionary Service](#), see the [NHS Data Model and Dictionary Service web pages](#) on the [NHS Digital](#) website.

NHS DICTIONARY OF MEDICINES AND DEVICES

Change to Supporting Information: Changed Description

The [NHS dictionary of medicines and devices \(dm+d\)](#) is a dictionary containing unique identifiers and associated textual descriptions for medicines and medical devices. It has been developed for use throughout the NHS as a means of uniquely identifying the specific medicines and devices used in the diagnosis and treatment of [PATIENTS](#).

Data within [dm+d](#) is also used to populate the UK Drug Extension; the drug extension then includes relationships into the full UK Edition of [SNOMED CT](#) to items such as products and substances. ~~Further details on these two products can be found on the [UK Terminology website](#).~~ Further details on these two products can be found on the [UK Terminology website](#).

The codes used to identify [dm+d](#) concepts are of the same form as those used in [SNOMED CT](#) and thus conform to the same specification.

For further information on the [NHS dictionary of medicines and devices](#), see the [NHS dictionary of medicines and devices website](#).

NHS DIGITAL renamed from HEALTH AND SOCIAL CARE INFORMATION CENTRE

Change to Supporting Information: Changed Name, Description

The [Health and Social Care Information Centre \(HSCIC\)](#) is an [Organisation](#). [NHS Digital](#) is an [Organisation](#).

The [Health and Social Care Information Centre](#) was set up as an Executive Non Departmental Public Body (ENDPB) in April 2013. [NHS Digital](#), the new trading name for [Health and Social Care Information Centre \(HSCIC\)](#), was set up as an Executive Non Departmental Public Body (ENDPB) in April 2013.

The [Health and Social Care Act 2012](#) sets out the [Health and Social Care Information Centre](#)'s responsibilities, which include: [The Health and Social Care Act 2012](#) sets out [NHS Digital](#)'s responsibilities, which include:

- Collecting, analysing and presenting national health and social care data
- Setting up and managing national IT systems for transferring, collecting and analysing information
- Publishing a set of rules to set out how the personal confidential information of [PATIENTS](#) should be handled and managed by health and care staff and [Organisations](#)
- Building up a library of 'indicators' that can be used to measure the quality of health and care services provided to the public
- Acting to reduce how much paperwork doctors, nurses and care workers have to complete by ensuring that only essential data is collected
- Helping health and care [Organisations](#) improve the quality of the data they collect and send to the [Health and Social Care Information Centre](#) by setting standards and guidelines to help them assess how well they are doing
- Creating a register of all the information that the [Health and Social Care Information Centre](#) collect and produce, and publishing that information in a range of different formats so that it will be useful to as many people as possible while safeguarding the personal confidential data of individuals.
- Helping health and care [Organisations](#) improve the quality of the data they collect and send to [NHS Digital](#) by setting standards and guidelines to help them assess how well they are doing
- Creating a register of all the information that [NHS Digital](#) collect and produce, and publishing that information in a range of different formats so that it will be useful to as many people as possible while safeguarding the personal confidential data of individuals.

Further information on the [Health and Social Care Information Centre](#) can be found on the [Health and Social Care Information Centre](#) part of the gov.uk website at: [About us](#). Further information on [NHS Digital](#) can be found on the:

- [NHS Digital](#) website at: [About us](#)

- [NHS Digital](#) part of the gov.uk website at: [About us](#).

NHS DIGITAL renamed from HEALTH AND SOCIAL CARE INFORMATION CENTRE

Change to Supporting Information: Changed Name, Description

- Changed [Data_Dictionary.NHS_Business_Definitions.H.Health_and_Social_Care_Information_Centre](#) from [Data_Dictionary.NHS_Business_Definitions.H.Health_and_Social_Care_Information_Centre](#) to [Data_Dictionary.NHS_Business_Definitions.N.NHS_Digital](#)
- Changed Description

NHS FUNDED NURSING CARE ANNUAL CENTRAL RETURN DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Department of Health](#) introduced the policy document 'The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care' in 2007 to establish a consistent and standardised guide to implementing the delivery of continuing care.

Continuing care is care provided over an extended period of time, to a [PERSON](#) aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

Further clarification can be found at the [Department of Health](#) part of the gov.uk website at:

- [National framework for NHS continuing healthcare and NHS funded nursing care](#) and
- [NHS-funded Nursing Care Practice Guide](#).

In order to monitor the implementation and effectiveness of the Framework, the [Department of Health](#) has introduced a mandatory collection which requires an annual figure to report the provision of [NHS FUNDED NURSING CARE](#), at the end of the [REPORTING PERIOD](#).

The [NHS Funded Nursing Care Annual Central Return Data Set](#) is submitted centrally via the [Omnibus Survey](#) system maintained by the [Health and Social Care Information Centre](#). The [NHS Funded Nursing Care Annual Central Return Data Set](#) is submitted centrally via the [Omnibus Survey](#) system maintained by [NHS Digital](#).

Further information on the [NHS Funded Nursing Care Annual Central Return Data Set](#) can be found on the [Health and Social Care Information Centre website](#). Further information on the [NHS Funded Nursing Care Annual Central Return Data Set](#) can be found on the [NHS Digital](#) website at: [NHS Continuing Care and NHS Funded Nursing Care Collection](#).

NHS HEALTH CHECKS DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [NHS Health Checks Data Set](#) is used to

- Support a uniform, quality and safe [NHS Health Check Assessment](#) for all those eligible between the age of 40 and 74 in England.
- Ensure that everyone who is eligible for the check will receive the same 'face to face' national offer wherever their check is conducted.
- Help estimate the impact of the [NHS Health Check Programme](#) on local services and enable commissioners to be more responsive and effective in their commissioning of services to support the [NHS Health Check Programme](#).
- Provide a common and understood interface for Primary Care clinical system suppliers to support the process of risk assessment and [PATIENT](#) care.
- Support the reporting of [NHS Health Check Assessment](#) data for performance management and research purposes.

DATA EXTRACT SPECIFICATION

The [Department of Health](#) require NHS Primary Care System Suppliers to extract data, apply documented derivation rules and then securely transmit to the [Health and Social Care Information Centre](#), where the information will be validated and stored for [Department of Health](#) analysis. The [Department of Health](#) require NHS Primary Care System Suppliers to extract data, apply documented derivation rules and then securely transmit to [NHS Digital](#), where the information will be validated and stored for [Department of Health](#) analysis.

The data extract consists of anonymised demographic data and a limited set of clinical observations. The data does not constitute the full [PATIENT](#) record.

Time period: The extract covers one calendar quarter.

Frequency: Reports are run quarterly, 6 weeks after the end of the quarter.

Format: Data for submission will be formatted into an XML file as per the [NHS Health Checks Data Set](#) Message.

~~**Transmission:** Electronic files are transmitted to the [Health and Social Care Information Centre](#) via an encrypted web-based portal hosted at the [Health and Social Care Information Centre](#).~~**Transmission:** Electronic files are transmitted to [NHS Digital](#) via an encrypted web based portal hosted at [NHS Digital](#). This web portal enables delegated system suppliers to submit data files in a secure manner across the Internet after derivation rules have been applied.

~~Guidance and information on derivation rules, READ format mappings and transmission protocols are available from the [Health and Social Care Information Centre](#).~~Guidance and information on derivation rules, READ format mappings and transmission protocols are available from [NHS Digital](#).

~~Further guidance on the [NHS Health Checks Data Set](#) can be found on the [Health and Social Care Information Centre](#) website at: [NHS Health Check Data Set](#).~~Further guidance on the [NHS Health Checks Data Set](#) can be found on the [NHS Digital](#) website at: [NHS Health Check Data Set](#).

NHS POSTCODE DIRECTORY

Change to Supporting Information: Changed Description

- The [NHS Postcode Directory](#) (NHSPD) relates both current and terminated [POSTCODES](#) in the United Kingdom to a range of current statutory administrative, electoral, health and other area geographies. It also links [POSTCODES](#) to pre-2002 health areas, 1991 Census enumeration districts (for England and Wales) and both 2001 Census and 2011 Census output areas and super output areas. It helps support the production of area based statistics from postcoded data.
- The [NHS Postcode Directory](#) is produced by ONS Geography, who provide geographic support to the [Office for National Statistics](#) (ONS) and geographic services used by other organisations.
- The [NHS Postcode Directory](#) is issued quarterly.
- The [NHS Postcode Directory](#) User Guide contains information about the [NHS Postcode Directory](#) including:
 - directory content
 - data currency
 - the methodology for assigning areas to [POSTCODES](#)
 - standard names and codes and
 - data quality and limitations.
- A set of Version Notes accompanies each quarterly release of the [NHS Postcode Directory](#). These contain a range of summary statistics and highlight important issues that may affect customers. The Version Notes provide information about postcode reorganisations, administrative and electoral area changes, the introduction of new methodologies and/or geographies and limitations that are specific to a particular release of the [NHS Postcode Directory](#).
- The "NHSPD User Guide" and "NHSPD Version Notes" can be downloaded from:

- The [Technology Reference Data Update Distribution Service \(TRUD\)](#) and
- The [Organisation Data Service](#) pages on the on the [Health and Social Care Information Centre](#) website at: [Data Supplied by the Office of National Statistics](#).
- The "NHSPD User Guide" and "NHSPD Version Notes" can be downloaded from:
 - The [Technology Reference Data Update Distribution Service \(TRUD\)](#) and
 - The [Organisation Data Service](#) pages on the on the [NHS Digital](#) website at: [Data Supplied by the Office of National Statistics](#).

OMNIBUS SURVEY

Change to Supporting Information: Changed Description

[Omnibus Survey](#) is a web-based data collection tool which the NHS, social care and other [Organisations](#) use to submit data to the [Health and Social Care Information Centre](#). [Omnibus Survey](#) is a web-based data collection tool which the NHS, social care and other [Organisations](#) use to submit data to [NHS Digital](#).

For further information on [Omnibus Survey](#), see the [Health and Social Care Information Centre](#) website at [What is Omnibus Survey?](#) For further information on Omnibus Survey, see the [NHS Digital](#) website at [What is Omnibus Survey?](#).

OPCS CLASSIFICATION OF INTERVENTIONS AND PROCEDURES

Change to Supporting Information: Changed Description

Introduction

The OPCS Classification of Interventions and Procedures ([OPCS-4](#)) is a Fundamental Information Standard. The classification is used by [Health Care Providers](#) and national and regional [Organisations](#).

[OPCS-4](#) is used to support operational and strategic planning, resource utilisation, performance management, reimbursement, research and epidemiology. It is used by NHS suppliers to build/update software to support NHS business functions and interoperability.

[OPCS-4](#) is updated every three years to ensure that modern clinical practice is represented appropriately. This will be continued until further notice as shown below:

Year	Version of OPCS-4*
Up to 31 March 2006	OPCS-4.2
01-Apr-2006 to 31-Mar-2007	OPCS-4.3
01-Apr-2007 to 31-Mar-2008 01-Apr-2008 to 31-Mar-2009	OPCS-4.4
01-Apr-2009 to 31-Mar-2011	OPCS-4.5
01-Apr-2011 to 31-Mar-2014	OPCS-4.6
01-Apr-2014 until further notification	OPCS-4.7

*Tables of Coding Equivalences are issued for mapping back to previous versions and are available from the [Technology Reference Data Update Distribution Service \(TRUD\)](#).

The NHS Data Model and Dictionary contains a number of data collections that require [OPCS-4](#) codes, such as Central Returns and [Commissioning Data Sets](#). All data collections should use the latest version of the [OPCS-4](#) classification as specified in the table above.

Background

The classification of Surgical Operations and Procedures was originally issued by the Office of Population Censuses and Surveys (OPCS). The 4th revision was first implemented in hospital information systems in 1987. This was subject to a significant number of amendments and a consolidated version was reproduced in 1990.

The OPCS Classification of Surgical Operations and Procedures (OPCS-4.2) was substantially enhanced to ensure that modern clinical practice was represented appropriately within the classification and a new version was implemented in 2006 titled OPCS Classification of Interventions and Procedures (OPCS-4.3) with a commitment to undertake annual review and potential update. The classification comprises a list of alphanumeric codes with mainly anatomically based chapters, most of which relate to the whole or part of a body system. Each chapter is designated alphabetically e.g. Chapter A covers the nervous system and Chapter K is assigned to the heart. The alphabetic character for each chapter forms the prefix of the 3 and 4 digit codes within it. The strict link between chapters and body systems with specific procedures being listed for individual organs was breached in OPCS-4.3 because of limited capacity.

There are instances where an existing category needs extension because all the available codes have been allocated. In such cases an extended category is created within the Tabular List chapter. These categories are referred to as principal category or extended category and identified by an accompanying note to ease navigation.

Chapters that have reached capacity are extended using alphanumeric categories which are assigned using the free alpha O. This has occurred within three chapters (Chapters L, W and Z). Codes created in this way still form part of an existing chapter even though they have a different alpha prefix to the rest of that chapter. Such new codes will, therefore, logically sit at the end of the body system chapter and are readily identified within the alphabetical index. There is an additional chapter (Chapter X) for operations on multiple systems using miscellaneous procedures.

The classification is published in two volumes. The Tabular List and Alphabetical Index are available from The Stationery Office at www.tsoshop.co.uk

OPCS-4 Requests Portal

The [OPCS-4](#) Requests Portal allows stakeholders to submit change requests to the [Clinical Classifications Service](#) all year round. A cut-off date for receipt of change requests for consideration in the next release is published on the Requests Portal. Requests received after the cut-off date will be considered in a subsequent release.

~~For further information and access to the OPCS-4 Requests Portal, see [Submissions for review of OPCS-4](#).~~ For further information and access to the OPCS-4 Requests Portal, see [Submissions for review of OPCS-4](#).

High Cost Drugs and Chemotherapy Regimens

The listings of High Cost Drugs and Chemotherapy Regimens which are mapped to OPCS-4 codes are provided as look-up tables downloadable from the [Technology Reference Data Update Distribution Service \(TRUD\)](#) via the [TRUD website](#).

ORGANISATION DATA SERVICE

Change to Supporting Information: Changed Description

~~The [Organisation Data Service \(ODS\)](#) is provided by the [Health and Social Care Information Centre \(HSCIC\)](#).~~ The [Organisation Data Service \(ODS\)](#) is provided by NHS Digital.

The [Health and Social Care Information Centre](#) is responsible for the day to day operation of the [Organisation Data Service](#) and for its overall development. NHS Digital is responsible for the day-to-day operation of the [Organisation Data Service](#) and for its overall development.

The [Organisation Data Service](#) is responsible for:

- [Health and Social Care Organisation Reference Data](#)
- Reference data for healthcare practitioners and
- A range of associated data and supporting products.

The [Health and Social Care Information Centre](#) is responsible for the day to day operation of the [Organisation Data Service](#) and for its overall development. NHS Digital is responsible for the day-to-day operation of the [Organisation Data Service](#) and for its overall development.

The [Organisation Data Service](#) provides:

- Central allocation of new or revised [ORGANISATION IDENTIFIERS](#)
- Help, advice and query resolution on the content and use of the national reference data
- Development of the Information Standards in this area;
- Further development of the range of national reference data.

For further information on the [Organisation Data Service](#), see the [Organisation Data Service website](#). For further information on the [Organisation Data Service](#), see the [Organisation Data Service web pages](#) on the [NHS Digital](#) website.

For enquiries, email the [Organisation Data Service](#) Helpdesk at: exeter.helpdesk@nhs.net.

ORGANISATION MERGERS

Change to Supporting Information: Changed Description

Introduction

- This guidance explains the circumstances under which [Hospital Provider Spells](#) should close and reopen as a result of a merger or demerger, in terms of NHS data standards. It specifies which codes should be used for those [Hospital Provider Spells](#) which must be closed and reopened for:
 - [DISCHARGE DESTINATION](#) etc, for the closing [Hospital Provider Spell](#) and
 - [SOURCE OF ADMISSION](#) etc, for the new [Hospital Provider Spell](#).

When [Hospital Provider Spells](#) Should be Closed and Reopened

- A [Hospital Provider Spell](#) is provided by one [Organisation](#) acting as a [Health Care Provider](#). This means that the spell is linked to the [ORGANISATION CODE](#) of the provider. If the [ORGANISATION CODE](#) changes, the spell must end and another begin with the new [ORGANISATION CODE](#). If the spell does end, the [Consultant Episode \(Hospital Provider\)](#) within the spell must also end.

The following scenarios explain what this means in terms of [Organisation](#) mergers or demergers. Note that these assume that nothing changes other than the fact that the [Organisations](#) merge or demerge, e.g. the [CONSULTANT](#) stays the same, etc.

Mergers

- *Trust A merges with Trust B to produce Trust C, which has a new [ORGANISATION CODE](#).* The [ORGANISATION CODE](#) will change for both Trust A and B. Therefore [Hospital Provider Spells](#) in both Trust A and B should close, and new spells should be opened using the new [ORGANISATION CODE](#) for Trust C.

- Trust A merges with Trust B to produce an [Organisation](#) which uses Trust A's [ORGANISATION CODE](#). For those [Hospital Provider Spells](#) in Trust A, the [ORGANISATION CODE](#) will not change. Therefore Trust A's [Hospital Provider Spells](#) should not be closed just as a result of the merger. However, for Trust B the [ORGANISATION CODE](#) will change. Therefore [Hospital Provider Spells](#) in Trust B should close, and new spells should be opened using the new [ORGANISATION CODE](#) for Trust A.

Demergers

- Trust A splits into Trust B and Trust C, both of which have a new [ORGANISATION CODE](#). The [ORGANISATION CODE](#) will change for both Trust B and C. Therefore all [Hospital Provider Spells](#) in Trust A should close, and new spells should be opened in Trust B and C using the new [ORGANISATION CODES](#) for each.
- Trust A splits into Trust B and C. Trust B retains Trust A's [ORGANISATION CODE](#) and Trust C is issued with a new one. The [ORGANISATION CODE](#) for [Hospital Provider Spells](#) in Trust A which are taken over by Trust B will not change. Therefore they should not be closed just as a result of the merger. However, Trust A's [Hospital Provider Spells](#) which are taken over by Trust C should close, and new spells should be opened using the new [ORGANISATION CODE](#) for Trust C.

The Codes Used when [Hospital Provider Spells](#) are Closed and Reopened

- If [Hospital Provider Spells](#) are to be closed and reopened only as a result of [Organisation Mergers](#) or demergers, for most cases the codes below should be used.

The CLOSED [Hospital Provider Spell](#)

[DISCHARGE DESTINATION](#)

This depends on the type of [WARD](#) the [PATIENT](#) is in, but will be either:

- 51 NHS other [Hospital Provider](#) - [WARD](#) for general [PATIENTS](#) or the younger physically disabled
- 52 NHS other [Hospital Provider](#) - [WARD](#) for maternity [PATIENTS](#) or [Neonates](#)
- 53 NHS other [Hospital Provider](#) - [WARD](#) for [PATIENTS](#) who are mentally ill or have learning disabilities

[DISCHARGE METHOD](#)

- 1 [PATIENT](#) discharged on clinical advice or with clinical consent

The REOPENED [Hospital Provider Spell](#)

[ADMISSION METHOD](#)

- 81 Transfer of any admitted [PATIENT](#) from other [Hospital Provider](#) other than in an emergency

Note that this [ADMISSION METHOD](#) is classed under "Other Admission". It is not elective and the [PATIENT](#) does therefore not have an entry on an [Elective Admission List](#).

[SOURCE OF ADMISSION](#)

Again, this depends on the type of [WARD](#) the [PATIENT](#) is in, but will be either:

- 51 NHS other [Hospital Provider](#) - [WARD](#) for general [PATIENTS](#) or the younger physically disabled or [Accident and Emergency Department](#)
- 52 NHS other [Hospital Provider](#) - [WARD](#) for maternity [PATIENTS](#) or [Neonates](#)
- 53 NHS other [Hospital Provider](#) - [WARD](#) for [PATIENTS](#) who are mentally ill or have learning disabilities

[REFERRER CODE](#)

This will be the referrer to the [Hospital Provider Spell](#) within which the [PATIENT](#) was receiving care before the merger, i.e. the "original" [Hospital Provider Spell](#).

Guidance for Merging Organisations to support Sending of Commissioning Data Sets to the [Secondary Uses Service](#)

The [Secondary Uses Service](#) have published information regarding issues that may affect the approach to submitting data to the [Secondary Uses Service](#). ~~The guidance is available in the section "How do I send data to SUS?" at: [Guidance and other useful documents](#).~~ The guidance is available on the [NHS Digital](#) website in the section: [SUS Guidance "How do I send data to SUS?"](#).

PERSONAL DEMOGRAPHICS SERVICE

Change to Supporting Information: Changed Description

The [Personal Demographics Service \(PDS\)](#) is the national electronic database of NHS patient demographic details such as name, [ADDRESS](#), date of birth and [NHS NUMBER](#).

~~For further information on the [Personal Demographics Service](#), see the [Personal Demographics Service website](#).~~ For further information on the [Personal Demographics Service](#), see the [Personal Demographics Service website](#).

PERSONAL DEMOGRAPHICS SERVICE BIRTH NOTIFICATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Personal Demographics Service Birth Notification Data Set](#) has been developed by the [Personal Demographics Service](#) to replace the NHS Number for Babies service.

The [Personal Demographics Service Birth Notification Data Set](#) outlines the minimum systems compliance required by maternity and child health systems for the purposes of notifying [Organisations](#) of a new [NHS NUMBER](#) assigned to a baby.

~~For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).~~ For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).

PERSONAL DEMOGRAPHICS SERVICE BIRTH NOTIFICATION DATA SETS INTRODUCTION

Change to Supporting Information: Changed Description

The [Personal Demographics Service Birth Notification Data Sets](#) have been developed by the [Personal Demographics Service](#) to replace the NHS Number for Babies service.

The [Personal Demographics Service Birth Notification Data Sets](#) outline the minimum systems compliance required by maternity and child health systems for the purposes of sending or receiving the following data sets:

- [Personal Demographics Service Create Initial Record Request Data Set](#)
- [Personal Demographics Service Birth Notification Data Set](#)

~~For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).~~ For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).

PERSONAL DEMOGRAPHICS SERVICE CREATE INITIAL RECORD REQUEST DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Personal Demographics Service Create Initial Record Request Data Set](#) has been developed by the [Personal Demographics Service](#) to replace the NHS Number for Babies service.

The [Personal Demographics Service Create Initial Record Request Data Set](#) outlines the minimum systems compliance required by maternity systems for the purposes of requesting an [NHS NUMBER](#) for babies.

~~For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).~~ For further guidance and support see the [Personal Demographics Service Birth Notifications Service website](#) and refer to the [Guidance Documentation for PDS Birth Notifications](#).

Notes:

Birth Notifications web application

Where the [Personal Demographics Service Create Initial Record Request Data Set](#) is reported using the Birth Notifications web application the [NHS NUMBER \(MOTHER\)](#) is required where available.

Interim NHS Number Service

Where the information for the Primary Care Mother data group is not available, the Interim NHS Number Service should be used instead of the [Personal Demographics Service Create Initial Record Request Data Set](#).

READ CODED CLINICAL TERMS

Change to Supporting Information: Changed Description

It should be noted that the [Read Coded Clinical Terms](#) are scheduled for a staged withdrawal commencing April 2016.

The [Read Coded Clinical Terms](#) are a comprehensive computerised coded thesaurus for use by clinicians. They are available in two main formats, known as Version 2 and Clinical Terms Version 3 (CTV3). They are designed for use in the electronic health care record. Clinical Terms Version 3 (CTV3) of the Read Codes is a "Superset" of all the codes from the earlier versions.

[Read Coded Clinical Terms](#) may be used for coding within local systems but are not acceptable directly for coding [Hospital Episode Statistics](#) which are extracted from the Admitted Patient Care Commissioning Data Sets. Version 2 and Clinical Terms Version 3 (CTV3) of the Read Codes contain mapping tables which can be used to generate [ICD-10](#) and [OPCS-4](#) codes.

~~For further information on [Read Coded Clinical Terms](#), see [Read Codes](#) on the [UK Terminology Centre website](#).~~ For further information on [Read Coded Clinical Terms](#), see [Read Codes](#) on the [UK Terminology Centre website](#).

REFERENCED ORGANISATIONS MENU

Change to Supporting Information: Changed Description

- [NHS Business Definitions](#)
- [Organisations](#)
- [Regulatory Bodies](#)
- ~~Referenced Organisations:~~

- [American Joint Committee on Cancer](#)
- [British Association for Paediatric Nephrology](#)
- [British Psychological Society](#)
- [British Renal Society](#)
- [British Transplantation Society](#)
- [Burden Advice and Assessment Service](#)
- [Care Quality Commission](#)
- [Community Health Partnership \(Scotland\)](#)
- [Community Safety Partnership](#)
- [Department for Education](#)
- [Department for Work and Pensions](#)
- [Department for Work and Pensions Overseas Healthcare Team](#)
- [Department of Health](#)
- [European Renal Association](#)
- [Faculty of General Dental Practice \(UK\)](#)
- [GS1](#)
- [Health and Social Care Information Centre](#)
- [Health and Wellbeing Board](#)
- [Health Education England](#)
- [Health Research Authority](#)
- [Healthcare Quality Improvement Partnership](#)
- [Healthwatch England](#)
- [Improving Access to Psychological Therapies Programme](#)
- [Information Standards Board for Health and Social Care](#)
- [International Commission on Radiation Units and Measurements](#)
- [International Federation of Gynecology and Obstetrics](#)
- [International Health Terminology Standards Development Organisation](#)
- [International Society of Paediatric Oncology](#)
- [Local Health Board \(Wales\)](#)
- [Local Healthwatch](#)
- [Medicines and Healthcare Products Regulatory Agency](#)
- [Monitor](#)
- [National Cancer Registration and Analysis Service](#)
- [National Casemix Office](#)
- [National Contact Point](#)
- [National Commissioning Group](#)
- [National Information Board](#)
- [National Institute for Health and Care Excellence](#)
- [National Joint Registry](#)
- [National Kidney Federation](#)
- [National Specialised Commissioning Group](#)
- [Neonatal Data Analysis Unit](#)
- [NHS Business Services Authority](#)
- [NHS Dental Services](#)
- [NHS England](#)
- [NHS Prescription Services](#)
- [NHS Trust Development Authority](#)
- [NHS Wales Informatics Service](#)
- [Northern Ireland Local Commissioning Group](#)
- [Office for National Statistics](#)
- [Ofsted](#)
- [Public Health England](#)
- [Royal College of General Practitioners](#)
- [Royal Pharmaceutical Society](#)
- [Standardisation Committee for Care Information](#)
- [Sustainable Development Unit](#)
- [The Renal Association](#)

- [The Royal Marsden](#)
- [UK National Screening Committee](#)
- [UK Renal Registry](#)
- [UK Terminology Centre](#)
- [Union for International Cancer Control](#)
- [United Kingdom and Ireland Association of Cancer Registries](#)
- [World Health Organisation](#)

• **Referenced Organisations:**

- [American Joint Committee on Cancer](#)
- [British Association for Paediatric Nephrology](#)
- [British Psychological Society](#)
- [British Renal Society](#)
- [British Transplantation Society](#)
- [Burden Advice and Assessment Service](#)
- [Care Quality Commission](#)
- [Community Health Partnership \(Scotland\)](#)
- [Community Safety Partnership](#)
- [Department for Education](#)
- [Department for Work and Pensions](#)
- [Department for Work and Pensions Overseas Healthcare Team](#)
- [Department of Health](#)
- [European Renal Association](#)
- [Faculty of General Dental Practice \(UK\)](#)
- [GS1](#)
- [Health and Wellbeing Board](#)
- [Health Education England](#)
- [Health Research Authority](#)
- [Healthcare Quality Improvement Partnership](#)
- [Healthwatch England](#)
- [Improving Access to Psychological Therapies Programme](#)
- [Information Standards Board for Health and Social Care](#)
- [International Commission on Radiation Units and Measurements](#)
- [International Federation of Gynecology and Obstetrics](#)
- [International Health Terminology Standards Development Organisation](#)
- [International Society of Paediatric Oncology](#)
- [Local Health Board \(Wales\)](#)
- [Local Healthwatch](#)
- [Medicines and Healthcare Products Regulatory Agency](#)
- [Monitor](#)
- [National Cancer Registration and Analysis Service](#)
- [National Casemix Office](#)
- [National Contact Point](#)
- [National Commissioning Group](#)
- [National Information Board](#)
- [National Institute for Health and Care Excellence](#)
- [National Joint Registry](#)
- [National Kidney Federation](#)
- [National Specialised Commissioning Group](#)
- [Neonatal Data Analysis Unit](#)
- [NHS Business Services Authority](#)
- [NHS Dental Services](#)
- [NHS Digital](#)
- [NHS England](#)
- [NHS Prescription Services](#)
- [NHS Trust Development Authority](#)
- [NHS Wales Informatics Service](#)
- [Northern Ireland Local Commissioning Group](#)

- [Office for National Statistics](#)
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- [Public Health England](#)
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- [The Renal Association](#)
- [The Royal Marsden](#)
- [UK National Screening Committee](#)
- [UK Renal Registry](#)
- [UK Terminology Centre](#)
- [Union for International Cancer Control](#)
- [United Kingdom and Ireland Association of Cancer Registries](#)
- [World Health Organisation](#)

SEXUAL AND REPRODUCTIVE HEALTH ACTIVITY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

[Public Health England](#) requires the mandatory collection of information on the [SERVICES](#) provided by [Sexual and Reproductive Health Services](#).

The [Sexual and Reproductive Health Activity Data Set](#) provides essential data to:

- Ensure more relevant and timely collection of electronic data to support local service development
- Allow monitoring of key policy initiatives and indicators such as Public Health Outcome Framework Indicator on under 18 conceptions, promotion of Long Acting Reversible Contraceptions (LARC), reducing teenage conceptions, reducing the rate of unintended pregnancies and modernisation of [Sexual and Reproductive Health Services](#)
- Provide appropriate definitions and guidance material to enable a standardised data set from [Sexual and Reproductive Health Services](#)
- Support commissioners in understanding which population groups are accessing [Sexual and Reproductive Health Services](#) and which [SERVICES](#) they are receiving, including the LARC methods as recommended by [National Institute for Health and Care Excellence \(NICE\)](#), and therefore allowing for long-term commissioning of [SERVICES](#)
- Develop, over time, indicators of quality and outcome in [SERVICE](#) delivery (especially in comparative reports). For example the removal and length of use for LARC devices, provision of emergency [CONTRACEPTION](#), the provision of [CONTRACEPTION](#) post abortion and referrals to secondary care, the comparison of attendance rates for selected care and the diversity of young [PERSON](#) provision by [Sexual and Reproductive Health Services](#) including social referrals
- Aid the development of a benchmark measure to indicate how [SERVICES](#) compare in delivering the most appropriate and effective care to [PATIENTS](#)
- Reflect current data collection practices and requirements at [Sexual and Reproductive Health Services](#).

The [Sexual and Reproductive Health Activity Data Set](#) covers [PATIENT](#) contact with the [Sexual and Reproductive Health Services](#) whether in a clinic setting, in the [PATIENT](#)'s home or at an alternative location.

DATA EXTRACT SPECIFICATION

Description: The [Sexual and Reproductive Health Activity Data Set](#) return includes [PATIENT ACTIVITY](#) provided by [Sexual and Reproductive Health Services](#) in clinics and non-clinic venues (e.g. outreach facilities or domiciliary visits). Also included are [Sexual and Reproductive Health Services](#) provided by non - NHS clinics funded wholly or in part by [Local Authorities](#) and/or [Clinical Commissioning Groups](#) (e.g. Brook). It does not include [SERVICES](#) provided by [CONSULTANTS](#) in Outpatient Clinics or those provided by [GENERAL MEDICAL PRACTITIONERS](#).

Data collected will be used by the NHS, [Care Quality Commission](#), [Clinical Commissioning Groups](#), [Public Health England](#) and other appropriate [Organisations](#) to support the monitoring of the National Strategies on [Sexual and Reproductive Health Services](#), service provision, benchmarking and develop commissioning.

Time period: The extract will cover one financial quarter.

Frequency: Extracts run quarterly, 6 weeks after the end of the quarter.

Format: Data returned should be formatted to a comma separated variable (CSV) or in a MS Excel file. The data variables should be transmitted in the order specified in the [Sexual and Reproductive Health Activity Data Set](#).

~~**Transmission:** Data is submitted via an on-line process to the [Health and Social Care Information Centre](#).~~**Transmission:** Data is submitted via an on-line process to [NHS Digital](#).

For further information on the [Sexual and Reproductive Health Activity Data Set](#) see the [Health and Social Care website](#). For further information on the [Sexual and Reproductive Health Activity Data Set](#) see the [NHS Digital website](#) at: [Sexual and Reproductive Health Activity Data Set \(SRHAD\) Collection](#).

SNOMED CT SUBSET

Change to Supporting Information: Changed Description

A [SNOMED CT Subset](#) is a set of [SNOMED CT](#)® ([Systematized Nomenclature of Medicine Clinical Terms](#)) Concepts, Descriptions, or Relationships that is appropriate to deployment to support particular requirements of implementation.

[SNOMED CT Subsets](#) support user interface development through the organisation of clinical display, creation of menus and pick-lists, or support of knowledge structures.

[SNOMED CT Subsets](#) may be created as value sets for messaging or data entry or to provide pre-coordinated [SNOMED CT](#)® concepts for certain constrained use, or can inter-relate with qualifier value tables appropriate to the concept types.

[SNOMED CT Subsets](#) usually represent groups of concepts or objects (e.g. a specific clinical domain) which share specified characteristics.

Different types of Subsets are used to represent:

- Descriptions or concepts for particular realms or specialties
- Suitability of particular concepts for use in a particular context in a record
- Structure and ordering of hierarchies displaying concepts for user navigation

~~Information on the [SNOMED CT Subsets](#) within the UK Edition of [SNOMED CT](#) can be found on the [SNOMED CT Subsets](#) page of the [UK Terminology Centre](#) website.~~Information on the [SNOMED CT Subsets](#) within the UK Edition of [SNOMED CT](#) can be found on the [SNOMED CT Subsets](#) page of the [UK Terminology Centre](#) website.

~~For further information on [SNOMED CT](#)®, see [SNOMED CT](#).~~For further information on [SNOMED CT](#)®, see [SNOMED CT](#).

STANDARDISATION COMMITTEE FOR CARE INFORMATION

Change to Supporting Information: Changed Description

The [Standardisation Committee for Care Information](#) ([SCCI](#)) is an [Organisation](#).

The [Standardisation Committee for Care Information](#) replaced the [Information Standards Board for Health and Social Care \(ISB\)](#) on 1 April 2014.

The [Standardisation Committee for Care Information](#):

- has delegated authority from the [National Information Board \(NIB\)](#) to accept [Information Standards and Collections \(including Extractions\) \(ISCs\)](#) for health and social care
- is responsible for the need to change, deprecate and retire existing approved [Information Standards and Collections \(including Extractions\) Notices](#)
- takes its membership from a wide range of national bodies and [Organisations](#) involved in the provision and management of health and social care services in England. This ensures a system-wide, joined-up approach to decision-making

~~For further information on the [Standardisation Committee for Care Information](#), see the [Health and Social Care Information Centre](#) website at: [Information Standards and Collections \(Including Extractions\) - National Governance](#).~~ For further information on the [Standardisation Committee for Care Information](#), see the [NHS Digital](#) website at: [Information Standards and Collections \(Including Extractions\) - National Governance](#).

STOP SMOKING SERVICE QUARTERLY DATA SET OVERVIEW

Change to Supporting Information: Changed Description

This return is out of date therefore the information should not be used.

For the latest version of the guidance, please see the [Department of Health](#) part of the gov.uk website at: [Stop Smoking Service: monitoring and guidance update](#).

- Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer and coronary heart disease.
- The [Department of Health](#) requires information on services provided by NHS [Health Care Providers](#).
- The [Stop Smoking Services Quarterly Data Set](#) provides essential information used to monitor the process of achieving the NHS targets to increase life expectancy at birth in England and to monitor the performance of [Stop Smoking Services](#).

Collection and Submission

- This return relates to [ACTIVITY](#) taking place over a 3 month period. The return is made quarterly and should be submitted by the thirty second working day after the end of the quarter to which it relates.
- This data should be submitted for each [Primary Care Trust](#).
- The data should be collected on responsible [Primary Care Trust](#) basis. The [Primary Care Trust](#)'s responsible population comprises:
 - all [PERSONS](#) registered with a [GP Practice](#) that forms part of the [Primary Care Trust](#), regardless of where the [PERSON](#) is resident, plus any [PERSONS](#) not registered with a [GP Practice](#) who are resident within the [Primary Care Trust](#)'s statutory geographical boundary.
 - Note that [PERSONS](#) resident within the [Primary Care Trust](#)'s statutory geographical boundary, but registered with a [GP Practice](#) that forms part of another [Primary Care Trust](#), are the responsibility of that other [Primary Care Trust](#).
 - The only **exception** to the above rules is where [PERSONS](#) receive a [Stop Smoking Service](#) at or near their workplace, which may be some distance from their home. For example, a [Stop Smoking Service](#) might be provided for commuters at their workplace in a large city. In such circumstances it is likely that people will be drawn from a range of places in the surrounding area e.g. commuters to London who live all around the south-east of England. Where a [PERSON](#) is judged to meet these

criteria, the [Primary Care Trust](#) providing the [Stop Smoking Service](#) should include these people in their returns.

- The information in this Central Return Data Set is transmitted at aggregate level to the [Health and Social Care Information Centre's](#) web based data collection systems at <https://stopsmokingservices.hscic.gov.uk/welcome.aspx>. NHS providers enter their data directly.
- The information in this Central Return Data Set is transmitted at aggregate level to the NHS Digital's web based data collection systems at [NHS Stop Smoking Services](#). NHS providers enter their data directly.
- Further information on the NHS [Stop Smoking Services](#) and the monitoring guidance can be found on the [Department of Health](#) part of the gov.uk website at [Stop Smoking Service: monitoring and guidance update](#).

Synopsis of Data Set Content

- The [Stop Smoking Services Quarterly Data Set](#) requires the [REPORTING PERIOD START DATE](#) and [REPORTING PERIOD END DATE](#) for the quarter to which it relates.
- The collection is for:
 - Part 1A - The number of [PERSONS](#) with a [Person Stop Smoking Episode](#) setting a [SMOKING QUIT DATE](#) and successfully quitting by [ETHNIC CATEGORY](#) and [PERSON GENDER](#). Pregnant women should be included but not separately identified.
 - Part 1B - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) by [AGE BAND AT SMOKING QUIT DATE](#) and [PERSON GENDER](#) together with the outcome at 4 week follow-up. Pregnant women should be included but not separately identified.
 - Part 1C - The number of [PERSONS](#) with a [PREGNANCY STATUS](#) of 'Yes' at the time of the [SMOKING QUIT DATE](#) and the outcome at 4 week follow-up.
 - Part 1D - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters with a [FREE PRESCRIPTIONS INDICATOR](#) of 'Entitled to free prescriptions'.
 - Part 1E - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [SOCIO-ECONOMIC CLASSIFICATION](#)
 - Part 1F - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [PHARMACOTHERAPY STOP SMOKING AID RECEIVED](#)
 - Part 1G - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [INTERVENTION SESSION TYPE](#)
 - Part 1H - The number of [PERSONS](#) setting a [SMOKING QUIT DATE](#) and successful quitters by [INTERVENTION SETTING](#)
 - Part 2A - Financial Allocations for the year by type of allocation. (See [STOP SMOKING SERVICE PCT FINANCIAL ALLOCATION](#) and [STOP SMOKING SERVICE OTHER FINANCIAL ALLOCATION](#).)
Figures should be to the nearest pound.
 - Part 2B - Cumulative total spend on [Stop Smoking Services](#) in the year up to the [REPORTING PERIOD END DATE](#).
(See [STOP SMOKING SERVICE CUMULATIVE TOTAL SPEND](#).)
Parts 2A and 2B should include all monies from whatever source which have been specifically allocated to, or spent on, [Stop Smoking Services](#) e.g. additional funding such as Neighbourhood Renewal Funding.
Figures should be to the nearest pound.

SUPPORTING INFORMATION INTRODUCTION

Change to Supporting Information: Changed Description

Supporting Information provides information to help users understand and use the NHS Data Model and Dictionary.



For more

information on Supporting Information, see [Supporting Information Help](#).

Use the links below to access more detailed information:

Coding and Classifications:

- [Clinical Coding](#)
- [Main Specialty and Treatment Function Codes](#)

NHS Data Model and Dictionary Information:

Organisation Information:

- [NHS Postcode Directory](#)
- [Organisations](#)
- [Health and Social Care Organisation Reference Data](#)
- [Organisation Data Service Default Codes](#)
- [Organisation Mergers](#)

Contacts / Links:

- [About the NHS Data Model and Dictionary Version 3](#)
- [Change Request Log](#)
- [Disclaimer](#)
- [Glossary of Terms](#)
- [Meta Model](#)
- [About the NHS Data Model and Dictionary Version 3](#)
- [Change Request Log](#)
- [Disclaimer](#)
- [Glossary of Terms](#)
- [Meta Model](#)
- [Contact Details](#)
- [Information Standards Board for Health and Social Care: Information Standards Notices](#)
- [Standardisation Committee for Care Information: Information Standards Notices](#)
- [NHS Data Model and Dictionary Service Website](#)
- [Contact Details](#)
- [Information Standards Board for Health and Social Care: Information Standards Notices](#)
- [Standardisation Committee for Care Information: Information Standards Notices](#)
- [NHS Data Model and Dictionary Service Website](#)

SUPPORTING INFORMATION MENU

Change to Supporting Information: Changed Description

- **Coding and Classifications**
- [Clinical Coding](#)
- [Main Specialty and Treatment Function Codes](#)
- **Organisation Information**
- [NHS Postcode Directory](#)
- [ODS Default Codes](#)
- [Organisations](#)
- [Health and Social Care Organisation Reference Data](#)
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- [NHS Data Model and Dictionary Service Website](#)

UK TERMINOLOGY CENTRE

Change to Supporting Information: Changed Description

The [UK Terminology Centre](#) is a member of the [International Health Terminology Standards Development Organisation](#).

The core activities of the [UK Terminology Centre](#) are:

- Product Development
- Technical Infrastructure and
- Product Support

The [UK Terminology Centre](#)'s responsibilities include:

- Being the primary point of liaison with the [International Health Terminology Standards Development Organisation](#) ([IHTSDO](#)) with regard to all aspects of the management of the Terminology Products within the UK

- Establishing and maintaining processes for distributing and sub-licensing the Terminology Products within the UK
- Being the principal contact point within the UK for contact in relation to the Terminology Products, including sub-licensing, technical support; and obtaining updates and enhancements to the Terminology Products ensuring that any products and their releases that the Member deploys within its jurisdiction that are based on the [IHTSDO's](#) Terminology Products, are prepared, checked and managed in conformance with the [IHTSDO's](#) standards
- Maintaining a record of problems and other issues reported within the UK in connection with the Terminology Products
- Documenting, submitting and supporting requests (to the [IHTSDO](#)) for proposed updates and enhancements to the Terminology Products
- Monitoring the distribution and applications of the [IHTSDO's](#) Terminology Products, Trade Marks and other Intellectual Property within the UK and reporting to the [IHTSDO](#)
- Maintaining the UK National extension to [SNOMED CT](#)® ([Systematized Nomenclature of Medicine Clinical Terms](#)) and co-ordinating its release with the International Terminology Products. The combined International Release and local extension is known as the National Release
- Creation, maintenance, co-ordination and release of UK sub-sets (reference sets) and other UK derivative works
- Managing UK National release content requests
- Administration for the UK Health Terminology Governance Board (organise meetings; distribute papers; minutes, etc)

For further information on the [UK Terminology Centre](#), see the [UK Terminology website](#). For further information on the UK Terminology Centre, see the [UK Terminology website](#).

WHAT'S NEW: JULY 2016

Change to Supporting Information: Changed Description

Information Standards Notices and Data Dictionary Change Notices incorporated into the NHS Data Model and Dictionary:

Release: July 2016

- CR1565 (Immediate) - ~~ISB 1561~~ Retirement of Diabetes Summary Core Data Set ISB 1561
- CR1565 (Immediate) - [ISB 1561](#) Retirement of Diabetes Summary Core Data Set ISB 1561

Release: March 2016

- CR1300 (1 April 2016) - ~~SCCI01477~~ Updates to the National Cancer Waiting Times Monitoring Data Set and introduction of the XML Schema
- CR1412 (1 April 2016) - ~~SCCI0021~~ Introduction of the International Classification of Diseases (ICD) 10th Revision 5th Edition
- CR1544 (1 April 2016) - ~~SCCI1111~~ Radiotherapy Data Set - Change of data flow
- CR1549 (1 April 2016) - ~~SCCI0011~~ Mental Health Services Data Set Version 1.1
- CR1300 (1 April 2016) - [SCCI01477](#) Updates to the National Cancer Waiting Times Monitoring Data Set and introduction of the XML Schema
- CR1412 (1 April 2016) - [SCCI0021](#) Introduction of the International Classification of Diseases (ICD) 10th Revision 5th Edition
- CR1544 (1 April 2016) - [SCCI1111](#) Radiotherapy Data Set - Change of data flow
- CR1549 (1 April 2016) - [SCCI0011](#) Mental Health Services Data Set Version 1.1

Release: February 2016

- CR1517 (1 January 2016) - ~~SCCI1067~~ Workforce Data Set Version 2.8

- CR1559 (Immediate) — ~~DDCN 1559/2016~~ Lower Layer Super Output Area (Residence) and ONS Local Government Geography Code (Local Authority District)
- CR1517 (1 January 2016) - **SCCI1067** Workforce Data Set Version 2.8
- CR1559 (Immediate) - **DDCN 1559/2016** Lower Layer Super Output Area (Residence) and ONS Local Government Geography Code (Local Authority District)

Release: December 2015

- CR1514 (1 January 2016) — ~~SCCI0011~~ Mental Health Services Data Set
- CR1515 (1 January 2016) — ~~SCCI0011~~ Retirement of Mental Health Standards
- CR1560 (Immediate) — ~~DDCN 1560/2015~~ Retirement of Data Management and Integration Centre
- CR1514 (1 January 2016) - **SCCI0011** Mental Health Services Data Set
- CR1515 (1 January 2016) - **SCCI0011** Retirement of Mental Health Standards
- CR1560 (Immediate) - **DDCN 1560/2015** Retirement of Data Management and Integration Centre

Release: November 2015

- CR1558 (Immediate) — ~~DDCN 1558/2015~~ Children and Young People's Health Services Data Set and Community Information Data Set Inconsistencies
- CR1554 (1 October 2015) — ~~SCCI2026~~ Corrigendum to CR1494 Female Genital Mutilation Data Set
- CR1558 (Immediate) - **DDCN 1558/2015** Children and Young People's Health Services Data Set and Community Information Data Set Inconsistencies
- CR1554 (1 October 2015) - **SCCI2026** Corrigendum to CR1494 Female Genital Mutilation Data Set

Release: October 2015

- CR1534 (Immediate) — ~~DDCN 1534/2015~~ Retirement of Hospital Episode Statistics Cross Reference Tables
- CR1534 (Immediate) - **DDCN 1534/2015** Retirement of Hospital Episode Statistics Cross Reference Tables

Release: September 2015

- CR1521 (Immediate) — ~~SCCI1580~~ Palliative Care Co-ordination: Core content (Formerly End of Life Care)
- CR1522 (Immediate) — ~~DDCN 1522/2015~~ Update General Dental Council Registration Number
- CR1530 (Immediate) — ~~ISB 0158~~ Retirement of Ambulance Services (KA34) Central Return Data Set
- CR1528 (Immediate) — ~~ISB 1568~~ Retirement of KO41 (A) Hospital and Community Health Service Complaints and KO41 (B) General Practice (including Dental) Complaints Central Return Forms
- CR1551 (Immediate) — ~~ISB 0133~~ Retirement of HPV Immunisation Programme Vaccine Monitoring Monthly Minimum Data Set and HPV Immunisation Programme Vaccine Monitoring Annual Minimum Data Set
- CR1521 (Immediate) - **SCCI1580** Palliative Care Co-ordination: Core content (Formerly End of Life Care)
- CR1522 (Immediate) - **DDCN 1522/2015** Update General Dental Council Registration Number
- CR1530 (Immediate) - **ISB 0158** Retirement of Ambulance Services (KA34) Central Return Data Set
- CR1528 (Immediate) - **ISB 1568** Retirement of KO41 (A) Hospital and Community Health Service Complaints and KO41 (B) General Practice (including Dental) Complaints Central Return Forms
- CR1551 (Immediate) - **ISB 0133** Retirement of HPV Immunisation Programme Vaccine Monitoring Monthly Minimum Data Set and HPV Immunisation Programme Vaccine Monitoring Annual Minimum Data Set

Release: August 2015

- CR1374 (1 September 2015) — ~~SCCI1510~~ Community Information Data Set Update
- CR1356 (1 September 2015) — ~~SCCI1069~~ Children and Young People's Health Services Data Set Update and XML Schema
- CR1529 (Immediate) — ~~DDCN 1529/2015~~ Change to the Mechanism for XML Schema Publication and Download
- CR1543 (Immediate) — ~~DDCN 1543/2015~~ Treatment Function Code: 840 Audiology

- CR1374 (1 September 2015) - [SCCI1510](#) Community Information Data Set Update
- CR1356 (1 September 2015) - [SCCI1069](#) Children and Young People's Health Services Data Set Update and XML Schema
- CR1529 (Immediate) - [DDCN 1529/2015](#) Change to the Mechanism for XML Schema Publication and Download
- CR1543 (Immediate) - [DDCN 1543/2015](#) Treatment Function Code: 840 Audiology

Release: July 2015

- CR1475 (Immediate) - [SCCI1605](#) Accessible Information
- CR1475 (Immediate) - [SCCI1605](#) Accessible Information

Release: June 2015

- CR1518 (Immediate) - [ISB 092](#) CDS 6-1 Retirement
- CR1525 (Immediate) - [DDCN 1525/2015](#) Burden Advice and Assessment Service (BAAS)
- CR1524 (Immediate) - [DDCN 1524/2015](#) Updating of Activity Location Type and Source of Admission Attributes
- CR1505 (Immediate) - [DDCN 1505/2015](#) Death Cause Information
- CR1518 (Immediate) - [ISB 092](#) CDS 6-1 Retirement
- CR1525 (Immediate) - [DDCN 1525/2015](#) Burden Advice and Assessment Service (BAAS)
- CR1524 (Immediate) - [DDCN 1524/2015](#) Updating of Activity Location Type and Source of Admission Attributes
- CR1505 (Immediate) - [DDCN 1505/2015](#) Death Cause Information

Release: May 2015

- CR1507 (Immediate) - [DDCN 1507/2015](#) To add SUS CDS business rule H4 text
- CR1507 (Immediate) - [DDCN 1507/2015](#) To add SUS CDS business rule H4 text

Release: April 2015

- CR 1494 and CR 1506 (1 April 2015) - [SCCI2026 Amd 12/2014](#) Female Genital Mutilation Data Set and Retirement of Female Genital Mutilation Prevalence Data Set
- CR1513 (27 April 2015) - [DDCN 1513/2015](#) Introduction of NHS England Region (Geography)
- CR1509 (1 April 2015) - [ISB 1513 Maternity Services Data Set](#)
- CR 1494 and CR 1506 (1 April 2015) - [SCCI2026 Amd 12/2014](#) Female Genital Mutilation Data Set and Retirement of Female Genital Mutilation Prevalence Data Set
- CR1513 (27 April 2015) - [DDCN 1513/2015](#) Introduction of NHS England Region (Geography)
- CR1509 (1 April 2015) - [ISB 1513 Maternity Services Data Set](#)

CR1509 is a corrigendum to CR1355 (1 November 2014) - [ISB 1513 Amd 45/2012](#) Maternity Services Data Set Update and XML Schema published in the October 2014 release

Release: March 2015

- CR1492 (1 April 2015) - [SCCI1521 Amd 17/2014](#) Updates to the Cancer Outcomes and Services Data Set and XML Schema
- CR1492 (1 April 2015) - [SCCI1521 Amd 17/2014](#) Updates to the Cancer Outcomes and Services Data Set and XML Schema

Release: February 2015

- CR1486 (27 February 2015) - [ISB 0090 Amd 9/2014](#) Organisation Data Service – Health and Justice Organisation Identifiers

Due to a delay in the [Organisation Data Service \(ODS\)](#) February release, the implementation date is now 6 March 2015.

Release: January 2015

- CR1473 (1 January 2015) - [ISB 1538 Amd 13/2014](#) Chlamydia Testing Activity Data Set Update
- ~~CR1496 (Immediate) - [DDCN 1496/2015](#) Clinical Coding~~
- CR1496 (Immediate) - [DDCN 1496/2015](#) Clinical Coding

Release: December 2014

- CR1396 (31 October 2014) - [ISB 1567 Amd 15/2014](#) National Joint Registry Data Set Version 6

The following has been incorporated early to allow users to see the changes, but please note that the implementation date is **1 October 2015**:

- CR1487 (1 October 2015) - [ISB 0089 Amd 8/2014](#) Cover of Vaccination Evaluated Rapidly (COVER) Central Return Data Set

Release: November 2014

- CR1420 (Immediate) - [ISB 0139 Amd 29/2013](#) Genitourinary Medicine Clinic Activity Data Set (GUMCAD) Update
- CR1421 (Immediate) - [ISB 1518 Amd 30/2013](#) Sexual and Reproductive Health Activity Data Set (SRHAD) Update
- CR1422 (Immediate) - [ISB 1518 Amd 30/2013](#) Retirement of Central Return Form KT31 Cross Sector Services

Release: October 2014

- CR1355 (1 November 2014) - [ISB 1513 Amd 45/2012](#) Maternity Services Data Set Update and XML Schema

Release: September 2014

- ~~CR1484 (Immediate) - [DDCN 1484/2014](#) Female Genital Mutilation SNOMED CT Subsets~~
- CR1484 (Immediate) - [DDCN 1484/2014](#) Female Genital Mutilation SNOMED CT Subsets

The following has been incorporated early to allow users to see the changes, but please note that the implementation date is **31 July 2015**:

- CR1344 (31 July 2015) - [ISB 1594 Amd 31/2012](#) Information Sharing to Tackle Violence Minimum Data Set

Release: August 2014

- CR1360 (1 September 2014) - [ISB 0011 Amd 5/2014](#) Mental Health and Learning Disabilities Data Set

Release: July 2014

- CR1351 (1 July 2014) - [ISB 1520 Amd 02/2013](#) Improving Access to Psychological Therapies Data Set Version 1.5
- ~~CR1482 (Immediate) - [DDCN 1482/2014](#) Source of Referral for Mental Health~~
- ~~CR1480 (Immediate) - [DDCN 1480/2014](#) Mental Health Care Cluster 9~~
- ~~CR1477 (Immediate) - [DDCN 1477/2014](#) Payment by Results~~
- CR1482 (Immediate) - [DDCN 1482/2014](#) Source of Referral for Mental Health
- CR1480 (Immediate) - [DDCN 1480/2014](#) Mental Health Care Cluster 9
- CR1477 (Immediate) - [DDCN 1477/2014](#) Payment by Results
- **Note:** CR1383 (31 December 2014) - [ISB 1555 Amd 10/2012](#) Personal Demographics Service Birth Notification Data Sets

At the [Standardisation Committee for Care Information](#) meeting on 28th May 2014, an amendment to the implementation date of the ISB information standard was approved. The implementation date is now 31 December 2014.

- The July 2014 Release updates the NHS Data Model and Dictionary Help Pages to reflect the new organisation structure.

Release: June 2014

- CR1465 (Immediate) - ~~DDCN 1465/2014~~ Primary Care Trusts and NHS Trusts
- CR1461 (Immediate) - ~~DDCN 1461/2014~~ New Standardisation Committee for Care Information (SCCI) Process
- CR1465 (Immediate) - **DDCN 1465/2014** Primary Care Trusts and NHS Trusts
- CR1461 (Immediate) - **DDCN 1461/2014** New Standardisation Committee for Care Information (SCCI) Process
- CR1383 (30 June 2014) - **ISB 1555 Amd 10/2012** Personal Demographics Service Birth Notification Data Sets

Release: May 2014

- CR1353 (1 June 2014) - **ISB 1067 Amd 22/2013** Workforce Data Set Version 2.7

Release: April 2014

- CR1449 (Immediate) - **ISB 1610 Amd 01/2014** Female Genital Mutilation Prevalence Data Set

Release: March 2014

- CR1388 (1 April 2014) - **ISB 1521 Amd 23/2013** Updates to the Cancer Outcomes and Services Data Set and XML Schema
- CR1370 (1 April 2014) - **ISB 1533 Amd 24/2013** Updates to the Systemic Anti-Cancer Therapy Data Set and XML Schema
- CR1322 (1 April 2014) - **ISB 0111 Amd 26/2012** Changes to the Radiotherapy Data Set
- CR1387 (1 April 2014) - **ISB 0084 Amd 10/2013** Introduction of OPCS-4.7
- CR1376 (1 April 2014) - **ISB 1607 Amd 26/2013** Emergency Care Weekly Situation Report Data Set
- CR1433 (Immediate) - ~~DDCN 1433/2014~~ Data Services for Commissioners
- CR1467 (1 April 2014) - ~~DDCN 1467/2014~~ Retirement of Standards
- CR1464 (1 April 2014) - ~~DDCN 1464/2014~~ Retirement of Standards - Domains and Diagrams
- CR1458 (1 April 2014) - ~~DDCN 1458/2014~~ Retirement of Standards - DSCNs - 11/97/P05, 12/97/P06, 15/97/P09, 18/97/P12, 22/96/P19, 32/96/P27, 49/97/P35, 62/95/P51, 07/2007, 08/2009, 17/92, 20/2001, 22/2006 and 38/2002
- CR1444 (1 April 2014) - ~~DDCN 1444/2014~~ Retirement of Standards
- CR1436 (1 April 2014) - ~~DDCN 1436/2014~~ Retirement of Standards
- CR1435 (1 April 2014) - ~~DDCN 1435/2014~~ Retirement of Standards - DSCNs 22/95/P21, 20/91, 21/93, 40/95/P34, 09/94/P04, 93/95/P76, 23/94/A04, 8/92 and 17/93
- CR1432 (1 April 2014) - ~~DDCN 1432/2014~~ Retirement of Standards - DSCN 3/92, DSCN 12/96/P11, DSCN 50/94/P36, DSCN 66/96/W09 and DSCN 16/93
- CR1429 (1 April 2014) - ~~DDCN 1429/2014~~ Retirement of Standards - DSCN 07/96/P06
- CR1425 (1 April 2014) - ~~DDCN 1425/2014~~ Retirement of Standards
- CR1423 (1 April 2014) - ~~DDCN 1423/2014~~ Retirement of Standards - DSCNs 37/98/A09, 14/97/P08, 12/2002, 37/2003, 14/2004 and 27/2001
- CR1419 (1 April 2014) - ~~DDCN 1419/2014~~ Retirement of Standards - DSCNs 39/98/A11, 09/99/P06, 11/99/P07, 13/2003, 38/2001, 22/2001, 19/98/A02, 40/96/P34, 29/94/P19, 49/94/P35, 34/95/P29, 53/96/P44 and 96/95/P79
- CR1418 (1 April 2014) - ~~DDCN 1418/2014~~ Retirement of Standards
- CR1417 (1 April 2014) - ~~DDCN 1417/2014~~ Retirement of Standards - DSCNs 13/95/P12, 44/2001, 29/2004, 18/98/W02 and 24/98/F01

- CR1416 (1 April 2014) - [DDCN 1416/2014](#) Retirement of Standards - KC64 - DSCNs 05/98/P05 and 26/95/W02
- CR1414 (1 April 2014) - [DDCN 1414/2014](#) Retirement of Standards - DSCNs 03/99/P03, 10/2002, 12/99/A04, 20/98/A03, 30/98/P21, 35/99/P25, 37/97/P24 and 43/97/P29
- CR1413 (1 April 2014) - [DDCN 1413/2014](#) Retirement of Standards - DSCNs 13/97/P07, 15/96/P14, 17/2001, 20/2004, 21/2001, 21/2003, 28/98/P20, 33/2003 and 43/2002
- CR1409 (1 April 2014) - [DDCN 1409/2014](#) Retirement of Standards - DSCN's 46/97/P32, 01/2004, 04/2004, 11/2005, 27/2002, 31/2002, 53/2002 and 54/2002
- CR1433 (Immediate) - [DDCN 1433/2014](#) Data Services for Commissioners
- CR1467 (1 April 2014) - [DDCN 1467/2014](#) Retirement of Standards
- CR1464 (1 April 2014) - [DDCN 1464/2014](#) Retirement of Standards - Domains and Diagrams
- CR1458 (1 April 2014) - [DDCN 1458/2014](#) Retirement of Standards - DSCNs - 11/97/P05, 12/97/P06, 15/97/P09, 18/97/P12, 22/96/P19, 32/96/P27, 49/97/P35, 62/95/P51, 07/2007, 08/2009, 17/92, 20/2001, 22/2006 and 38/2002
- CR1444 (1 April 2014) - [DDCN 1444/2014](#) Retirement of Standards
- CR1436 (1 April 2014) - [DDCN 1436/2014](#) Retirement of Standards
- CR1435 (1 April 2014) - [DDCN 1435/2014](#) Retirement of Standards - DSCNs 22/95/P21, 20/91, 21/93, 40/95/P34, 09/94/P04, 93/95/P76, 23/94/A04, 8/92 and 17/93
- CR1432 (1 April 2014) - [DDCN 1432/2014](#) Retirement of Standards - DSCN 3/92, DSCN 12/96/P11, DSCN 50/94/P36, DSCN 66/96/W09 and DSCN 16/93
- CR1429 (1 April 2014) - [DDCN 1429/2014](#) Retirement of Standards - DSCN 07/96/P06
- CR1425 (1 April 2014) - [DDCN 1425/2014](#) Retirement of Standards
- CR1423 (1 April 2014) - [DDCN 1423/2014](#) Retirement of Standards - DSCNs 37/98/A09, 14/97/P08, 12/2002, 37/2003, 14/2004 and 27/2001
- CR1419 (1 April 2014) - [DDCN 1419/2014](#) Retirement of Standards - DSCNs 39/98/A11, 09/99/P06, 11/99/P07, 13/2003, 38/2001, 22/2001, 19/98/A02, 40/96/P34, 29/94/P19, 49/94/P35, 34/95/P29, 53/96/P44 and 96/95/P79
- CR1418 (1 April 2014) - [DDCN 1418/2014](#) Retirement of Standards
- CR1417 (1 April 2014) - [DDCN 1417/2014](#) Retirement of Standards - DSCNs 13/95/P12, 44/2001, 29/2004, 18/98/W02 and 24/98/F01
- CR1416 (1 April 2014) - [DDCN 1416/2014](#) Retirement of Standards - KC64 - DSCNs 05/98/P05 and 26/95/W02
- CR1414 (1 April 2014) - [DDCN 1414/2014](#) Retirement of Standards - DSCNs 03/99/P03, 10/2002, 12/99/A04, 20/98/A03, 30/98/P21, 35/99/P25, 37/97/P24 and 43/97/P29
- CR1413 (1 April 2014) - [DDCN 1413/2014](#) Retirement of Standards - DSCNs 13/97/P07, 15/96/P14, 17/2001, 20/2004, 21/2001, 21/2003, 28/98/P20, 33/2003 and 43/2002
- CR1409 (1 April 2014) - [DDCN 1409/2014](#) Retirement of Standards - DSCN's 46/97/P32, 01/2004, 04/2004, 11/2005, 27/2002, 31/2002, 53/2002 and 54/2002

Release: February 2014

- CR1460 (Immediate) - [DDCN 1460/2014](#) NHS Dental Services Update
- CR1459 (Immediate) - [DDCN 1459/2014](#) General Medical Practitioner (Specified), Doctor Index Number and General Medical Practitioner PPD Code Update
- CR1446 (Immediate) - [DDCN 1446/2014](#) Health and Social Care Information Centre Update
- CR1404 (Immediate) - [DDCN 1404/2014](#) Retirement of e-Gif definitions
- CR1460 (Immediate) - [DDCN 1460/2014](#) NHS Dental Services Update
- CR1459 (Immediate) - [DDCN 1459/2014](#) General Medical Practitioner (Specified), Doctor Index Number and General Medical Practitioner PPD Code Update
- CR1446 (Immediate) - [DDCN 1446/2014](#) Health and Social Care Information Centre Update
- CR1404 (Immediate) - [DDCN 1404/2014](#) Retirement of e-Gif definitions
- CR1395 (28 February 2014) - [ISB 0090 Amd 17/2013](#) Organisation Data Service - NHS Postcode Directory

Release: January 2014

- CR1386 (31 January 2014) - [ISB 0090 Amd 9/2013](#) Special Health Authority (SpHA) Code Structure Change

- CR1443 (Immediate) — ~~DDCN 1443/2014~~ Change of name of the National Institute for Health and Clinical Excellence
- CR1441 (Immediate) — ~~DDCN 1441/2014~~ Retirement of Review of Central Returns (ROCR) — Central Return Form KH03A
- CR1440 (Immediate) — ~~DDCN 1440/2014~~ Retirement of Review of Central Returns (ROCR) — Genitourinary Medicine Access Monthly Monitoring Data Set
- CR1439 (Immediate) — ~~DDCN 1439/2013~~ Retirement of Review of Central Returns (ROCR) Returns
- CR1405 (Immediate) — ~~DDCN 1405/2013~~ Overseas Visitors
- CR1393 (Immediate) — ~~DDCN 1393/2013~~ Amendment to Inter-Provider Transfer Administrative Minimum Data Set Overview
- CR1392 (Immediate) — ~~DDCN 1392/2013~~ Review of Central Returns (ROCR) Discontinuations — Referral to Treatment Performance Sharing Data Set
- CR1391 (Immediate) — ~~DDCN 1391/2013~~ Review of Central Returns (ROCR) Discontinuations — Referral to Treatment (RTT) Summary Patient Tracking List Data Set
- CR1443 (Immediate) - **DDCN 1443/2014** Change of name of the National Institute for Health and Clinical Excellence
- CR1441 (Immediate) - **DDCN 1441/2014** Retirement of Review of Central Returns (ROCR) - Central Return Form KH03A
- CR1440 (Immediate) - **DDCN 1440/2014** Retirement of Review of Central Returns (ROCR) - Genitourinary Medicine Access Monthly Monitoring Data Set
- CR1439 (Immediate) - **DDCN 1439/2013** Retirement of Review of Central Returns (ROCR) Returns
- CR1405 (Immediate) - **DDCN 1405/2013** Overseas Visitors
- CR1393 (Immediate) - **DDCN 1393/2013** Amendment to Inter-Provider Transfer Administrative Minimum Data Set Overview
- CR1392 (Immediate) - **DDCN 1392/2013** Review of Central Returns (ROCR) Discontinuations - Referral to Treatment Performance Sharing Data Set
- CR1391 (Immediate) - **DDCN 1391/2013** Review of Central Returns (ROCR) Discontinuations - Referral to Treatment (RTT) Summary Patient Tracking List Data Set

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 June 2014**:

- CR1346 (1 June 2014) - **ISB 1595 Amd 32/2012** National Neonatal Data Set

Release: November 2013

- CR1424 (Immediate) — ~~DDCN 1424/2013~~ Application Identifier (GS1)
- CR1424 (Immediate) - **DDCN 1424/2013** Application Identifier (GS1)
- CR1367 (29 November 2013) - **ISB 0090 Amd 5/2013** Organisation Data Service - Introduction of New Sub Type Identifier for Private Dental Practices
- CR1359 (29 November 2013) - **ISB 0090 Amd 47/2012** Organisation Data Service - Identification Codes for Local Authorities
- CR1407 (Immediate) — ~~DDCN 1407/2013~~ Clinical Investigations
- CR1415 (Immediate) — ~~DDCN 1415/2013~~ Area Teams
- CR1411 (Immediate) — ~~DDCN 1411/2013~~ Update to Supporting Information: SNOMED CT®
- CR1407 (Immediate) - **DDCN 1407/2013** Clinical Investigations
- CR1415 (Immediate) - **DDCN 1415/2013** Area Teams
- CR1411 (Immediate) - **DDCN 1411/2013** Update to Supporting Information: SNOMED CT®

Release: September 2013

- CR1348 (1 October 2013) - **ISB 1597 Amd 35/2012** Breast Screening Programmes Data Set (KC63 and KC62)
- CR1403 (Immediate) — ~~DDCN 1403/2013~~ Religious or Other Belief System Affiliation
- CR1384 (Immediate) — ~~DDCN 1384/2013~~ Health and Social Care Information Centre Rebranding of XML Schemas
- CR1397 (Immediate) — ~~DDCN 1397/2013~~ Retired Main Specialty Codes
- CR1403 (Immediate) - **DDCN 1403/2013** Religious or Other Belief System Affiliation

- CR1384 (Immediate) - [DDCN 1384/2013](#) Health and Social Care Information Centre Rebranding of XML Schemas
- CR1397 (Immediate) - [DDCN 1397/2013](#) Retired Main Specialty Codes

Release: July 2013

- CR1377 (Immediate) - [ISB 0105](#) Retirement of Accident and Emergency Quarterly Monitoring Data Set (QMAE)

Release: May 2013

- CR1363 (Immediate) - [ISB 1067 Amd 43/2012](#) National Workforce Data Set Version 2.6
- ~~CR1382 (Immediate) - [DDCN 1382/2013](#) National Renal Data Set amendment~~
- ~~CR1381 (Immediate) - [DDCN 1381/2013](#) Healthcare Resource Groups~~
- CR1382 (Immediate) - [DDCN 1382/2013](#) National Renal Data Set amendment
- CR1381 (Immediate) - [DDCN 1381/2013](#) Healthcare Resource Groups
- CR1235 (1 June 2013) - [ISB 1588 Amd 11/2012](#) Accident and Emergency Clinical Quality Indicators

Release: April 2013

- ~~CR1372 (Immediate) - [DDCN 1372/2013](#) Organisation Update: April 2013~~
- ~~CR1369 (Immediate) - [DDCN 1369/2013](#) Organisation Codes and Organisation Types~~
- CR1372 (Immediate) - [DDCN 1372/2013](#) Organisation Update: April 2013
- CR1369 (Immediate) - [DDCN 1369/2013](#) Organisation Codes and Organisation Types
- CR1347 (1 April 2013) - [ISB 1521 Amd 40/2012](#) Updates to the Cancer Outcomes and Services Data Set and XML Schema

Release: March 2013

- ~~CR1364 (Immediate) - [DDCN 1364/2013](#) Operating Theatre~~
- CR1364 (Immediate) - [DDCN 1364/2013](#) Operating Theatre
- CR1335 (1 April 2013) - [ISB 1593 Amd 27/2012](#) Venous Thromboembolism Risk Assessment Data Set
- CR1340 (1 April 2013) - [ISB 0090 Amd 37/2012](#) Organisation Data Service - Non-Legislative Organisations
- CR1321 (1 April 2013) - [ISB 0011 Amd 25/2012](#) Mental Health Minimum Data Set version 4.1

Release: February 2013

- ~~CR1336 (Immediate) - [DDCN 1336/2013](#) XML Schema Constraint Pages~~
- ~~CR1362 (Immediate) - [DDCN 1362/2013](#) Update to Organisations in the NHS Data Model and Dictionary~~
- ~~CR1246 (Immediate) - [DDCN 1246/2013](#) Guidance for Merging Organisations~~
- ~~CR1345 (Immediate) - [DDCN 1345/2013](#) e-Government Interoperability Framework (e-GIF) and Government Data Standards Catalogue~~
- CR1354 (Immediate) - [DDCN 1354/2013](#) Treatment Function Code - Well Babies
- CR1336 (Immediate) - [DDCN 1336/2013](#) XML Schema Constraint Pages
- CR1362 (Immediate) - [DDCN 1362/2013](#) Update to Organisations in the NHS Data Model and Dictionary
- CR1246 (Immediate) - [DDCN 1246/2013](#) Guidance for Merging Organisations
- CR1345 (Immediate) - [DDCN 1345/2013](#) e-Government Interoperability Framework (e-GIF) and Government Data Standards Catalogue
- CR1354 (Immediate) - [DDCN 1354/2013](#) Treatment Function Code - Well Babies

Release: December 2012

- CR1155 (Immediate) - [ISB 1567 Amd 12/2011](#) National Joint Registry Data Set Version 5
- CR1324 (1 December 2012) - [ISB 1067 Amd 23/2012](#) Workforce Data Set Version 2.5
- CR1196, CR1287 and CR1195 (1 January 2013) - [ISB 1521 Amd 64/2010](#) Cancer Outcomes and Services Data Set, Cancer Outcomes and Services Data Set Message and Retirement of Cancer Registration Data Set and National Cancer Data Set

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2013**:

- CR1337 (1 April 2013) - [ISB 1072 Amd 30/2012](#) Update to Child and Adolescent Mental Health Services Secondary Uses Data Set

Release: November 2012

- CR1166, CR1167 and CR1306 (1 November 2012) - [ISB 0092 Amd-16-2010](#) Commissioning Data Set Version 6-2, Commissioning Data Set XML Message Version 6-2 and Retirement of CDS 6-0
- CR1305 (1 April 2013) - [ISB 0092 Amd 06/2011](#) Allied Health Professions Referral to Treatment (AHP RTT) Update - CDS 6-2
- CR1286 (1 November 2012) - [ISB 0028 Amd 17/2012](#) Treatment Function Codes Update
- ~~CR1343 (Immediate) - [DDCN 1343/2012](#) Change of name for NHS Commissioning Board Authority~~
- ~~CR1342 (Immediate) - [DDCN 1342/2012](#) Overseas Visitors Update~~
- ~~CR1341 (Immediate) - [DDCN 1341/2012](#) Discharge Default Code Descriptions~~
- CR1343 (Immediate) - [DDCN 1343/2012](#) Change of name for NHS Commissioning Board Authority
- CR1342 (Immediate) - [DDCN 1342/2012](#) Overseas Visitors Update
- CR1341 (Immediate) - [DDCN 1341/2012](#) Discharge Default Code Descriptions
- CR1323 (Immediate) - National Cancer Waiting Times Monitoring Data Set Update for "Delay Reason To Treatment For Cancer"

CR1323 is a corrigendum to CR1258 (1 July 2012) - [ISB 0147 Amd 23/2011](#) Changes to the National Cancer Waiting Times Monitoring Data Set published in the June 2012 release

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2013**:

- CR1231 and CR1288 (1 April 2013) - [ISB 1570 Amd 164/2010](#) HIV and AIDS Reporting Data Set and HIV and AIDS Related Data Set Message

Release: September 2012

- CR1103 (Immediate) - [ISB 0066 Amd 43/2010](#) Renal Data Set - Data Item Addition, Changes and Deletions
- ~~CR1334 (Immediate) - [DDCN 1334/2012](#) Psychology Definitions~~
- ~~CR1331 (Immediate) - [DDCN 1331/2012](#) Activity Date Time Type~~
- ~~CR1329 (Immediate) - [DDCN 1329/2012](#) Change of name for "Health and Social Care Information Centre"~~
- CR1334 (Immediate) - [DDCN 1334/2012](#) Psychology Definitions
- CR1331 (Immediate) - [DDCN 1331/2012](#) Activity Date Time Type
- CR1329 (Immediate) - [DDCN 1329/2012](#) Change of name for "Health and Social Care Information Centre"

Release: August 2012

- ~~CR1326 (Immediate) - [DDCN 1326/2012](#) Health and Care Professions Council~~
- ~~CR1241 (Immediate) - [DDCN 1241/2012](#) NHS dictionary of medicines and devices~~
- ~~CR1292 (Immediate) - [ISB 1549 Amd 4/2011](#) and [DDCN 1292/2012](#) Deprecation and withdrawal of version 3.2 of the Acute Myocardial Infarction Data Set and subsequent retiring of the Data Set from the NHS Data Model and Dictionary~~
- CR1326 (Immediate) - [DDCN 1326/2012](#) Health and Care Professions Council
- CR1241 (Immediate) - [DDCN 1241/2012](#) NHS dictionary of medicines and devices
- CR1292 (Immediate) - [ISB 1549 Amd 4/2011](#) and [DDCN 1292/2012](#) Deprecation and withdrawal of version 3.2 of the Acute Myocardial Infarction Data Set and subsequent retiring of the Data Set from the NHS Data Model and Dictionary

Release: June 2012

- ~~CR1314 (Immediate) - [DDCN 1314/2012](#) Reasonable Offer Update~~
- CR1314 (Immediate) - [DDCN 1314/2012](#) Reasonable Offer Update
- CR1282 (29 June 2012) - [ISB 0090 Amd 36/2011](#) Independent Sector Healthcare Provider (ISHP) Codes extended for ISHPs and Sites
- CR1258 (1 July 2012) - [ISB 0147 Amd 23/2011](#) Changes to the National Cancer Waiting Times Monitoring Data Set

Release: May 2012

- CR1215 (1 June 2012) - [ISB 1067 Amd 30/2011](#) National Workforce Data Set

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2013**:

- CR1028 (1 April 2013) - [ISB 1069 Amd 14/2012](#) Children and Young People's Health Services Data Set
- CR1029 (1 April 2013) - [ISB 1072 Amd 12/2012](#) Child and Adolescent Mental Health Services (CAMHS) Data Set
- CR1104 (1 April 2013) - [ISB 1513 Amd 13/2012](#) Maternity Secondary Uses Data Set

Release: March 2012

- ~~CR1242 (Immediate) - [DDCN 1242/2012](#) Retirement of Mental Health Minimum Data Set Version 3~~
- CR1242 (Immediate) - [DDCN 1242/2012](#) Retirement of Mental Health Minimum Data Set Version 3
- CR1238 and CR1276 (1 April 2012) - [ISB 1577 Amd 10/2011](#) Diagnostic Imaging Data Set and Diagnostic Imaging Data Set Message v 1-0
- ~~CR1290 (Immediate) - [DDCN 1290/2012](#) Data Set Notation~~
- CR1290 (Immediate) - [DDCN 1290/2012](#) Data Set Notation
- CR1263 (Immediate) - [ISB 0090 Amd 5/2012](#) Health and Social Care Bill Changes
- CR1255 (31 March 2012) - [ISB 1576 Amd 08/2011](#) Quarterly Bed Availability and Occupancy Data Set
- CR1295 (Immediate) - Retirement of old Commissioning Data Set messages

The [Information Standards Board for Health and Social Care](#) have been involved in the redesign and retirement of the old Commissioning Data Set Pages, however a formal [Information Standard and Collection \(including Extraction\) Notice \(ISCE\)](#) will not be published as there are no changes to data standards.

Release: January 2012

- ~~CR1285 (Immediate) - [DDCN 1285/2012](#) Elective Admission Type~~
- CR1252 (Immediate) - [DDCN 1252/2011](#) Geographic Area Changes
- CR1285 (Immediate) - [DDCN 1285/2012](#) Elective Admission Type
- CR1252 (Immediate) - [DDCN 1252/2011](#) Geographic Area Changes

Release: November 2011

- CR1264 (Immediate) - [ISB 1077 Amd 3/2012](#) Automatic Identification and Data Capture (AIDC) for Patient Identification Data Set
- ~~CR1274 (Immediate) - [DDCN 1274/2011](#) CDS Prime Recipient Identity Update~~

~~The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2012**:~~

- CR1274 (Immediate) - [DDCN 1274/2011](#) CDS Prime Recipient Identity Update

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2012**:

- CR1265 (1 April 2012) - [ISB 1520 Amd 29/2011](#) Changes to the Improving Access to Psychological Therapies Data Set

Release: October 2011

- CR1271 (Immediate) - ~~DDCN 1271/2011~~ Commissioning Data Set Addressing Grid Update
- CR1268 (Immediate) - ~~DDCN 1268/2011~~ Sexual Orientation Code
- CR1271 (Immediate) - **DDCN 1271/2011** Commissioning Data Set Addressing Grid Update
- CR1268 (Immediate) - **DDCN 1268/2011** Sexual Orientation Code

The following has been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2012**:

- CR1158 and CR1260 (1 April 2012) - **ISB 1533 Amd 63/2010** Systemic Anti-Cancer Therapy Data Set and Systemic Anti-Cancer Therapy Data Set Message Schema

The following have been incorporated early to allow users to see the changes, but please note that the implementation date is **1 July 2012**:

- CR1270 (1 July 2012) - **ISB 1080 Amd 25/2011** Amendments to NHS Health Check Data Set
- CR1250 (1 July 2012) - **ISB 1080 Amd 25/2011** NHS Health Checks Data Set Message Schema Version 2.0.0

Release: August 2011

- CR1232 (Immediate) - **ISB 0034 Amd 26/2006** Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) - NHS Data Model and Dictionary Overview
- CR1222 (1 April 2012) - **ISB 0021 Amd 86/2010** Introduction of the International Classification of Diseases Tenth Revision 4th Edition
- CR1190 (1 September 2011) - **ISB 1538 Amd 131/2010** Chlamydia Testing Activity Data Set
- CR1188 (Immediate) - **Amd 85/2010** Genitourinary Medicine Clinic Activity Data Set (GUMCAD) Extension to include Enhanced Sexual Health Services (ESHS)

The following data set is initially being introduced for local use only. A future [Information Standard and Collection \(including Extraction\) Notice](#) will be published to notify providers and system suppliers of the requirement to flow the data set nationally:

- CR1105 (1 April 2012) - **ISB 1510 Amd 25/2010** Community Information Data Set

Release: July 2011

- CR1249 (Immediate) - ~~DDCN 1249/2011~~ General Pharmaceutical Council Registration Changes
- CR1249 (Immediate) - **DDCN 1249/2011** General Pharmaceutical Council Registration Changes

The following has been incorporated early to allow users to see the changes, but please note that the implementation date is **1 July 2012**:

- CR1148 (1 July 2012) - **ISB 1080 Amd 129/2010** NHS Health Checks Data Set

Release: June 2011

- CR1256 (Immediate) - ~~DDCN 1256/2011~~ School Definitions
- CR1256 (Immediate) - **DDCN 1256/2011** School Definitions
- CR1117 (26 August 2011) - **ISB 0090 Amd 94/2010** Organisation Data Service Identification Codes for Local Authorities in England and Wales
- CR1251 (Immediate) - ~~DDCN 1251/2011~~ Change to the Format/Length of Weekly Hours Worked
- CR1243 (Immediate) - ~~DDCN 1243/2011~~ National Interim Clinical Imaging Procedure (NICIP) Code Set
- CR1251 (Immediate) - **DDCN 1251/2011** Change to the Format/Length of Weekly Hours Worked
- CR1243 (Immediate) - **DDCN 1243/2011** National Interim Clinical Imaging Procedure (NICIP) Code Set

Release: April 2011

- CR1154 (1 April 2011) - [ISB 0011 Amd 87/2010](#) Mental Health Minimum Data Set Version 4.0
- ~~CR1234 (Immediate) - [DDCN 1234/2011](#) Technology Reference Data Update Distribution Service (TRUD)~~
- CR1234 (Immediate) - [DDCN 1234/2011](#) Technology Reference Data Update Distribution Service (TRUD)
- CR1168 (Immediate) - [ISB 0097 Amd 140/2010](#) Genitourinary Medicine Access Monthly Monitoring Data Set Amendments - Removal of Human Immunodeficiency Virus data

The following has been incorporated early to allow users to see the changes, but please note that the implementation date is **1 April 2012**:

- CR1050 (1 April 2012) - [ISB 1520 Amd 51/2010](#) Improving Access to Psychological Therapies Data Set

Release: March 2011

- CR1224 (1 April 2011) - [ISB 0092 Amd 02/20110](#) Commissioning Data Set Schema Version 6-1-1
- ~~CR1223 (Immediate) - [DDCN 1223/2011](#) Updates to Family Planning References~~
- ~~CR1225 (Immediate) - [DDCN 1225/2011](#) Practitioners with Special Interests~~
- CR1223 (Immediate) - [DDCN 1223/2011](#) Updates to Family Planning References
- CR1225 (Immediate) - [DDCN 1225/2011](#) Practitioners with Special Interests
- CR1216 (1 April 2011) - [ISB 0028 Amd 170/2010](#) Changes to Treatment Function Codes
- CR1203 (1 April 2011) - [ISB 0084 Amd 150/2010](#) Introduction of OPCS Classification of Interventions and Procedures Version 4.6

Release: January 2011

- CR1116 (1 April 2010) - [ISB 0003 Amd 79/2010](#) Immunisation Programmes Activity Data Set (KC50)
- CR1112 (1 April 2010) - [ISB 1511 Amd 26/2010](#) NHS Continuing Healthcare and NHS Funded Nursing Care
- CR1068 (Immediate) - [ISB 0133 Amd 161/2010](#) Change To Central Return: Human Papillomavirus (HPV) Immunisation Programme - Vaccine Monitoring Minimum Data Set
- ~~CR1211 (Immediate) - [DDCN 1211/2010](#) Commissioning Data Set Addressing Grid / Organisation Code (Code of Commissioner) Update~~
- CR1211 (Immediate) - [DDCN 1211/2010](#) Commissioning Data Set Addressing Grid / Organisation Code (Code of Commissioner) Update

Release: December 2010

- CR1175 (1 April 2011) - [ISB 1518 Amd 166/2010](#) Changes to Sexual and Reproductive Health Activity Data Set
- CR1198 (Immediate) - [ISB 1067 Amd 165/2010](#) National Workforce Data Set
- CR1207 (01 December 2010) - [ISB 1573 Amd 168/2010](#) Mixed-Sex Accommodation
- CR1149 (01 January 2011) - [ISB 0139 Amd 99/2010](#) GUMCAD: Change to Genitourinary (GU) Episode Types

Release: November 2010

- ~~CR1119 (Immediate) - [DDCN 1119/2010](#) Organisation Codes Update~~
- ~~CR1192 (Immediate) - [DDCN 1192/2010](#) Change of name for "Health Solution Wales"~~
- ~~CR1199 (Immediate) - [DDCN 1199/2010](#) General Pharmaceutical Council and Royal Pharmaceutical Society of Great Britain Update~~
- ~~CR1189 (Immediate) - [DDCN 1189/2010](#) National Institute for Health and Clinical Excellence~~
- ~~CR1187 (Immediate) - [DDCN 1187/2010](#) Introduction of the Department for Education~~
- CR1119 (Immediate) - [DDCN 1119/2010](#) Organisation Codes Update
- CR1192 (Immediate) - [DDCN 1192/2010](#) Change of name for "Health Solution Wales"
- CR1199 (Immediate) - [DDCN 1199/2010](#) General Pharmaceutical Council and Royal Pharmaceutical Society of Great Britain Update
- CR1189 (Immediate) - [DDCN 1189/2010](#) National Institute for Health and Clinical Excellence

- CR1187 (Immediate) - [DDCN 1187/2010](#) Introduction of the Department for Education

Release: September 2010

- CR1128 (Immediate) - ~~[DDCN 1128/2010](#)~~ Changes to reporting procedures for Overseas Visitors from the European Economic Area and Switzerland
- CR1173 (Immediate) - ~~[DDCN 1173/2010](#)~~ Care Quality Commission Update
- CR1143 (Immediate) - ~~[DDCN 1143/2010](#)~~ General Pharmaceutical Council
- CR1128 (Immediate) - [DDCN 1128/2010](#) Changes to reporting procedures for Overseas Visitors from the European Economic Area and Switzerland
- CR1173 (Immediate) - [DDCN 1173/2010](#) Care Quality Commission Update
- CR1143 (Immediate) - [DDCN 1143/2010](#) General Pharmaceutical Council
- CR1061 (1 October 2010) - [ISB 0092/2010](#) CDS Type 20: Out-patient: Retirement of Default Codes for Out-patient Procedures
- CR1133 (Immediate) - [ISB 00289/2010](#) National Specialty List

Release: August 2010

- The August 2010 Release introduces the NHS Data Model and Dictionary Help Pages.

Release: July 2010

- CR1134 (Immediate) - [ISB 1067/2010 Amd 109/2010](#) National Workforce Data Set
- CR1082 (Immediate) - [ISB 0153/2010](#) Critical Care Minimum Data Set
- CR1121 (Immediate) - [DSCN 17/2010](#) Retirement of Data Standard KC60 Central Return

Release: May 2010

- CR957 (Immediate) - [DSCN 19/2010](#) Central Returns: KA34 Ambulance Services
- CR1069 (Immediate) - Redesign of the Commissioning Data Set Pages
The [Information Standards Board for Health and Social Care](#) have been involved in the redesign of the Commissioning Data Set Pages and are satisfied that it meets the requirements of the service, however a formal [Information Standard and Collection \(including Extraction\) Notice \(ISCE\)](#) will not be published as there are no changes to data standards.

Release: March 2010

- CR1123 (1 April 2010) - [DSCN 18/2010](#) Information Standards Notice (ISN)
- CR1139 (Immediate) - [DSCN 16/2010](#) Person Weight
- CR1130 (Immediate) - [DSCN 15/2010](#) Change of name for "The NHS Information Centre for health and social care"
- CR1013 (April 2010) - [DSCN 14/2010](#) Sexual and Reproductive Health Activity Dataset (SRHAD)
- CR1125 (Immediate) - [DSCN 13/2010](#) NHS Data Model and Dictionary Maintenance Update - Policy Definitions
- CR1122 (Immediate) - [DSCN 11/2010](#) Changes to Family Planning References

Release: January 2010

- CR1115 (Immediate) - [DSCN 10/2010](#) Data Standards: Updating of e-Government Interoperability Framework and Government Data Standards Catalogue References

Release: December 2009

- CR1100 (Immediate) - [DSCN 25/2009](#) NHS Prescription Services Update
- CR1045 (1 December 2009) - [DSCN 17/2009](#) Referral to Treatment Clock Stop Administrative Event
- CR1003 (1 December 2009) - [DSCN 16/2009](#) Commissioning Data Sets: Mandation of 18 Week Referral To Treatment Data Items

Release: November 2009

- CR1113 (Immediate) - [DSCN 24/2009](#) Information Standards Board for Health and Social Care Update
- CR1087 (Immediate) - [DSCN 23/2009](#) Health Professions Council Update
- CR1081 (Immediate) - [DSCN 22/2009](#) Data Standards: NHS Data Model and Dictionary Maintenance Update
- CR1019 (27 November 2009) - [DSCN 21/2009](#) Data Standards: Organisation Data Service (ODS) - Optical Sites and Optical Headquarters
- CR1034 (27 November 2009) - [DSCN 20/2009](#) Data Standards: Organisation Data Service (ODS) - Care Homes in England and Wales and their Headquarters

Release: September 2009

- CR1065 (1 October 2009) - [DSCN 15/2009](#) Data Standards: Organisation Data Service, Local Health Boards

Release: June 2009

- CR1014 (1 June 2009) - [DSCN 13/2009](#) Religious and Other Belief System Affiliation
- CR1074 (Immediate) - [DSCN 12/2009](#) Data Standards: Care Quality Commission
- CR1056 (Immediate) - [DSCN 11/2009](#) Data Standards: NHS Data Model and Dictionary Maintenance Update
- CR1072 (1 December 2009) - [DSCN 10/2009](#) Data Standards: National Radiotherapy Data Set
- CR1073 (Immediate) - [DSCN 09/2009](#) Central Returns: Diagnostic Waiting Times and Activity Data Set
- CR1066 (Immediate) - [DSCN 08/2009](#) Data Standards: NHS Prescription Services and NHS Dental Services
- CR1047 (1 April 2011) - [DSCN 07/2009](#) Data Standards: Diabetic Retinopathy Screening Dataset v3.6
- CR1059 (Immediate) - [DSCN 06/2009](#) Data Standard: National Workforce Data Set v2.1
- CR914 (April 2008 (Retrospective)) - [DSCN 05/2009](#) NHS Stop Smoking Services Quarterly Monitoring Return
- CR899 (Immediate) - [DSCN 02/2009](#) NHS Data Model and Dictionary Maintenance Update

Release: March 2009

- CR1001 (1 April 2009) - [DSCN 03/2009](#) Introduction of Commissioning Data Set Schema Version 6-1 (2008-04-01) and update to Commissioning Data Set Schema Version 6-0 (2008-01-14)
- CR976 (31 March 2009) - [DSCN 26/2008](#) Subject: KP90 - Admissions, Changes in Status and Detentions under the Mental Health Act
- CR1017 (1 April 2009) - [DSCN 25/2008](#) Critical Care Minimum Data Set
- CR1002 (1 April 2009) - [DSCN 24/2008](#) Data Standards: Introduction of Commissioning Dataset Version 6.1
- CR1016 (Immediate) - [DSCN 23/2008](#) 4 Byte Version of the Read Codes - Withdrawal

Release: December 2008

- CR1022 (1 January 2009) - [DSCN 29/2008](#) Data Standards: 18 Weeks Referral to Treatment (RTT) Time, Performance Sharing
- CR901 (Immediate) - [DSCN 28/2008](#) Removal of references to EDIFACT and the NHS Wide Clearing Service (NWCS)
- CR843 (1 April 2009) - [DSCN 22/2008](#) Data Standards: National Radiotherapy Data Set
- CR1011 (1 January 2009) - [DSCN 20/2008](#) Data Standards: National Cancer Waiting Times Minimum Data Set

Release: November 2008

- CR1026 (3 November 2008) - [DSCN 21/2008](#) Information Standard: Mental Health Act 2007 Mental Category

Release: August 2008

- CR1018 (Immediate) - [DSCN 19/2008](#) Data Standards: Change of Name for National Administrative Code Services (NACS) to Organisation Data Service (ODS)
- CR956 (1 September 2008) - [DSCN 18/2008](#) Central Return: Human Papillomavirus (HPV) Immunisation Programme, Vaccine Monitoring Minimum Dataset
- CR861 (Immediate) - [DSCN 16/2008](#) Central Return: Hospital and Community Services Complaints and General Practice (including Dental) Complaints - KO41(a) and KO 41(b)
- CR964 (Immediate) - [DSCN 14/2008](#) Central Return: 18 Weeks 'Adjusted' Referral to Treatment (RTT) Dataset
- CR965 (Immediate) - [DSCN 13/2008](#) Data Standards: Organisation Data Service (ODS) - Change to the Default Codes Set to Support Changes to GMS Contract
- CR879 (Immediate) - [DSCN 12/2008](#) Data Standards: Quarterly Monitoring: Cancelled Operations Data Set (QMCO)

Release: May 2008

- CR502 (Immediate) - [DSCN 10/2008](#) Data Standards: National Workforce Data Definitions (v2.0)
- CR910 (1 April 2008) - [DSCN 08/2008](#) Data Standards: National Direct Access Audiology Patient Tracking List (PTL) and Waiting Times (WT) data sets
- CR900 (Immediate) - [DSCN 07/2008](#) Data Standards: Inter-Provider Transfer Administrative Minimum Data Set
- CR934 (1 April 2008) - [DSCN 06/2008](#) Data Standards: Mental Health Minimum Data Set (version 3.0)
- CR935 (Immediate) - [DSCN 05/2008](#) Data Standards: 18 Weeks Rules Suite
- CR925 (1 September 2008) - [DSCN 04/2008](#) Genitourinary Medicine Clinic Activity Data Set Change to an Information Standard
- CR942 (1 June 2008) - [DSCN 03/2008](#) General Practice and General Medical Practitioner (GMP) - changes resulting from the introduction of the General Medical Services (GMS) Contract

Release: February 2008

- CR812 (Immediate) - [DSCN 01/2008](#) Central Return: Diagnostics Waiting Times Census Data Set
- CR881 (31 December 2007) - [DSCN 42/2007](#) Central Return: Referral To Treatment Summary Patient Tracking List
- CR904 (Immediate) - [DSCN 41/2007](#) Data Standards: Admission Intended Procedure Update
- CR824 (1 February 2008) - [DSCN 39/2007](#) Data Standards: 48 Hour Genitourinary Medicine Access Monthly Monitoring (GUMAMM)

Release: November 2007

- CR919 (Immediate) - [DSCN 38/2007](#) Data Standards: Mental Health Minimum Data Set Schema
- CR814 (1 April 2008) - [DSCN 37/2007](#) Data Standards: Introduction of Mental Health Minimum Data Set version 2.1
- CR930 (31 December 2007) - [DSCN 35/2007](#) Data Standards: A correction to the version 6 Commissioning Data Set schema
- CR834 (Immediate) - [DSCN 34/2007](#) Data Standards: Referral Request Received Date
- CR875 (Immediate) - [DSCN 33/2007](#) Data Standards: National Administrative Codes Service: Introduction of codes for the new Pan SHAs
- CR880 (Immediate) - [DSCN 29/2007](#) Data Standards: Amendments to Doctor Index Number (DIN) Description

Release: August 2007

- CR845 (Immediate) - [DSCN 28/2007](#) Data Standards: Treatment Function Code (Referral to Treatment Period)
- CR831 (1 October 2007) - [DSCN 27/2007](#) Data Standards: Update to Commissioning Data Set XML Schema v5

- CR825 (1 October 2007) - [DSCN 16/2007](#) Data Standards: Source of Referral for Outpatients (18 Weeks)

Release: June 2007

- CR799 (31 December 2007) - [DSCN 18/2007](#) Data Standards: Introduction of Commissioning Data Set Version 6
- CR833 (Immediate) - [DSCN 17/2007](#) Data Standards: Introduction of Commissioning Data Set validation table
- CR801 (Immediate) - [DSCN 15/2007](#) Data Standards: Cover of Vaccination Evaluated Rapidly (COVER) Return

Release: May 2007

- CR800 (31 December 2007) - [DSCN 14/2007](#) Commissioning Data Set Schema Version 6-0
- CR856 (1 October 2007) - [DSCN 13/2007](#) Data Standards: Discharge Ready Date
- CR869 (Immediate) - [DSCN 12/2007](#) Data Standards: Update to Clinical Coding Introduction
- CR827 (1 October 2007) - [DSCN 09/2007](#) Data Standards: Earliest Reasonable Offer Date
- CR817 (1 October 2007) - [DSCN 08/2007](#) Data Standards: Introduction of Age into Commissioning Data Sets
- CR849 (May 2007) - [DSCN 07/2007](#) National Administrative Codes Service: Introduction of new identification codes for Dental Consultants
- CR822 (Immediate) - [DSCN 06/2007](#) Data Standards: Update to Organisation Codes
- CR850 (Immediate) - [DSCN 05/2007](#) National Administrative Codes Service: Amendments to Default Codes
- CR786 (1 April 2007) - [DSCN 04/2007](#) Quarterly Monitoring Accident and Emergency Services (QMAE) Central Return

Release: February 2007

- CR811 (Immediate) - [DSCN 03/2007](#) Diagnostic Waiting Times and Activity
- CR826 (1 October 2007) - [DSCN 02/2007](#) Extension of Treatment Function to Support the Measurement of 18 Week Referral to Treatment Periods
- CR813 (1 April 2007) - [DSCN 01/2007](#) Paediatric Critical Care Minimum Data Set
- CR768 (1 January 2007) - [DSCN 18/2006](#) Changes to the NHS Data Dictionary to support the measurement of 18 week referral to treatment periods
- CR798 (6 November 2006) - [DSCN 19/2006](#) Commissioning Data Set (CDS) Version 5 XML Message Schema
- CR776 (1 October 2006) - [DSCN 05/2006](#) Data Standards: Accident and Emergency Enhancements to Investigation and Treatment Codes

Release: September 2006

- CR795 (31 October 2006) - [DSCN 22/2006](#) Organisation Codes / Organisation Site Codes
- CR792 (1 April 2007) - [DSCN 15/2006](#) Neonatal Critical Care
- CR719 (1 April 2006) - [DSCN 09/2006](#) Measuring and Recording of Waiting Times
- CR791 (1 April 2007) - [DSCN 13/2006](#) Priority Type
- CR774 (1 September 2006) - [DSCN 12/2006](#) Person Marital Status

Release: May 2006

- CR764 (1 April 2006) - [DSCN 08/2006](#) Diagnostics waiting times and activity
- Correction to menu structure to include Critical Care Minimum Data Set

Release: April 2006

- CR608 (1 October 2006) - [DSCN 07/2006](#) Introduction of Commissioning Data Set Version 5 and its associated XML schema into the NHS Data Dictionary.

- CR756 (1 September 2005) - [DSCN 19/2005](#) PbR Commissioning for Out of Area Treatments (OATs) and Charge-Exempt Overseas Visitors
- CR724 (1 April 2006) - [DSCN 13/2005](#) Critical Care Minimum Data Set
- CR754 (1 April 2006) - [DSCN 17/2005](#) Treatment Function and Main Specialty Code Revisions
- CR763 (1 April 2006) - [DSCN 20/2005](#) New Treatment Functions for therapy services and anticoagulant service
- CR767 (Immediate) - [DSCN 02/2006](#) Referral Request Received Date
- CR690 (1 September 2005) - [DSCN 16/2005](#) Marital Status

Release: August 2005

- CR555 (1 April 2005) - [DSCN 11/2005](#) Data Standards: COVER - Hepatitis B immunisation for babies
- CR715 (Immediate) - [DSCN 10/2005](#) Data Standards: Treatment Function Codes - correction and clarification of names and descriptions
- CR706 (1 April 2005) - [DSCN 09/2005](#) Data Standards: Cancer Registration Data Set
- CR691 (1 July 2005) - [DSCN 06/2005](#) Data Standards: NSCAG Commissioner Code

XML SCHEMA TRUD DOWNLOAD

Change to Supporting Information: Changed Description

Background:

XML Schemas and Release Notes can be downloaded from the [Technology Reference Data Update Distribution Service \(TRUD\)](#).

In order to access the XML Schemas and Release Notes on the [Technology Reference Data Update Distribution Service \(TRUD\)](#), users will be required to:

- Create a [TRUD](#) account at: [TRUD Welcome to the Technology Reference data Update Distribution site](#) (if an account does not currently exist. This only has to be done once to access any XML Schema)
- Log into [TRUD](#) at: [TRUD Log in](#)
- Access [NHS Data Model and Dictionary: DD XML Schemas](#) and subscribe to the XML Schema to be downloaded
- Accept the licence and request the subscription (an email will be sent immediately to confirm that the request has been accepted and the files can be downloaded, which avoids any delays)
- Once the "Subscription accepted" email has been received, download the zip file from [NHS Data Model and Dictionary: DD XML Schemas](#).

Once an XML Schema has been added to [TRUD](#), users who have subscribed to that item will be automatically notified by email of any updates to that area, for example, new versions, retirements etc.

XML Schema Download:

XML Schemas and Release Notes for the following Data Sets in the NHS Data Model and Dictionary can be downloaded from the [Technology Reference Data Update Distribution Service \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Children and Young People's Health Services Data Set \(CYPHS\)](#)
- [Commissioning Data Set \(CDS\)](#)
- [Diagnostic Imaging Data Set \(DIDS\)](#)
- [HIV and AIDS Reporting Data Set \(HARS\)](#)
- [Information Sharing to Tackle Violence Minimum Data Set \(ISTVDS\)](#)
- [Maternity Services Data Set \(MSDS\)](#)
- [National Cancer Waiting Times Monitoring Data Set \(NCWTMDS\)](#)
- [NHS Health Checks Data Set \(NHSHC\)](#)
- [Systemic Anti-Cancer Therapy Data Set \(SACT\)](#)

~~For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary website](#).~~ For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary website](#).

APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR

Change to Attribute: Changed Description

An indication of whether the [APPOINTMENT SLOT](#) could be reallocated, where the [ATTENDED OR DID NOT ATTEND](#) National Code is '[APPOINTMENT](#) cancelled by, or on behalf of, the [PATIENT](#)', where the [APPOINTMENT](#) was cancelled at short notice.

Note: For the [Improving Access to Psychological Therapies Data Set](#), short notice is determined locally. ~~See the [Health and Social Care Information Centre website](#) for further guidance.~~ See the [NHS Digital website](#) at: [Improving Access to Psychological Therapies Data Set](#) for further guidance.

National Codes:

- Y Yes - [APPOINTMENT SLOT](#) could be reallocated
- N No - [APPOINTMENT SLOT](#) could not be reallocated

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Attribute: Changed Description

[CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is recorded to enable tracking of the status of [REFERRAL REQUESTS](#) for [PATIENTS](#) referred with a suspected cancer, or referred with breast symptoms with cancer not originally suspected.

Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving treatment within the NHS in England.

English NHS in this context refers to [Health Care Provider Organisation](#) within England who are treating [PATIENTS](#) with cancer (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the Patient Demographic Service database, and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes) who may have been referred from outside England.

~~Further details can be found at: [Cancer Waiting Times – Useful Documentation and Links](#).~~ Further details can be found at: [Cancer Waiting Times - Useful Documentation and Links](#).

~~Where [PATIENTS](#) with a diagnosis of cancer do NOT receive treatment within the NHS in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions (see [Cancer Waiting Times – Useful Documentation and Links](#)), further data need not be collected.~~ Where [PATIENTS](#) with a diagnosis of cancer do NOT receive treatment within the NHS in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions (see [Cancer Waiting Times - Useful Documentation and Links](#)), further data need not be collected.

The National Codes have been listed in logical sequence rather than numeric order.

National Codes:

- 14 Suspected primary cancer
- 09 Under investigation following symptomatic referral, cancer not suspected (breast referrals only) *
- 03 No new cancer diagnosis identified by the [Health Care Provider](#)
- 10 Diagnosis of new cancer confirmed - first treatment not yet planned
- 11 Diagnosis of new cancer confirmed - English NHS first treatment planned

- 07 Diagnosis of cancer confirmed - no English NHS treatment planned
- 08 First treatment commenced (English NHS only)
- 12 Diagnosis of new cancer confirmed - subsequent treatment not yet planned
- 13 Diagnosis of new cancer confirmed - subsequent English NHS treatment planned
- 21 Subsequent treatment commenced (English NHS only)
- 15 Suspected recurrent cancer
- 16 Diagnosis of recurrent cancer confirmed - first treatment not yet planned
- 17 Diagnosis of recurrent cancer confirmed - English NHS first treatment planned
- 18 Diagnosis of recurrent cancer confirmed - no English NHS treatment planned
- 19 Diagnosis of recurrent cancer confirmed - subsequent treatment not yet planned
- 20 Diagnosis of recurrent cancer confirmed - subsequent English NHS treatment planned

* National Code 09 'Under investigation following symptomatic referral, cancer not suspected (breast referrals only)' should only be used when the [TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE](#) is National Code 16 'Exhibited (non-cancer) breast symptoms - cancer not initially suspected.'

CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE

Change to Attribute: Changed Description

The Child and Adolescent Mental Health Care Cluster assigned to a [PATIENT](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~ **Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.**

CONSULTANT CODE

Change to Attribute: Changed Description

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

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

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

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

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

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

Consultant Code format

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

[illegible]

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

DELAY REASON COMMENT

where the [CANCER TREATMENT MODALITY](#) is other than [Anti-Cancer Drug Regimen](#), surgery or [Radiotherapy](#).

- maximum 62-day wait from referral for suspected cancer from an NHS Cancer [Screening Programme](#) to [First Definitive Treatment](#) for breast, bowel and cervical cancers*
- maximum 62-day wait from a decision to upgrade the priority of a [PATIENT](#) by a [CONSULTANT](#) (or authorised member of a [CONSULTANT](#) team) to [First Definitive Treatment](#)
- maximum two week wait** for an urgent referral for breast symptoms (where cancer is not initially suspected) to [DATE FIRST SEEN](#).

* ~~Breast, bowel, cervical and testicular cancer and acute leukaemia are defined by ICD-10 coding – see [Cancer Waiting Times – Useful Documentation and Links](#).~~ Breast, bowel, cervical and testicular cancer and acute leukaemia are defined by ICD-10 coding - see [Cancer Waiting Times - Useful Documentation and Links](#).

** For the performance management and the requirement to record a [DELAY REASON COMMENT](#) for the above service standards, the following standardised time periods have been identified:

Time Period	Number of Calendar Days
Two Weeks	14
One Month	31
Two Months	62

DOCTOR INDEX NUMBER

Change to Attribute: Changed Description

The [General Medical Council](#) allocates all doctors a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#) on their first contact with the [General Medical Council](#).

- ~~If a doctor chooses to enter general practice in England or Wales, a further 6 digit number is allocated by the [Health and Social Care Information Centre](#). This number is referred to as the [DOCTOR INDEX NUMBER](#).~~
- If a doctor chooses to enter general practice in England or Wales, a further 6-digit number is allocated by NHS Digital. This number is referred to as the [DOCTOR INDEX NUMBER](#).
- The [DOCTOR INDEX NUMBER](#) is passed to the requesting [Clinical Commissioning Group](#) or [Organisation](#) authorised to act on their behalf who then liaise with [NHS Prescription Services](#) on the issue of prescription pads etc.
- [NHS Prescription Services](#) use the number to derive the [GENERAL MEDICAL PRACTITIONER PPD CODE](#) by prefixing it with a leading character and adding a check digit at the end.

A doctor can be both a [GENERAL PRACTITIONER](#) and a Hospital [CONSULTANT](#), and therefore hold a [DOCTOR INDEX NUMBER](#), [GENERAL MEDICAL PRACTITIONER PPD CODE](#) and a [CONSULTANT CODE](#) simultaneously.

Doctor Index Number Code Table

Practitioner Code Type	Character Position						Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6				
DOCTOR INDEX NUMBER	0-9	0-9	0-9	0-9	0-9	0-9	Health and Social Care Information Centre	GMPs in England & Wales	DIN	Allocated to a doctor upon applying to enter General Medical Practice in England or Wales
DOCTOR INDEX NUMBER	0-9	0-9	0-9	0-9	0-9	0-9	NHS Digital	GMPs in England & Wales	DIN	Allocated to a doctor upon applying to enter General Medical Practice in England or Wales

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE

Change to Attribute: Changed Description

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

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~
Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.

FORENSIC MENTAL HEALTH CARE CLUSTER CODE

Change to Attribute: Changed Description

The Forensic (Learning Disabilities) Care Cluster assigned to a [PATIENT](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~
Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.

GENERAL DENTAL COUNCIL REGISTRATION NUMBER

Change to Attribute: Changed Description

All [GENERAL DENTAL PRACTITIONERS](#) and [Dental Care Professionals](#) who practise in the United Kingdom must be registered with the [General Dental Council](#).

This includes, all [Dentists](#), [Dental Nurses](#), [Dental Technicians](#), [Dental Hygienists](#), [Dental Therapists](#), [Clinical Dental Technicians](#) and [Orthodontic Therapists](#)

The [General Dental Council Dentists Register](#) lists all dentists registered with the [General Dental Council](#).
The [General Dental Council](#) also maintains the [General Dental Council Dental Care Professionals Register](#) and the [General Dental Council Specialist Lists in Distinctive Branches of Dentistry](#).

Note: [GENERAL DENTAL COUNCIL REGISTRATION NUMBERS](#) vary in length. Filling zeros are used between the prefix and [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#), where required, to maintain total length of eight characters.

For [GENERAL DENTAL PRACTITIONERS](#) working as a dental [CONSULTANT](#) who do not have a [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#), the [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) should be used to derive the [CONSULTANT CODE](#), prefixed with "CD".

For further information, please refer to the [Dental Consultants in England \(PDF\)](#) guidance document issued by the [Organisation Data Service](#).
~~For further information, please refer to the [Dental Consultants in England \(PDF\)](#) guidance document issued by the [Organisation Data Service](#).~~

[GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#) FORMAT

Practitioner Code Type	Allocated By	Allocated To	Known As	Notes
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	Character Position											
	1	2	3	4	5	6	7	8				
GENERAL DENTAL COUNCIL REGISTRATION NUMBER	0-9	0-9	0-9	0-9	0-9	0-9			General Dental Council	GENERAL DENTAL PRACTITIONERS , Dental Nurses , Dental Technicians , Dental Hygienists , Dental Therapists , Clinical Dental Technicians , Orthodontic Therapists	GDC	The General Dental Council is a Regulatory Body - all GENERAL DENTAL PRACTITIONERS and Dental Care Professionals who practise in the United Kingdom must be registered with the General Dental Council

LEARNING DISABILITIES CARE CLUSTER CODE

Change to Attribute: Changed Description

The Learning Disabilities Care Cluster assigned to a [PATIENT](#).

Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.
Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by [NHS Digital](#) has been undertaken.

MAIN SPECIALTY CODE

Change to Attribute: Changed Description

A unique code identifying each [MAIN SPECIALTY](#) designated by Royal Colleges. This is the same as the [NHS OCCUPATION CODES](#) describing specialties.

Specialties are divisions of clinical work which may be defined by body systems (dermatology), age (paediatrics), clinical technology (nuclear medicine), clinical function (rheumatology), group of diseases (oncology) or combinations of these factors. Only Specialty titles recognised by the Royal Colleges and Faculties should be used. This list is maintained by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and European Primary and Specialist Dental Qualifications Regulations 1998.

Each [CONSULTANT](#) should be assigned a [MAIN SPECIALTY](#) by the [Organisation](#) to which the [CONSULTANT](#) is contracted. For physicians and surgeons with a generalist component to their work, the [MAIN SPECIALTY](#) should be general medicine or general surgery. The hallmark of a general physician or general surgeon is the continued care of unselected emergency referrals. The [MAIN SPECIALTY](#) is specific to a [Health Care Provider](#). If, for example, a [CONSULTANT](#) physician working in two [Health Care Providers](#) has a generalist component to the work in one and not the other, general medicine is only assigned as the [MAIN SPECIALTY](#) in the former case. [CONSULTANTS](#) in general medicine or general surgery may also have specialist interests and these should be recorded as well as the [MAIN SPECIALTY](#).

The initial source of the information should be the designation on the [CONSULTANT](#)'s contract. This should be checked periodically against the work a [CONSULTANT](#) is actually doing so that the statistics can relate to a [CONSULTANT](#)'s current type of work.

The [MAIN SPECIALTY](#) only should be used for the purpose of producing Specialty costing statistics and for Workforce statistics where links with [ACTIVITY](#) and finance are required. Other specialist interests of [CONSULTANTS](#) may be recorded for workforce planning purposes.

This will be used to indicate the skill level of medical and dental employees.

Pseudo [MAIN SPECIALTY CODES](#) should be used in Commissioning Data Set messages for lead [CARE PROFESSIONALS](#) other than [CONSULTANT](#) medical and dental staff e.g. 560, 950 and 960.

The [MAIN SPECIALTY CODE](#) for [GENERAL PRACTITIONERS](#) is General Medical Practice or General Dental Practice.

Joint [Consultant Clinic ACTIVITY](#) should be recorded against the [MAIN SPECIALTY CODE](#) of the [CONSULTANT](#) managing the clinic.

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

National Codes:

	Code	Main Specialty Title
Surgical Specialties		
	100	GENERAL SURGERY
	101	UROLOGY
	110	TRAUMA & ORTHOPAEDICS
	120	ENT
	130	OPHTHALMOLOGY
	140	ORAL SURGERY
	141	RESTORATIVE DENTISTRY
	142	PAEDIATRIC DENTISTRY
	143	ORTHODONTICS
	145	ORAL & MAXILLO FACIAL SURGERY
	146	ENDODONTICS
	147	PERIODONTICS
	148	PROSTHODONTICS
	149	SURGICAL DENTISTRY
	150	NEUROSURGERY
	160	PLASTIC SURGERY
	170	CARDIOTHORACIC SURGERY
	171	PAEDIATRIC SURGERY
	180	ACCIDENT & EMERGENCY
	191	PAIN MANAGEMENT (Retired 1 April 2004)
Medical Specialties		
	190	ANAESTHETICS
	192	CRITICAL CARE MEDICINE
	300	GENERAL MEDICINE
	301	GASTROENTEROLOGY
	302	ENDOCRINOLOGY
	303	CLINICAL HAEMATOLOGY
	304	CLINICAL PHYSIOLOGY
	305	CLINICAL PHARMACOLOGY
	310	AUDIOLOGICAL MEDICINE

	311	CLINICAL GENETICS
*	312	CLINICAL CYTOGENETICS and MOLECULAR GENETICS (Retired 1 April 2010)
	313	CLINICAL IMMUNOLOGY and ALLERGY
	314	REHABILITATION
	315	PALLIATIVE MEDICINE
	320	CARDIOLOGY
	321	PAEDIATRIC CARDIOLOGY
	325	SPORT AND EXERCISE MEDICINE
	326	ACUTE INTERNAL MEDICINE
	330	DERMATOLOGY
	340	RESPIRATORY MEDICINE (also known as thoracic medicine)
	350	INFECTIOUS DISEASES
	352	TROPICAL MEDICINE
	360	GENITOURINARY MEDICINE
	361	NEPHROLOGY
	370	MEDICAL ONCOLOGY
	371	NUCLEAR MEDICINE
	400	NEUROLOGY
	401	CLINICAL NEURO-PHYSIOLOGY
	410	RHEUMATOLOGY
	420	PAEDIATRICS
	421	PAEDIATRIC NEUROLOGY
	430	GERIATRIC MEDICINE
	450	DENTAL MEDICINE SPECIALTIES
	451	SPECIAL CARE DENTISTRY
	460	MEDICAL OPHTHALMOLOGY
†	500	OBSTETRICS and GYNAECOLOGY
	501	OBSTETRICS
	502	GYNAECOLOGY
	504	COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH
	510	ANTENATAL CLINIC (Retired 1 April 2004)
	520	POSTNATAL CLINIC (Retired 1 April 2004)
	560	MIDWIFE EPISODE
	600	GENERAL MEDICAL PRACTICE
	601	GENERAL DENTAL PRACTICE
	610	MATERNITY FUNCTION (Retired 1 April 2004)
	620	OTHER THAN MATERNITY (Retired 1 April 2004)
Psychiatry		
	700	LEARNING DISABILITY
	710	ADULT MENTAL ILLNESS
	711	CHILD and ADOLESCENT PSYCHIATRY
	712	FORENSIC PSYCHIATRY
	713	PSYCHOTHERAPY
	715	OLD AGE PSYCHIATRY
Radiology		
	800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)
	810	RADIOLOGY
Pathology		
	820	GENERAL PATHOLOGY

	821	BLOOD TRANSFUSION
	822	CHEMICAL PATHOLOGY
	823	HAEMATOLOGY
	824	HISTOPATHOLOGY
	830	IMMUNOPATHOLOGY
	831	MEDICAL MICROBIOLOGY AND VIROLOGY
	832	NEUROPATHOLOGY (Retired 1 April 2004)
	833	MEDICAL MICROBIOLOGY (also known as MICROBIOLOGY AND BACTERIOLOGY)
	834	MEDICAL VIROLOGY
Other		
	900	COMMUNITY MEDICINE
	901	OCCUPATIONAL MEDICINE
	902	COMMUNITY HEALTH SERVICES DENTAL
	903	PUBLIC HEALTH MEDICINE
	904	PUBLIC HEALTH DENTAL
	950	NURSING EPISODE
	960	ALLIED HEALTH PROFESSIONAL EPISODE
	990	JOINT CONSULTANT CLINICS (Retired 1 April 2004)

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
*	Code 312 is retained for CONSULTANTS qualified in this Main Specialty prior to 1 April 2010.

NHS NUMBER

Change to Attribute: Changed Description

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

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

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

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

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

Digit Position

(starting from the left) Factor:

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

7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

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

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

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

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

Further guidance is available from the [Health and Social Care Information Centre website](#). Further guidance is available from the [NHS Digital](#) website at: [NHS Number](#).

Note:

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

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

NHS OCCUPATION CODE

Change to Attribute: Changed Description

An [NHS OCCUPATION CODE](#) for an [EMPLOYEE](#) filling a [POSITION](#).

The [NHS OCCUPATION CODES](#) are maintained by the [Health and Social Care Information Centre](#), on behalf of the [Department of Health](#) and can be viewed in the [NHS Occupation Code Manual](#). The [NHS OCCUPATION CODES](#) are maintained by [NHS Digital](#), on behalf of the [Department of Health](#) and can be viewed in the [NHS Occupation Code Manual](#).

ORGANISATION CODE

Change to Attribute: Changed Description

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

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 the [Organisation Data Service website](#) and~~
 - ~~via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)~~

- [Organisation Data Service](#) codes can be downloaded:
 - from the [Organisation Data Service website](#) and
 - via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION CODING FRAMES

- All NHS [Organisations](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier	Organisation Identifier						
B Frame	Organisation Type Identifier			Organisation Identifier				
C Frame	Organisation Type Identifier		Organisation Identifier					
D Frame	Organisation Type Identifier	Organisation Identifier						
E Frame	Organisation Identifier							
F Frame	Organisation Type Identifier	Organisation Identifier						
G Frame	Organisation Type Identifier	Practice Identifier						
H Frame	Organisation Type Identifier		Organisation Identifier					
I Frame	Organisation Type Identifier		Organisation Identifier					

K Frame	Organisation Identifier					
L Frame	Organisation Type Identifier	Organisation Identifier	Organisation Type Identifier			
M Frame	Organisation and Organisation Type Identifier					
N Frame	Organisation Type Identifier	Organisation Identifier				

A Frame:

Example

Non NHS Organisation ([Independent Provider](#)) e.g. 8HA03

- 8 = Organisation Type Identifier
- Remainder = Organisation Identifier

B Frame:

Example

Local Service Provider e.g. LSP01

- LSP = Organisation Type Identifier
- 01 = Organisation Identifier

Also:

Application Service Provider

e.g. YGM01

[Education Establishment](#)

e.g. YDF01

NHS Support Agency

e.g. YDD01

C Frame:

Example

[School](#) e.g. EE134290

- EE = Organisation Type Identifier
- Remainder = Organisation Identifier

D Frame:

Example

[Care Trust](#) e.g. TAK

- T = Organisation Type Identifier
- AK = Organisation Identifier

Also:

Commissioning Support Unit (CSU) /	e.g. 0AA
Data Services for Commissioners Regional Office (DSCRO)	
High Level Health Geography, e.g. NHS England Region (Geography)	e.g. Q72
Local Health Board (Wales)	e.g. 7A1
NHS Trust	e.g. RH8
Justice Organisation	e.g. VAA

E Frame:

Example

[Government Office Region \(GOR\)](#) e.g. K

- K = Organisation Identifier

Note: [Government Office Region \(GOR\)](#) is identified by a one character code; no other one character code exists.

F Frame:

Example

[Pharmacy](#) Headquarters e.g. P001

- P = Organisation Type Identifier
- 001 = Organisation Identifier

Also:

Care Home Headquarters	e.g. CA0A
Optical Headquarters	e.g. T1A1

G Frame:

Example

[GP Practices](#) in England and Wales e.g. Y00001

- Y = Organisation Type Identifier
- 00001 = Practice Identifier

Also:

Dental Practice	e.g. V20052
---------------------------------	-------------

H Frame:

Example

Cancer Network e.g. N01

- N0 (where the 2nd character is numeric and not alpha) = Organisation Type Identifier
- 1 = Organisation Identifier

Also:

Booking Management System (BMS) Call Centre Establishment	e.g. YF1
Government Department	e.g. XDA
Independent Sector Healthcare Provider (ISHP) (where the 2nd character is alpha)	e.g. NV7
National Application Service Provider	e.g. YEA
Other Statutory Authority (OSA)	e.g. X16

I Frame:

Example

[Special Health Authority \(SpHA\)](#) e.g. T1150

- T1 = Organisation Type Identifier
 - 150 = Organisation Identifier
-

K Frame:

Example

[NHS Wales Informatics Service](#) e.g. W00

- W00 = Organisation Identifier
-

L Frame:

Example

[Northern Ireland Local Commissioning Group](#) e.g. ZC010

- Characters 1-3 (ZC0) AND character 5 (0) = Organisation Type Identifier
- Character 4 = Organisation Identifier

Note: this is a 5 character method of displaying [Northern Ireland Local Commissioning Group](#) identifiers. Characters 3 and 5 are 'fillers'. If a 3 character code is required (as used by the [Office for National Statistics](#) in the [NHS Postcode Directory](#)) zeros can be omitted, e.g. ZC1.

The 3 character method of displaying the [Northern Ireland Local Commissioning Group](#) identifiers fit under the H Frame.

Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#).

M Frame:

Example

[Clinical Commissioning Group \(CCG\)](#) e.g. 12A

- 12A = Organisation and Organisation Type Identifier

Also:

[Local Authority](#) e.g.000

N Frame:

Example

GP Abeyance and Dispersal [GP Practice](#) e.g. G7817414

- G78 = Organisation Type Identifier
 - 17414 = Organisation Identifier
-

The structure and format of [ORGANISATION CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#), [NHS Dental Services](#) and other agencies are detailed in the tables below.

ORGANISATION CODES TABLES

Table 1: CODING FORMATS FOR ORGANISATIONS IN ENGLAND AND WALES

Organisation Type	Frame Type	Character Position								Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8		
Application Service Provider	B	Y	G	M	A-9	A-9				ODS	e.g. YGM01
Booking Management System (BMS) Call Centre Establishment	H	Y	F	A-9						ODS	e.g. YF1
Cancer Network	H	N	0-9	A-9						ODS	e.g. N01
Cancer Registry	A	Y	0-9	0-9	0-9	0-9				ODS	e.g. Y0401 All Cancer Registries in England are now part of the National Cancer Registration and Analysis Service
Care Home Headquarters	F	A, C or D	A-9	A-9	A-9					ODS	e.g. CA0A
Care Trust (CT)	D	T	A-Y	A-Y						ODS	e.g. TAK
Clinical Commissioning Group (CCG)	M	0-9	0-9	A-Y						ODS	e.g. 12A
Clinical Network	B	Y	D	G	A-9	A-9				ODS	e.g. YDG01
	D	0	A-Y	A-Y						ODS	e.g. 0AA

Commissioning Support Unit (CSU) / Data Services for Commissioners Regional Office (DSCRO)											
Dental Practice - England and Wales	G	V	0-9	0-9	0-9	0-9	0-9			NHS Dental Services	e.g. V20052
Education Establishment	B	Y	D	F	A-9	A-9				ODS	e.g. YDF01
Executive Agency	N/A See Note 1	X	0-9	0-9						ODS	e.g. X09
Executive Agency Programme	N/A See Note 1	X	0-9	0-9	0-9	0-9	0-9			ODS	First three characters denote Executive Agency e.g. X09001
Government Department	H	X	A-Y	A-Y						ODS	e.g. XDA
Government Office Region (GOR)	E	A-Y								ONS	e.g. K Government Office Regions (GORs) closed 31 March 2011 - from 1 April 2011 referred to as Regions
GP Abeyance and Dispersal GP Practice	N	G	7	8	0-9	0-9	0-9	0-9	0-9	ODS	e.g. G7817414
GP Practices in England and Wales	G	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9			NHS Prescription Services	Char 1 = W for Welsh GP Practice . All other values represent GP Practices in England. Note: from 2003, ALL newly allocated

											Practice Codes in England begin with a Y e.g. Y00001
Justice Organisation	D	V or W	A-Y	A-9						ODS	e.g. VAA
High Level Health Geography, e.g. NHS England Region (Geography)	D	Q	A-9	A-9						ODS	e.g. Q72
Independent Sector Healthcare Provider (ISHP)	H	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9						ODS	e.g. NV7
Local Authority (LA)	M	0-9	0-9	0-9						ODS	e.g. 000
Local Health Board (Wales)	B	7	A-9	A-9						ODS	e.g. 7A1
Local Service Provider (LSP)	B	L	S	P	0-9	0-9				ODS	e.g. LSP01
Military Hospital	B	X	M	D	A-9	A-9				ODS	e.g.XMDA1
National Application Service Provider	H	Y	E	A-9						ODS	e.g. YEA
National Groupings (England)	H	Y	5	0-9						ODS	e.g. Y51
NHS Support Agency	B	Y	D	D	A-9	A-9				ODS	e.g. YDD01

NHS Trust	D	R	A-9	A-9						ODS	e.g. RH8
NHS Wales Informatics Service (NWIS)	K	W	0	0						ODS	Only one organisation of this type exists for Wales e.g. W00
Non NHS Organisation (Independent Provider)	A	8	A-Y	A-9	0-9	0-9				ODS	e.g. 8HA03
Northern Ireland Health & Social Care Board	N/A	Z	B	0	0	1				ODS	e.g. ZB001
Northern Ireland Health & Social Care Trust	I	Z	T	0-9	0-9	0-9				ODS	e.g. ZT001
Northern Ireland Local Commissioning Group	L	Z	C	0	0-9	0				Department for Health, Social Services and Public Safety (DHSSPS), Northern Ireland	e.g. ZC010 Note that characters 3 and 5 are 'fillers' to create a 5 character code. If a 3 character code is required (as used by the Office for National Statistics in the NHS Postcode Directory), zeros can be omitted and fits under the H frame: e.g. ZC1. <i>Guidance on the use of Northern Ireland codes can be found in Data Set Change Notice 19/2009.</i>
Optical Headquarters	F	T	0-9	A-9	A-9					ODS	e.g. T1A1
Other Statutory Authority (OSA)	H	X	0-9	0-9						ODS	e.g. X16

Pharmacy	A	F	A-Y	A-9	A-9	A-9				ODS	e.g. FA002
Pharmacy Headquarters	F	P	A-9	A-9	A-9					ODS	e.g. P001
Primary Care Trust (PCT)	D	5	A-9	A-9						ODS	e.g. 5CT All Primary Care Trusts closed 31 March 2013
Prison Health Service	B	Y	D	E	A-9	A-9				ODS	e.g. YDE01
School	C	E	E	A-9	A-9	A-9	A-9	A-9	A-9	Department for Education and ODS	e.g. EE134290
Special Health Authority (SpHA)	I	T	1	0-9	0-9	0				ODS	e.g. T1150
Strategic Health Authority (SHA)	D	Q	A-9	A-9						ODS	e.g. Q30 All Strategic Health Authorities in England closed 31 March 2013
Welsh Assembly	D	W	0-9	0-9						ODS	e.g. W01
Welsh Health Commission	A	W	0-9	0-9	A-Y	A-Y				ODS	e.g. W01HC

Notes:

- Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency. Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

- A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This applies to all [ORGANISATION CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Providers \(ISHP\)](#).

Table 2: CODING FORMATS FOR ORGANISATIONS IN SCOTLAND

Scottish [ORGANISATION CODES](#) are supplied by the Information Standards Directorate (ISD) from NHS Scotland and published by the [Organisation Data Service](#).

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Scotland	S	0-9	0-9	0-9	0-9	0-9	NHS	
Scottish GP Fundholder	S	A-Z	B	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the GPFH reports to. 3rd character (always B) shows GPFH status.
Scottish Health Agency	S	D	0-9	0-9	0-9		ISD, Scotland	2nd character (D) identifies Scottish Office agencies
Scottish Health Board	S	A-Z	9	9	9		ISD, Scotland	
Scottish Provider	S	A-Z	A,C,D	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the organisation reports to. 3rd character identifies the organisation type: A= Health Unit C = Hospital Trust D = Nursing Home

Table 3: CODING FORMATS for ORGANISATIONS in OTHER HOME COUNTRIES

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Alderney	A	L	D	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Guernsey	G	U	E	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Isle of Man (IOM)	Y	0-9	0-9	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Jersey	J	E	R	0-9	0-9	0-9	NHS Prescription Services	
Primary Healthcare Directorate (Isle of Man)	Y	K	A-9				ODS	e.g. YK1

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

ORGANISATION SITE CODE

Change to Attribute: Changed Description

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

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

Note: Only [ORGANISATION SITE CODES](#) which have been notified to and issued by the [Organisation Data Service](#) may be used.

Notes:

- ~~[Organisation Data Service](#) codes can be downloaded:~~
 - ~~from the [Organisation Data Service website](#) and~~
 - ~~via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)~~
- [Organisation Data Service](#) codes can be downloaded:
 - from the [Organisation Data Service website](#) and

- via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION SITE CODING FRAMES

- All NHS [Organisation Sites](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8	9
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier			Organisation Identifier		Site or Sub-Division Identifier			
B Frame	Organisation Type Identifier	Organisation Identifier		Site or Sub-Division Identifier					
C Frame	Organisation Type Identifier		Organisation Identifier	Site or Sub-Division Identifier					
D Frame	Organisation Type Identifier	Practice Identifier					Branch Surgery Identifier		
F Frame	Organisation Type Identifier	Organisation Identifier							
H Frame	Organisation Type Identifier			Organisation Identifier					
I Frame	Organisation Type Identifier		Organisation Identifier						
J Frame	Organisation Type Identifier		Organisation Identifier						
K Frame	Organisation and Organisation Type Identifier			Organisation Site Identifier					
L Frame	Organisation Type Identifier and Site or Sub-Division Identifier								

A Frame:

Example

Local Service Provider Site e.g. LSP0101

- LSP = Org Type Identifier
 - 01 = Organisation Identifier
 - 01 = Site or Sub-Division Identifier
-

B Frame:

Example

Care Trust Site e.g. TAK01

- T = Organisation Type Identifier
- AK = Organisation Identifier
- 01 = Site or Sub-Division Identifier

Also:

Government Department Site	e.g. XDA01
High Level Health Geography Site, e.g. NHS England Region (Geography) site	e.g. Q7201
Local Authority Site	e.g. 000AA
Local Health Board (Wales) Site	e.g. 7A101
NHS Trust Site	e.g. RH802
Other Statutory Authority (OSA) Site	e.g. X1601
	e.g. Q3001

C Frame:

Example

[Independent Sector Healthcare Provider \(ISHP\)](#) Site e.g. NV701

- NV = Organisation Site Type Identifier
 - 7 = Organisation Identifier
 - 01 = Site or Sub-Division Identifier
-

D Frame

Example

[GP Practice](#) Branch Surgery: e.g. H81010002

- H (and length of code) = Organisation Identifier
 - 81010 = Organisation Identifier (parent GP Practice)
 - 002 = Branch Surgery Identifier
-

F Frame

Example

[Commissioning Support Unit](#) Site: e.g. 0AA01

- 0 = Organisation Type Identifier
- AA01 = Organisation Identifier

H Frame

Example

Prison: e.g. YDE01

- YDE = Organisation Type Identifier
 - 01 = Site or Sub-Division Identifier
-

I Frame

Example

[Optical Site](#): e.g. TP01A

- TP = Organisation Type Identifier
 - 01A = Site or Sub-Division Identifier
-

J Frame

Example

[Care Home](#) Site: e.g. VN01A

- VN = Organisation Type Identifier
- 01A = Site or Sub-Division Identifier

Also:

Health Observatory e.g. XP001

[Primary Healthcare Directorate \(Isle of Man\)](#) Site e.g. YK101

K Frame

Example

[Clinical Commissioning Group \(CCG\)](#) Site e.g. 11AAA - 99YZZ

- 11A = Organisation and Organisation Type Identifier
 - AA = Organisation Site Identifier
-

L Frame

Example

[Special Health Authority \(SpHA\)](#) Site: e.g. T115A

- T115A – Organisation Type Identifier *and* Site or Sub-Division Identifier
-

The structure and format of [ORGANISATION SITE CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#) and other agencies are detailed in the tables below.

NHS ORGANISATION SITE CODES TABLES

Coding Formats

Table 1: CODING FORMATS FOR ORGANISATION SITES IN ENGLAND AND WALES

Organisation Site Type	Frame Type	Character Position									Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8	9		
Care Home Site	J	V	L, M or N	A-9	A-9	A-9					ODS	e.g. VN01A, VM01A, VL01A
Care Trust Site	B	T	A-Y	A-Y	A-9	A-9					ODS	First three characters denote owning Care Trust e.g. TAK01
Clinical Commissioning Group (CCG) Site	K	0-9	0-9	A-Y	A-Y	A-Y					ODS	First three characters denote owning Clinical Commissioning Group e.g. 11AAA - 99YZZ
Commissioning Support Unit (CSU) Site	F	0	A-Y	A-Y	A-9	A-9					ODS	e.g. 0AA01
Executive Agency Site	N/A See Note	X	0-9	0-9	0-9	0-9					ODS	First three characters denote Executive Agency e.g. X0901
Government Department Site	B	X	A-Y	A-Y	0-9	0-9					ODS	First three characters denote Government Department e.g. XDA01
GP Practice Branch Surgery - England and Wales	D	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	ODS	First 6 characters denote parent practice. Char 1 = W for Welsh GP Practice .

												All other values represent English GP Practices e.g. H81010002
Health Observatory	J	X	P	0-9	0-9	0-9					ODS	e.g. XP001
High Level Health Geography Site, e.g. NHS England Region (Geography) site	B	Q	A-9	A-9	A-9	A-9					ODS	e.g. Q7201
Independent Sector Healthcare Provider (ISHP) Site	C	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9	A-Y, 0-9	A-Y, 0-9					ODS	First three characters denote owning Independent Sector Healthcare Provider (ISHP) e.g. NV701 Note: The A-Y range includes all letters except Z
Local Authority (LA) Site	B	0-9	0-9	0-9	A-Z	A-Z					ODS	First three characters denote parent Local Authority e.g. 000AA
Local Health Board (Wales) Site	B	7	A-9	A-9	A-9	A-9					ODS	First three characters denote owning NHS Trust e.g. 7A101
Local Service Provider Site	A	L	S	P	0-9	0-9	0-9	0-9			ODS	First five characters denote owning Local Service Provider e.g. LSP0101
NHS Trust Site	B	R	A-9	A-9	A-9	A-9					ODS	First three characters denote owning NHS Trust e.g. RH802

Optical Site	I	T	P or Q	0-9	A-9	A-9					ODS	e.g. TP01A, TQ01A
Other Statutory Authority (OSA) Site	B	X	0-9	0-9	0-9	0-9					ODS	First three characters denote owning Other Statutory Authority e.g. X1601
Primary Care Trust (PCT) Site	B	5	A-9	A-9	A-9	A-9					ODS	First three characters denote owning Primary Care Trust e.g. 5CT49 All Primary Care Trusts closed 31 March 2013
Special Health Authority (SpHA) Site	L	T	1	0-9	0-9	A-Y, 1-9					ODS	The characters do NOT denote any ownership. e.g. T115A
Strategic Health Authority (SHA) Site	B	Q	A-9	A-9	A-9	A-9					ODS	First three characters denote owning SHA Trust e.g. Q3001 All Strategic Health Authorities closed 31 March 2013 - from 1 April 2013 referred to as High Level Health Geography Site

Note: Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency. Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This

applies to all [ORGANISATION SITE CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Provider \(ISHP\)](#) sites.

Table 2: CODING FORMATS FOR ORGANISATION SITES IN OTHER HOME COUNTRIES

Organisation Site Type	Frame Type	Character Position									Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8	9		
Primary Healthcare Directorate (Isle of Man) Site	J	Y	K	A-9	A-9	A-9					ODS	e.g. YK101

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

PERSON STATED NATIONALITY

Change to Attribute: Changed Description

The nationality of a [PERSON](#), as specified by a [PERSON](#).

For the [National Workforce Data Set](#), the codes are provided by the [Health and Social Care Information Centre](#) and can be found in the [National Workforce Data Set v2.8 Data Set Specification document on the Health and Social Care Information Centre website](#). For the [National Workforce Data Set](#), the codes are provided by [NHS Digital](#) and can be found in the [National Workforce Data Set v2.8 Data Set Specification document on the NHS Digital website at: National Workforce Data Set \(NWD\) and NHS occupation codes](#).

RADIOTHERAPY INTENT

Change to Attribute: Changed Description

The intent of the delivered beam radiation for [PATIENTS](#) with a cancer [PRIMARY DIAGNOSIS \(ICD\)](#), as defined by [NHS England](#) (see [Cancer Waiting Times - Useful Documentation and Links](#)), where the [CANCER TREATMENT MODALITY](#) recorded is National Code '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)'. The intent of the delivered beam radiation for [PATIENTS](#) with a cancer [PRIMARY DIAGNOSIS \(ICD\)](#), as defined by [NHS England](#) (see [Cancer Waiting Times - Useful Documentation and Links](#)), where the [CANCER TREATMENT MODALITY](#) recorded is National Code '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)'.

National Codes:

- 01 Palliative
- 02 Anti-cancer
- 03 Other

REGION OF COUNTRY CODE FOR FEMALE GENITAL MUTILATION DATA SET

Change to Attribute: Changed Description

The code for the region of the country as specified for the [Female Genital Mutilation Data Set](#).

~~Details of the national codes for use in the [Female Genital Mutilation Data Set](#), which are allocated to the regions can be found in the [Female Genital Mutilation Data Set Information Standards Notice \(ISN\)](#) on the [Standardisation Committee for Care Information publication web pages](#) on the Health and Social Care Information Centre website.~~ Details of the national codes for use in the Female Genital Mutilation Data Set, which are allocated to the regions can be found in the [Female Genital Mutilation Data Set Information Standards Notice \(ISN\)](#) on the [Standardisation Committee for Care Information publication web pages](#) on the [NHS Digital](#) website.

TREATMENT FUNCTION CODE

Change to Attribute: Changed Description

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

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

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

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

[TREATMENT FUNCTION CODES](#) should be used for all aggregate Central Returns unless otherwise stated eg [National Workforce Data Set](#) uses [MAIN SPECIALTY CODES](#).

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

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

Assigning a Treatment Function Code:

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

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

National Codes:

Code	Treatment Function Title	Comments
Surgical Specialties		
100	GENERAL SURGERY	Includes sub-categories not elsewhere listed e.g. endocrine surgery
101	UROLOGY	Surgical treatment of disorders of the urinary system and male reproductive system
102	TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
103	BREAST SURGERY	Includes treatment for cancer, suspected neoplasms, cysts and post-cancer reconstructive surgery. Excludes cosmetic surgery
104	COLORECTAL SURGERY	Surgical treatment of disorders of the lower intestine (colon, anus and rectum)
105	HEPATOBIILIARY & PANCREATIC SURGERY	Includes liver surgery, but liver transplantation should be recorded in 102 Transplantation Surgery
106	UPPER GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the upper parts of the gastrointestinal tract
107	VASCULAR SURGERY	Surgical treatment of diseases of the vascular system
108	SPINAL SURGERY SERVICE	Surgery concentrating on specialised and complex treatment of the back and spine. The SERVICE has a significantly different composition and profile from the SERVICE provided in TREATMENT FUNCTION CODE - 110 Trauma & Orthopaedic. Excludes Spinal Injuries - see TREATMENT FUNCTION CODE 323
110	TRAUMA & ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
120	ENT	Ear, nose and throat
130	OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye. Excludes Medical Ophthalmology - see TREATMENT FUNCTION CODE 460
140	ORAL SURGERY	The diagnosis and surgical treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws and neck
141	RESTORATIVE DENTISTRY	Endodontics, Periodontics and Prosthodontics are all part of Restorative Dentistry
142	PAEDIATRIC DENTISTRY	Dentistry SERVICES dedicated to children with appropriate facilities and support staff
143	ORTHODONTICS	The treatment of malocclusions (improper bites). Orthodontic treatment can focus on dental displacement only, or can deal with the control and modification of facial growth
144	MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
150	NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
160	PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns
161	BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
170	CARDIOTHORACIC SURGERY	Should only be used where there are no separate SERVICES for Cardiac Surgery and Thoracic Surgery
171	PAEDIATRIC SURGERY	This is paediatric general surgery
172	CARDIAC SURGERY	Surgical treatment of the heart or great vessels

173	THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
174	CARDIOTHORACIC TRANSPLANTATION	To be used by recognised specialist units and associated outreach services only. Includes pre- and post-operative services
180	ACCIDENT & EMERGENCY	SERVICES to care for PATIENTS with urgent problems delivered as part of an Accident and Emergency Attendance or admission at an Accident and Emergency Department
191	PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
Other Children's Specialist Services - The Paediatric TREATMENT FUNCTION CODES represent CLINICS OR FACILITIES intended to provide dedicated SERVICES to children with appropriate facilities and support staff, i.e. they are designed for children only. If a CLINIC OR FACILITY provides this but also treats adult PATIENTS as part of the SERVICE then a Paediatric TREATMENT FUNCTION CODE may not be appropriate. The age of the PATIENT attending does not initiate a change to the TREATMENT FUNCTION CODE for the ACTIVITY .		
211	PAEDIATRIC UROLOGY	Surgical treatment of disorders of the urinary system and male reproductive system
212	PAEDIATRIC TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
213	PAEDIATRIC GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the gastrointestinal tract
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
215	PAEDIATRIC EAR NOSE AND THROAT	Ear, nose and throat
216	PAEDIATRIC OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye.
217	PAEDIATRIC MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
218	PAEDIATRIC NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
219	PAEDIATRIC PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns
220	PAEDIATRIC BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
221	PAEDIATRIC CARDIAC SURGERY	Surgical treatment of the heart or great vessels
222	PAEDIATRIC THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
223	PAEDIATRIC EPILEPSY	Designated clinic which provides SERVICES to children led by CONSULTANT paediatrician with expertise in epilepsy supported by specialist staff
241	PAEDIATRIC PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
242	PAEDIATRIC INTENSIVE CARE	Only to be used by designated Paediatric Intensive Care Units
251	PAEDIATRIC GASTROENTEROLOGY	The treatment of disorders of the digestive system
252	PAEDIATRIC ENDOCRINOLOGY	The treatment of disorders of the endocrine system
253	PAEDIATRIC CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
254	PAEDIATRIC AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests

255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY SERVICE	Clinical Immunology is the treatment of disorders of the immune system. Allergy Service is the diagnosis and management of allergic disease
256	PAEDIATRIC INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
257	PAEDIATRIC DERMATOLOGY	SERVICES for the treatment of diseases of the skin
258	PAEDIATRIC RESPIRATORY MEDICINE	Also known as Thoracic Medicine
259	PAEDIATRIC NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
260	PAEDIATRIC MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy of PATIENTS with cancer
261	PAEDIATRIC METABOLIC DISEASE	The diagnosis and management of inherited metabolic conditions
262	PAEDIATRIC RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
263	PAEDIATRIC DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
264	PAEDIATRIC CYSTIC FIBROSIS	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
290	COMMUNITY PAEDIATRICS	Includes routine health surveillance, health promotion, behavioural paediatrics and Looked After Children . Excludes Paediatric Neuro-Disability
291	PAEDIATRIC NEURO-DISABILITY	Dedicated SERVICES for children with Cerebral Palsy and non-progressive handicapping neurological conditions, with or without Learning Disability
Medical Specialties		
190	ANAESTHETICS	This can be used in out-patients only. Pain Management should be recorded in 191
192	CRITICAL CARE MEDICINE	also known as Intensive Care Medicine
300	GENERAL MEDICINE	Includes sub-categories not elsewhere listed e.g. Metabolic Medicine.
301	GASTROENTEROLOGY	The treatment of disorders of the digestive system
302	ENDOCRINOLOGY	The treatment of disorders of the endocrine system
303	CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
304	CLINICAL PHYSIOLOGY	Physiological measurement including ECG (e.g. exercise testing, stress testing), gastrointestinal physiology, cardiac physiology, vascular technology, urodynamics, and ophthalmic and vision science. Excludes Clinical Neurophysiology - see TREATMENT FUNCTION CODE 401, Audiology - see TREATMENT FUNCTION CODE 840 or Respiratory Physiology - see TREATMENT FUNCTION CODE 341
305	CLINICAL PHARMACOLOGY	SERVICES providing drug information, medication safety and other aspects of pharmacy practice
306	HEPATOLOGY	Also known as liver medicine
307	DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
308	BLOOD AND MARROW TRANSPLANTATION	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303). Includes haemopoietic stem cell transplantation
309	HAEMOPHILIA SERVICE	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303).
310	AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of

		balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests
311	CLINICAL GENETICS	Diagnosis of disorders caused by genetic mechanisms and counselling SERVICE to PATIENTS and affected family members. To be used by recognised specialist units and associated outreach SERVICES only
312	not a Treatment Function	
313	CLINICAL IMMUNOLOGY and ALLERGY SERVICE	Should only be used where there are no separate SERVICES for Clinical Immunology and Allergy
314	REHABILITATION SERVICE	SERVICES to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. Excludes Mental Health Recovery and Rehabilitation Service - see TREATMENT FUNCTION CODE 725
315	PALLIATIVE MEDICINE	The treatment for curable illnesses and those living with chronic diseases, as well as PATIENTS who are nearing the end of life
316	CLINICAL IMMUNOLOGY	The treatment of disorders of the immune system
317	ALLERGY SERVICE	The diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions
318	INTERMEDIATE CARE	Intermediate care encompasses a range of multi-disciplinary SERVICES designed to safeguard independence by maximising rehabilitation and recovery after illness or injury
319	RESPIRE CARE	SERVICES providing temporary care of a dependant person, providing relief for their usual caregivers
320	CARDIOLOGY	SERVICES treating diseases and abnormalities of the heart
321	PAEDIATRIC CARDIOLOGY	Dedicated SERVICES to children with diseases and abnormalities of the heart, with appropriate facilities and support staff
322	CLINICAL MICROBIOLOGY	SERVICES to treat diseases caused by bacteria, viruses, fungi and parasites
323	SPINAL INJURIES	To be used by recognised specialist units and associated outreach SERVICES only, Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
324	ANTICOAGULANT SERVICE	The monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in out-patients only
325	SPORT AND EXERCISE MEDICINE	The diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment
327	CARDIAC REHABILITATION	Rehabilitation SERVICE for PATIENTS with or recovering from heart related conditions such as heart attacks or from procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health
328	STROKE MEDICINE	For stroke services excluding Transient Ischaemic Attack - see TREATMENT FUNCTION CODE 329
329	TRANSIENT ISCHAEMIC ATTACK	A multidisciplinary SERVICE for rapid diagnosis and treatment of PATIENTS presenting with suspected Transient Ischaemic Attack and mini-strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke
330	DERMATOLOGY	SERVICES for the treatment of diseases of the skin
331	CONGENITAL HEART DISEASE SERVICE	The management and treatment of congenital heart disease, this includes the ongoing care of children in to adulthood
340	RESPIRATORY MEDICINE	Also known as Thoracic Medicine
341	RESPIRATORY PHYSIOLOGY	Physiological measurement of the function of the respiratory system. Includes Sleep Studies (the diagnosis and treatment of sleep disordered breathing, including upper airway resistance syndrome and sleep apnoea)

342	PROGRAMMED PULMONARY REHABILITATION	A multidisciplinary programme of care for PATIENTS with chronic respiratory impairment that is individually tailored and designed to optimise the individual's physical and social performance and autonomy
343	ADULT CYSTIC FIBROSIS SERVICE	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
344	COMPLEX SPECIALISED REHABILITATION SERVICE	Complex specialised rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 1 service. For further information see the NHS Specialised Services website
345	SPECIALIST REHABILITATION SERVICE	Specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2a service. For further information see the NHS Specialised Services website
346	LOCAL SPECIALIST REHABILITATION SERVICE	Local specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2b service. For further information see the NHS Specialised Services website
350	INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
352	TROPICAL MEDICINE	SERVICES to diagnose and treat diseases that are found most often in tropical or sub-tropical regions
360	GENITOURINARY MEDICINE	Primarily related to medicine dealing with sexually transmitted diseases
361	NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
370	MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy , of PATIENTS with cancer
371	NUCLEAR MEDICINE	The treatment of PATIENTS through the use of radioactive substances
400	NEUROLOGY	SERVICES to diagnose and treat conditions and diseases of the central nervous system
401	CLINICAL NEUROPHYSIOLOGY	The study of the central and peripheral nervous systems through the recording of bioelectrical activity. Includes Electroencephalogram (EEG)
410	RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
420	PAEDIATRICS	SERVICES to treat infants, children, and adolescents
421	PAEDIATRIC NEUROLOGY	Dedicated SERVICES to children to diagnose and treat conditions and diseases of the central nervous system, with appropriate facilities and support staff
422	NEONATOLOGY	Special Care, High Dependency and Intensive Care
424	WELL BABIES	Use when NEONATAL LEVEL OF CARE = 0 - Normal Care: Care given by the mother/substitute with medical and neonatal nursing advice if needed. See Well Baby
430	GERIATRIC MEDICINE	SERVICES to treat diseases and disabilities in older adults. There is no set age at which PATIENTS may be under the care of Geriatric Medicine, this decision should be determined by the individual PATIENT 's needs
450	DENTAL MEDICINE SPECIALTIES	Includes Oral Medicine.
460	MEDICAL OPHTHALMOLOGY	SERVICES to diagnose and treat medical conditions affecting the eye, orbits, and visual pathways
500	not a Treatment Function	
501	OBSTETRICS	The management of pregnancy and childbirth including miscarriages and still births but excluding planned terminations. Excludes Midwifery Service see TREATMENT FUNCTION CODE 560
502	GYNAECOLOGY	Disorders of the female reproductive system. Includes planned terminations

503	GYNAECOLOGICAL ONCOLOGY	SERVICES to treat cancers of the female reproductive system
510	Retired	Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required
520	Retired	Record as Obstetrics, postnatal clinic can be used as a local sub-specialty if required
560	MIDWIFERY SERVICE	SERVICES provided under the direct care of a MIDWIFE . Excludes Obstetrics see TREATMENT FUNCTION CODE 501
600	not a Treatment Function	
610	Retired	Record as Obstetrics
620	Retired	Use the appropriate function under which the patient is treated
Therapies		
650	PHYSIOTHERAPY	The treatment of human function and movement to help people to achieve their full physical potential. The use of physical approaches to promote, maintain and restore wellbeing
651	OCCUPATIONAL THERAPY	The use of specific activities to limit the effects of disability and promote independence in all aspects of daily life
652	SPEECH AND LANGUAGE THERAPY	The assessment, treatment and help to prevent speech, language and swallowing difficulties
653	PODIATRY	Also known as Chiropody. The diagnosis and treatment of disorders, diseases and deformities of the feet. Excludes Podiatric Surgery see TREATMENT FUNCTION CODE 663
654	DIETETICS	The application of the science of nutrition to devise eating plans for PATIENTS to treat medical conditions. The promotion of good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities
655	ORTHOPTICS	The diagnosis and treatment of visual problems involving eye movement and alignment
656	CLINICAL PSYCHOLOGY	The diagnosis and treatment of emotional and behavioural disorders
657	PROSTHETICS	The supply of prosthetics for PATIENTS
658	ORTHOTICS	The supply of orthoses for PATIENTS
659	DRAMA THERAPY	The use of drama and theatre techniques including role play, voice work and storytelling for therapeutic purposes
660	ART THERAPY	The use of art techniques including clay, paint and paper for therapeutic purposes and as a means of communication
661	MUSIC THERAPY	The use of music and all of its facets to help clients to improve or maintain their health
662	OPTOMETRY	The diagnosis and non-surgical treatment of disorders of the eye and vision care
663	PODIATRIC SURGERY	The treatment of foot problems, including soft tissue, bone and joint surgery of the foot, ankle and associated structures, excludes Podiatry see TREATMENT FUNCTION CODE - 653
Psychiatry		
700	LEARNING DISABILITY	SERVICES provided to PATIENTS with a Learning Disability
710	ADULT MENTAL ILLNESS	SERVICES provided to adult PATIENTS for the assessment, diagnosis and treatment of mental illness
711	CHILD and ADOLESCENT PSYCHIATRY	SERVICES providing diagnosis, treatment, and prevention of psychopathological disorders of children and adolescents
712	FORENSIC PSYCHIATRY	SERVICES to assess PATIENTS who have committed an offence and are receiving treatment in high, medium and low secure units or prisons
713	PSYCHOTHERAPY	SERVICES providing therapy used to treat emotional problems and mental health conditions
715	OLD AGE PSYCHIATRY	SERVICES providing the diagnosis, treatment, and prevention of mental and emotional disorders in older adult PATIENTS
720	EATING DISORDERS	A specialist SERVICE for the diagnosis and treatment of eating disorders including anorexia, bulimia and compulsive overeating

721	ADDICTION SERVICES	The prevention and treatment of substance misuse including drugs and alcohol. If PATIENTS have both severe mental illness and problematic substance misuse, see TREATMENT FUNCTION CODE 726 Dual Diagnosis Service
722	LIAISON PSYCHIATRY	The provision of psychiatric treatment to PATIENTS attending general hospitals including out-patient clinics, Accident and Emergency Departments and admission to wards. Deals with the interface between physical and psychological health.
723	PSYCHIATRIC INTENSIVE CARE	The provision of psychiatric SERVICES to vulnerable individuals who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings
724	PERINATAL PSYCHIATRY	A specialist psychiatric SERVICE for the diagnosis and treatment of ante-natal and post-natal psychiatric problems
725	MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE	SERVICES provided to support recovery from mental illness that maximises the PATIENT 's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy
726	MENTAL HEALTH DUAL DIAGNOSIS SERVICE	SERVICES to provide support to PATIENTS with both severe mental illness and substance misuse problems. Personality disorder may coexist with psychiatric illness and/or substance misuse
727	DEMENTIA ASSESSMENT SERVICE	SERVICES for the assessment of PATIENTS with dementia, which may complicate care giving and can occur at any stage of the illness. In addition to memory impairment, dementia may include behavioural and psychological problems
Radiology		
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)	The diagnosis and treatment, typically with Radiotherapy , of PATIENTS with cancer.
810	not a Treatment Function	
811	INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
812	DIAGNOSTIC IMAGING	The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, Ultrasound Scan , MRI Scan , PET Scan or CT Scan .
Pathology		
820	not a Treatment Function	
821	not a Treatment Function	
822	CHEMICAL PATHOLOGY	To be used for clinical management only
823	not a Treatment Function	See Clinical Haematology
824	not a Treatment Function	
830	not a Treatment Function	See Clinical Immunology
831	not a Treatment Function	See Clinical Microbiology
832	Retired	
834	MEDICAL VIROLOGY	The diagnosis and management and prevention of virus and related infections, in hospital and in the community including HIV/AIDS, other blood-borne infections like hepatitis B and C and viruses such as SARS and avian flu
Other		
840	AUDIOLOGY	Physiological measurement and diagnosis of hearing disorders, and the rehabilitation of PATIENTS with hearing loss
900	not a Treatment Function	
901	not a Treatment Function	
920	DIABETIC EDUCATION SERVICE	SERVICES providing dedicated small group education courses regarding self management for diabetic PATIENTS
950	not a Treatment Function	Use the appropriate function under which the patient is treated
960	not a Treatment Function	Use the appropriate function under which the patient is treated

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
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TREATMENT START DATE FOR CANCER

Change to Attribute: Changed Description

The [Start Date](#) of the first, second or subsequent cancer treatment given to a [PATIENT](#) who is receiving care for a cancer condition, with a [PRIMARY DIAGNOSIS \(ICD\)](#) code within the range C00 to C97 or D05 as defined by [NHS England](#) (see [Cancer Waiting Times – Useful Documentation and Links](#)). The [Start Date](#) of the first, second or subsequent cancer treatment given to a [PATIENT](#) who is receiving care for a cancer condition, with a [PRIMARY DIAGNOSIS \(ICD\)](#) code within the range C00 to C97 or D05 as defined by [NHS England](#) (see [Cancer Waiting Times – Useful Documentation and Links](#)).

If the [CANCER TREATMENT MODALITY](#) given is National Code 'Surgery', the [TREATMENT START DATE FOR CANCER](#) is the same as [START DATE \(HOSPITAL PROVIDER SPELL\)](#) of the related admission.

[TREATMENT START DATE FOR CANCER](#) is also the [END DATE](#) of a [Cancer Treatment Period](#).

A [Cancer Referral To Treatment Period](#) will end on the same date as the [TREATMENT START DATE FOR CANCER](#) where [First Definitive Treatment](#) is given, unless cancer was discounted when the [PATIENT](#) was first seen (in which case the [Cancer Referral To Treatment Period](#) is ended at [DATE FIRST SEEN](#)).

If a [PATIENT](#) declines all treatment ([CANCER TREATMENT MODALITY](#) is recorded as National Code 'All treatment declined') then the [TREATMENT START DATE FOR CANCER](#) should be recorded as the [DATE](#) upon which the [PATIENT](#) made this decision.

ACCIDENT AND EMERGENCY INVESTIGATION - FIRST

Change to Data Element: Changed Description

Format/Length:	an6
National Codes:	See Accident and Emergency Investigation Table
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is the same as attribute [ACCIDENT AND EMERGENCY INVESTIGATION](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is the first recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) will be recognised as Primary Investigation (Accident and Emergency).

[ACCIDENT AND EMERGENCY INVESTIGATION - FIRST](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

ACCIDENT AND EMERGENCY INVESTIGATION - SECOND

Change to Data Element: Changed Description

Format/Length:	an6
National Codes:	See Accident and Emergency Investigation Table
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is the same as attribute [ACCIDENT AND EMERGENCY INVESTIGATION](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is the second or subsequent [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and Schema version 6 onwards, [ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) will be recognised as Secondary Investigation (Accident and Emergency).

For Commissioning Data Set version 6 onwards there are no restrictions on the number of Secondary Investigations (Accident and Emergency) recorded.

[ACCIDENT AND EMERGENCY INVESTIGATION - SECOND](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

ACCIDENT AND EMERGENCY TREATMENT - FIRST

Change to Data Element: Changed Description

Format/Length:	an6
National Codes:	See Accident and Emergency Treatment Tables
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is the same as attribute [ACCIDENT AND EMERGENCY TREATMENT](#).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is the first recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) will be recognised as Primary Treatment (Accident and Emergency).

[ACCIDENT AND EMERGENCY TREATMENT - FIRST](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ACCIDENT AND EMERGENCY TREATMENT - SECOND

Change to Data Element: Changed Description

Format/Length:	an6
National Codes:	See Accident and Emergency Treatment Tables
Default Codes:	

Notes:

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is the same as attribute [ACCIDENT AND EMERGENCY TREATMENT](#).

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is the second or subsequent recorded [CLINICAL INTERVENTION](#) for an [Accident and Emergency Attendance](#).

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) is required for recording within an Accident and Emergency Attendance Commissioning Data Set.

For Commissioning Data Set and XML Schema version 6 onwards, [ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) will be recognised as Secondary Treatment (Accident and Emergency).

For Commissioning Data Set version 6 onwards there are no restrictions on the number of Secondary Treatment (Accident and Emergency) recorded.

[ACCIDENT AND EMERGENCY TREATMENT - SECOND](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ACTIVITY TREATMENT FUNCTION CODE

Change to Data Element: Changed Description

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

Notes:

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

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

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

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

ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See ADMISSION METHOD
Default Codes:	98 - Not applicable
	99 - Not known: a validation error

Notes:

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ADMISSION METHOD](#).

[ADMISSION METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ADVANCED CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of advanced cardiovascular support
	999 - occurred but day count not known

Notes:

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Advanced Cardiovascular Support' within the [CRITICAL CARE PERIOD](#).

[ADVANCED CARDIOVASCULAR SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

ADVANCED RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of advanced respiratory support 999 - occurred but day count not known

Notes:

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received advanced respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[ADVANCED RESPIRATORY SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Advanced Respiratory Support' within the [CRITICAL CARE PERIOD](#).

[ADVANCED RESPIRATORY SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

AGE AT CDS ACTIVITY DATE

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE AT CDS ACTIVITY DATE](#) is derived as the number of completed years between the [PERSON BIRTH DATE](#) of the [PATIENT](#) and the [CDS ACTIVITY DATE](#).

[AGE AT CDS ACTIVITY DATE](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

AGE ON ADMISSION

Change to Data Element: Changed Description

Format/Length:	n3
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National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE ON ADMISSION](#) is derived as the number of completed years between the [PERSON BIRTH DATE](#) of the [PATIENT](#) and the [START DATE \(HOSPITAL PROVIDER SPELL\)](#)

[AGE ON ADMISSION](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ASSIGNMENT CONTRACTED FTE

Change to Data Element: Changed Description

Format/Length:	n1.n2
NWDS ID:	SCON
NWDS Field Name:	Contracted Whole Time Equivalent (WTE) for an Assignment (Derived)
ESR Field Name:	Assignment Budget Value
National Codes:	
Default Codes:	

Notes:

[ASSIGNMENT CONTRACTED FTE](#) is the same as attribute [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

BASIC CARDIOVASCULAR SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of basic cardiovascular support 999 - occurred but day count not known

Notes:

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic cardiovascular support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Basic Cardiovascular Support' within the [CRITICAL CARE PERIOD](#).

[BASIC CARDIOVASCULAR SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

BASIC RESPIRATORY SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of basic respiratory support 999 - occurred but day count not known

Notes:

[BASIC RESPIRATORY SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received basic respiratory support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[BASIC RESPIRATORY SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Basic Respiratory Support' within the [CRITICAL CARE PERIOD](#).

[BASIC RESPIRATORY SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

CARE PROFESSIONAL MAIN SPECIALTY CODE

Change to Data Element: Changed Description

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

Notes:

[CARE PROFESSIONAL MAIN SPECIALTY CODE](#) is the same as attribute [MAIN SPECIALTY CODE](#).

[CARE PROFESSIONAL MAIN SPECIALTY CODE](#) is the specialty in which the [CONSULTANT](#) is contracted or recognised. [MAIN SPECIALTY](#) classifies clinical work divisions more precisely for a limited number of specialties.

All [Non-Consultant Led Activity](#) is identified by a pseudo [CARE PROFESSIONAL MAIN SPECIALTY CODE](#) of:

- 560 - [Non-Consultant Led Activity](#) - [Midwife Episode](#)
- 950 - [Non-Consultant Led Activity](#) - [Nursing Episode](#)
- 960 - [Non-Consultant Led Activity](#) - Allied Health Professional Episode.

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

For the purposes of the [Quarterly Bed Availability and Occupancy Data Set \(KH03\)](#), the applicable list of [CARE PROFESSIONAL MAIN SPECIALTY CODES](#) is available by emailing unify2@dh.qsi.gov.uk.

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

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

CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE
Default Codes:	

Notes:

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

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

~~**Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.**~~ **Note: This data item is included in the Mental Health Services Data Set, but should not be submitted until further development by NHS Digital has been undertaken.**

CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE
Default Codes:	

Notes:

[CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE \(INITIAL\)](#) is the same as attribute [CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE](#).

[CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE \(INITIAL\)](#) is the initial [CHILD AND ADOLESCENT MENTAL HEALTH CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.**~~ **Note: This data item is included in the Mental Health Services Data Set, but should not be submitted until further development by NHS Digital has been undertaken.**

CRITICAL CARE DISCHARGE DATE

Change to Data Element: Changed Description

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

Notes:

[CRITICAL CARE DISCHARGE DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' for the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE DISCHARGE DATE](#) may be the:

- date the [PATIENT](#) is discharged from the critical care unit
- date the [PATIENT](#) died or
- date of declaration of brainstem death.

[CRITICAL CARE DISCHARGE DATE](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

CRITICAL CARE LEVEL 2 DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more level 2 days 999 - level 2 days occurred but day count not known

Notes:

[CRITICAL CARE LEVEL 2 DAYS](#) is the total number of days a [PATIENT](#) received level 2 care during a [CRITICAL CARE PERIOD](#). From 000 to 997 days can be recorded; if 998 or more days have occurred the default code should be used.

[CRITICAL CARE LEVEL 2 DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [CRITICAL CARE LEVEL](#) is National Code 02 'Level 2' within the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE LEVEL 2 DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

CRITICAL CARE LEVEL 3 DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more level 3 days 999 - level 3 days occurred but day count not known

Notes:

[CRITICAL CARE LEVEL 3 DAYS](#) is the total number of days a [PATIENT](#) received level 3 care during a [CRITICAL CARE PERIOD](#). From 000 to 997 days can be recorded; if 998 or more days have occurred the default code should be used.

[CRITICAL CARE LEVEL 3 DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [CRITICAL CARE LEVEL](#) is National Code 03 'Level 3' within the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE LEVEL 3 DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

CRITICAL CARE START DATE

Change to Data Element: Changed Description

Format/Length:	see DATE
National Codes:	
Default Codes:	

Notes:

[CRITICAL CARE START DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Start Date' of the [CRITICAL CARE PERIOD](#).

[CRITICAL CARE START DATE](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

CRITICAL CARE UNIT FUNCTION

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See CRITICAL CARE UNIT FUNCTION
Default Codes:	

Notes:

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

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

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

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

CYPHS SUBMISSION RECORD COUNT

Change to Data Element: Changed Description

Format/Length:	min n1 max n10
National Codes:	
Default Codes:	

Notes:

~~The [CYPHS SUBMISSION RECORD COUNT](#) provides a count of records contained within a [Children and Young People's Health Services Data Set](#) submission to the [Health and Social Care Information Centre \(HSCIC\)](#).~~ The [CYPHS SUBMISSION RECORD COUNT](#) provides a count of records contained within a [Children and Young People's Health Services Data Set](#) submission to [NHS Digital](#). This information is used to ensure files are complete upon receipt, and to maintain accurate file processing.

The [CYPHS SUBMISSION RECORD COUNT](#) must be populated in the [CYPHS](#) Submission Identifier group within the ~~[Children and Young People's Health Services Data Set](#) Message by the sender of the data set submission, prior to transmission of the data to the [Health and Social Care Information Centre \(HSCIC\)](#).~~ The [CYPHS SUBMISSION RECORD COUNT](#) must be populated in the [CYPHS](#) Submission Identifier group within the [Children and Young People's Health Services Data Set](#) Message by the sender of the data set submission, prior to transmission of the data to [NHS Digital](#).

DERMATOLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of dermatological support 999 - occurred but day count not known

Notes:

The total number of days that the [PATIENT](#) received dermatological system support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

This is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 08 'Dermatological Support' within the [CRITICAL CARE PERIOD](#).

[DERMATOLOGICAL SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See DISCHARGE DESTINATION
Default Codes:	98 - Not applicable - Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished 99 - Not known: a validation error

Notes:

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

[DISCHARGE DESTINATION CODE \(HOSPITAL PROVIDER SPELL\)](#) 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 [Secondary Uses Service Guidance](#) page.~~For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See DISCHARGE METHOD
Default Codes:	8 - Not applicable - Hospital Provider Spell not finished at episode end (i.e. not discharged) or current episode unfinished 9 - Not known: a validation error

Notes:

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

[DISCHARGE METHOD CODE \(HOSPITAL PROVIDER SPELL\)](#) 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 [Secondary Uses Service Guidance](#) page.~~For further information, please refer to the NHS Digital website at: [Payment by Results Guidance](#).

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

EMPLOYEE ABSENCE DURATION

Change to Data Element: Changed Description

Format/Length:	max n3
NWDS ID:	ADCD
NWDS Field Name:	Absence Duration In Calendar Days (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE ABSENCE DURATION](#) is the number of calendar days of absence of an employee absence.

For guidance on how to calculate this see the [Health and Social Care Information Centre website](#). For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE ABSENCE WORKING HOURS LOST (REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n4
NWDS ID:	AWHL
NWDS Field Name:	Working Hours Lost due to Absence
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE ABSENCE WORKING HOURS LOST \(REPORTING PERIOD\)](#) is the sum total of each [EMPLOYEE ABSENCE WORKING HOURS LOST](#) due to absence of an [EMPLOYEE](#) within an [Organisation](#) during the [REPORTING PERIOD](#).

For guidance on how to calculate this see the [Health and Social Care Information Centre website](#). For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE LENGTH OF TIME IN POSITION

Change to Data Element: Changed Description

Format/Length:	max n3
NWDS ID:	STER
NWDS Field Name:	Time in Post (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE LENGTH OF TIME IN POSITION](#) is the number of months an [EMPLOYEE](#) has been employed in a [POSITION](#) in an [Organisation](#).

For guidance on how to calculate this see the [Health and Social Care Information Centre website](#). For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

EMPLOYEE NHS LENGTH OF SERVICE

Change to Data Element: Changed Description

Format/Length:	max n2
NWDS ID:	SYRS
NWDS Field Name:	Length of Service with NHS (Derived)
National Codes:	
Default Codes:	

Notes:

[EMPLOYEE NHS LENGTH OF SERVICE](#) is the number of years service in the NHS of an [EMPLOYEE](#), calculated by summing the number of years of each period of NHS service.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

END DATE (EPISODE)

Change to Data Element: Changed Description

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

Notes:

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

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

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

EPISODE NUMBER

Change to Data Element: Changed Description

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

Notes:

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

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

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

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

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

FIRST ATTENDANCE CODE

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See FIRST ATTENDANCE
Default Codes:	

Notes:

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

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

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

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE
Default Codes:	

Notes:

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the same as attribute [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#).

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the final [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.**~~
Note: This data item is included in the [Mental Health Services Data Set](#) but should not be submitted until further development by [NHS Digital](#) has been undertaken.

FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE

Default Codes:

Notes:

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the same as attribute [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#).

[FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the initial [FORENSIC LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~
Note: This data item is included in the Mental Health Services Data Set, but should not be submitted until further development by NHS Digital has been undertaken.

FORENSIC MENTAL HEALTH CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See FORENSIC MENTAL HEALTH CARE CLUSTER CODE
Default Codes:	

Notes:

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

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

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~
Note: This data item is included in the Mental Health Services Data Set, but should not be submitted until further development by NHS Digital has been undertaken.

FORENSIC MENTAL HEALTH CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See FORENSIC MENTAL HEALTH CARE CLUSTER CODE
Default Codes:	

Notes:

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

[FORENSIC MENTAL HEALTH CARE CLUSTER CODE \(INITIAL\)](#) is the initial [FORENSIC MENTAL HEALTH CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.~~
Note: This data item is included in the Mental Health Services Data Set, but should not be submitted until further development by NHS Digital has been undertaken.

FTE STABILITY RATE (JOB ROLE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate- WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[FTE STABILITY RATE \(JOB ROLE IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within a job role within the [Organisation](#) within the [REPORTING PERIOD](#), based upon the [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#) of the assignments rather than just the headcount.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

FTE STABILITY RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate- WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[FTE STABILITY RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within the [Organisation](#) within the [REPORTING PERIOD](#), based upon the [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#) of the assignments rather than the headcount.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

FTE STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSWE
NWDS Field Name:	Stability Rate- WTE (Derived)
National Codes:	
Default Codes:	

Notes:

FTE STABILITY RATE (STAFF GROUP IN REPORTING PERIOD) is the percentage of EMPLOYEES who remain employed within a Staff Group within the Organisation within the REPORTING PERIOD, based upon the ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT of the assignments rather than the headcount.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT (POSITION ASSIGNMENT CURRENT)

Change to Data Element: Changed Description

Format/Length:	max n6
NWDS ID:	shed
NWDS Field Name:	Headcount
National Codes:	
Default Codes:	

Notes:

HEADCOUNT (POSITION ASSIGNMENT CURRENT) is the total number of assignments for POSITIONS currently within the Organisation on the REPORTING PERIOD END DATE.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (JOB ROLE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

HEADCOUNT STABILITY RATE (JOB ROLE IN REPORTING PERIOD) is the percentage of EMPLOYEES who remain employed within a POSITION within the Organisation within the REPORTING PERIOD.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT STABILITY RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within the [Organisation](#) within the [REPORTING PERIOD](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT STABILITY RATE (STAFF GROUP IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	SSHC
NWDS Field Name:	Stability Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT STABILITY RATE \(STAFF GROUP IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) who remain employed within a [Staff Group](#) within the [Organisation](#) within the [REPORTING PERIOD](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT TURNOVER RATE (FTE IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	STOR
NWDS Field Name:	Turnover Rate- WTE (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT TURNOVER RATE \(FTE IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#), based upon their [ASSIGNMENT CONTRACTED FULL TIME EQUIVALENT](#), leaving employment with the [Organisation](#) within the [REPORTING PERIOD](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HEADCOUNT TURNOVER RATE (ORGANISATION IN REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	max n3.max n2
NWDS ID:	STUR
NWDS Field Name:	Turnover Rate - Head Count (Derived)
National Codes:	
Default Codes:	

Notes:

[HEADCOUNT TURNOVER RATE \(ORGANISATION IN REPORTING PERIOD\)](#) is the percentage of [EMPLOYEES](#) leaving employment with the [Organisation](#) within the [REPORTING PERIOD](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

HOSPITAL PROVIDER SPELL NUMBER

Change to Data Element: Changed Description

Format/Length:	an12
National Codes:	
Default Codes:	

Notes:

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

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

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

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

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER

Change to Data Element: Changed Description

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

Notes:

[IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER](#) is the same as attribute [ACTIVITY SUSPENSION IDENTIFIER](#).

For the [Improving Access to Psychological Therapies Data Set](#), [IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES ACTIVITY SUSPENSION IDENTIFIER](#) is:

- used to uniquely identify the period of [PATIENT](#) initiated [ACTIVITY SUSPENSION](#)
- is locally generated and does not need to be sequential.

~~See the [Health and Social Care Information Centre website](#) for details of how this identifier is generated.~~ See the NHS Digital website at: [Improving Access to Psychological Therapies Data Set](#) for details of how this identifier is generated.

LEARNING DISABILITIES CARE CLUSTER CODE (FINAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See LEARNING DISABILITIES CARE CLUSTER CODE
Default Codes:	

Notes:

[LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the same as attribute [LEARNING DISABILITIES CARE CLUSTER CODE](#).

[LEARNING DISABILITIES CARE CLUSTER CODE \(FINAL\)](#) is the final [LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.**~~
Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by NHS Digital has been undertaken.

LEARNING DISABILITIES CARE CLUSTER CODE (INITIAL)

Change to Data Element: Changed Description

Format/Length:	max an4
National Codes:	See LEARNING DISABILITIES CARE CLUSTER CODE
Default Codes:	

Notes:

[LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the same as attribute [LEARNING DISABILITIES CARE CLUSTER CODE](#).

[LEARNING DISABILITIES CARE CLUSTER CODE \(INITIAL\)](#) is the initial [LEARNING DISABILITIES CARE CLUSTER CODE](#) allocated by the [CARE PROFESSIONAL](#).

~~**Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by the [Health and Social Care Information Centre](#) has been undertaken.**~~
Note: This data item is included in the [Mental Health Services Data Set](#), but should not be submitted until further development by NHS Digital has been undertaken.

LIVER SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of liver support 999 - occurred but day count not known

Notes:

[LIVER SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received liver support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 997 days.

[LIVER SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Liver Support' within the [CRITICAL CARE PERIOD](#).

[LIVER SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)

Change to Data Element: Changed Description

Format/Length:	max an9
National Codes:	
Default Codes:	X99999998 - Not Applicable (outside the United Kingdom) X99999999 - Not Known

Notes:

[LOWER LAYER SUPER OUTPUT AREA \(PERSON RESIDENCE\)](#) is the same as attribute [GEOGRAPHIC AREA CODE](#) for a [Lower Layer Super Output Area](#).

[LOWER LAYER SUPER OUTPUT AREA \(PERSON RESIDENCE\)](#) is the [Lower Layer Super Output Area](#) for where the [PERSON](#) is resident.

~~For guidance on the [Lower Layer Super Output Area](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) website at: [NHSPD User Guide](#).~~ For guidance on the Lower Layer Super Output Area codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) website at: [NHSPD User Guide](#).

[LOWER LAYER SUPER OUTPUT AREA \(RESIDENCE\)](#) will be replaced with [LOWER LAYER SUPER OUTPUT AREA \(PERSON RESIDENCE\)](#), when it has been approved for use in national information standards.

MATERNITY SUBMISSION RECORD COUNT

Change to Data Element: Changed Description

Format/Length:	min n1 max n7
National Codes:	

Default Codes:

Notes:

The [MATERNITY SUBMISSION RECORD COUNT](#) provides a count of records contained within a [Maternity Services Data Set](#) submission to the [Health and Social Care Information Centre \(HSCIC\)](#). The [MATERNITY SUBMISSION RECORD COUNT](#) provides a count of records contained within a [Maternity Services Data Set](#) submission to [NHS Digital](#). This information is used to ensure files are complete upon receipt, and to maintain accurate file processing.

The [MATERNITY SUBMISSION RECORD COUNT](#) must be populated in the [Maternity Submission Identifier](#) group within the [Maternity Services Data Set](#) Message by the sender of the data set submission, prior to transmission of the data to the [Health and Social Care Information Centre](#). The [MATERNITY SUBMISSION RECORD COUNT](#) must be populated in the [Maternity Submission Identifier](#) group within the [Maternity Services Data Set](#) Message by the sender of the data set submission, prior to transmission of the data to [NHS Digital](#).

NEONATAL LEVEL OF CARE CODE

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See NEONATAL LEVEL OF CARE
Default Codes:	8 - Not applicable: a still birth or the episode of care does not involve a neonate during all, or part, of the duration of the episode 9 - Not known: the episode of care involves a neonate and is finished but no data has been entered, or the episode involves a neonate and is unfinished therefore no data needs to be present. This would constitute a validation error only for a finished episode

Notes:

[NEONATAL LEVEL OF CARE CODE](#) is the same as attribute [NEONATAL LEVEL OF CARE](#).

The value recorded must be the highest level of care given during a [Hospital Provider Spell](#) with [Neonatal Level Of Care Periods](#).

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

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

NEUROLOGICAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	998 - 998 or more days of neurological support 999 - occurred but day count not known

Notes:

[NEUROLOGICAL SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received neurological system support during a [CRITICAL CARE PERIOD](#), ranging from 000 to 999 days.

[NEUROLOGICAL SUPPORT DAYS](#) is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 'Neurological Support' within the [CRITICAL CARE PERIOD](#).

[NEUROLOGICAL SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE (LOCAL AUTHORITY DISTRICT)

Change to Data Element: Changed Description

Format/Length:	max an9
National Codes:	
Default Codes:	X99999998 - Not Applicable (outside the United Kingdom) X99999999 - Not Known

Notes:

[ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE \(LOCAL AUTHORITY DISTRICT\)](#) is the same as attribute [GEOGRAPHIC AREA CODE](#) for a [Local Authority District](#).

~~For guidance on [Local Authority District](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) website at: [NHSPD User Guide](#).~~ For guidance on [Local Authority District](#) codes, see the [NHS Postcode Directory](#) which can be downloaded from the [Organisation Data Service](#) website at: [NHSPD User Guide](#).

[ONS LOCAL GOVERNMENT GEOGRAPHY CODE \(LOCAL AUTHORITY DISTRICT\)](#) will be replaced with [ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE \(LOCAL AUTHORITY DISTRICT\)](#), when it has been approved for use in national information standards.

ORGANISATION CODE (CODE OF PROVIDER)

Change to Data Element: Changed Description

a

Format/Length:	an3, an5 or an6
National Codes:	
ODS Default Codes :	89997 - Non-UK provider where no ORGANISATION CODE has been issued 89999 - Non-NHS UK provider where no ORGANISATION CODE has been issued

Notes:

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

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

For [Commissioning Data Sets](#), the [ORGANISATION CODE \(CODE OF PROVIDER\)](#) should always be the [ORGANISATION CODE](#) 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 [Secondary Uses Service Guidance](#) page. 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 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 CODE (RESIDENCE RESPONSIBILITY)

Change to Data Element: Changed Description

Format/Length:	an3
National Codes:	
ODS Default Codes :	Q99 - High Level Health Geography/Primary Care Organisation of Residence Not Known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code. X98 - Primary Care Organisation Not Applicable (Overseas Visitors) Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code.

Notes:

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) is the same as attribute [ORGANISATION CODE](#).

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) is the [ORGANISATION CODE](#) derived from the [PATIENT](#)'s [POSTCODE OF USUAL ADDRESS](#), where they reside within the boundary of a:

- [Clinical Commissioning Group](#)
- [Care Trust](#)
- [Local Health Board \(Wales\)](#)
- [Scottish Health Board](#)
- [Northern Ireland Local Commissioning Group](#): *Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#)*
- [Primary Healthcare Directorate \(Isle of Man\)](#)
- [Local Authority](#).

~~[ORGANISATION CODES](#) can be downloaded from the [Organisation Data Service website](#) or through the online [Technology Reference Data Update Distribution Service \(TRUD\)](#).~~ [ORGANISATION CODES](#) can be downloaded from the [Organisation Data Service website](#) or through the online [Technology Reference Data Update Distribution Service \(TRUD\)](#). For further information, see [Organisation Data Service](#).

For [PATIENTS](#) who are [Overseas Visitors](#): [Organisation Data Service Default Code](#) X98 'Primary Care Organisation Not Applicable ([Overseas Visitors](#))' should be reported.

Note: A review of [Organisation Data Service Default Codes](#) is planned to be carried out and this default code will be updated as part of that.

For the purposes of sending Commissioning Data Set messages to the [Secondary Uses Service](#) (regardless of how local systems hold the data), it is essential at present to continue using a 3 character field, using the first 3 characters of the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary, primarily to preserve the integrity of the

current Commissioning Data Set message and the [CDS PRIME RECIPIENT IDENTITY](#) which is derived from the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#).

The [Organisation Data Service](#) provides postcode files which link postcodes to the [Clinical Commissioning Group](#). See [NHS Postcode Directory](#).

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

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/Length:	an3, an5 or an6
National Codes:	
ODS Default Codes :	89997 - Non-UK provider where no ORGANISATION IDENTIFIER has been issued
	89999 - Non-NHS UK provider where no ORGANISATION IDENTIFIER has been issued

Notes:

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

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

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

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

~~For further information, please refer to the [Secondary Uses Service Guidance](#) page.~~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.

PATIENT CLASSIFICATION CODE

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See PATIENT CLASSIFICATION
Default Codes:	8 - Not applicable

Notes:

[PATIENT CLASSIFICATION CODE](#) is derived from the [ADMISSION METHOD](#), [INTENDED MANAGEMENT](#) and the duration of stay of the [PATIENT](#).

The duration of stay is derived by subtracting the date of admission from the date of discharge.

In the case of maternity [PATIENTS](#), the use being made of the delivery facilities is also used in this derivation.

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

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

PERSON AGE IN YEARS (REPORTING PERIOD END DATE)

Change to Data Element: Changed Description

Format/Length:	n2
NWDS ID:	PEAG
NWDS Field Name:	Age in Years
ESR Field Name:	Age
National Codes:	
Default Codes:	

Notes:

[PERSON AGE IN YEARS \(REPORTING PERIOD END DATE\)](#) is the age in years of the [PERSON](#) of working age for the purpose of the [National Workforce Data Set](#) as at the [REPORTING PERIOD END DATE](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

PERSON GENDER CODE CURRENT

Change to Data Element: Changed Description

Format/Length:	an1
National Codes:	See PERSON GENDER CODE
Default Codes:	

Notes:

[PERSON GENDER CODE CURRENT](#) is the same as attribute [PERSON GENDER CODE](#) where the [PERSON GENDER TYPE](#) is National Code 'Person Gender Current'.

[PERSON GENDER CODE CURRENT](#) is a [PERSON](#)'s gender currently.

[PERSON GENDER CODE CURRENT](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

[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.

POSITION FTE VARIANCE

Change to Data Element: Changed Description

Format/Length:	n3.n2
NWDS ID:	SVAR
NWDS Field Name:	WTE Variance (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION FTE VARIANCE](#) is the calculation of the difference between [POSITION CONTRACTED FTE](#) and [POSITION BUDGETED FTE](#).

The calculated value for [POSITION FTE VARIANCE](#) may be negative.

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSITION VACANCY LENGTH OF TIME UNFILLED

Change to Data Element: Changed Description

Format/Length:	max n4
NWDS ID:	SVLN
NWDS Field Name:	Length of Time Vacancy Unfilled (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION VACANCY LENGTH OF TIME UNFILLED](#) is the number of days of a [POSITION VACANCY](#) was unfilled in an [Organisation](#).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSITION WORKED FTE (REPORTING PERIOD)

Change to Data Element: Changed Description

Format/Length:	n3.n2
NWDS ID:	SAHR
NWDS Field Name:	Worked Whole Time Equivalent (WTE) for Position (Derived)
National Codes:	
Default Codes:	

Notes:

[POSITION WORKED FTE \(REPORTING PERIOD\)](#) is the amount of time worked by an [EMPLOYEE](#) in a given [POSITION](#) over a period of time, converted to a Full Time Equivalent (FTE).

~~For guidance on how to calculate this see the [Health and Social Care Information Centre website](#).~~ For guidance on how to calculate this, see the [NHS Digital](#) website at: [National Workforce Data Set \(NWD\) guidance documents](#).

POSTCODE

Change to Data Element: Changed Description

Format/Length:	max an8
NWDS ID:	SPOC
NWDS Field Name:	Post Code
National Codes:	
Default Codes:	

Notes:

[POSTCODE](#) is the same as attribute [POSTCODE](#).

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

- [NHS Postcode Directory](#)
- [Contact Details](#)
- [Office for National Statistics website](#)
- [Organisation Data Service website](#)
- [Organisation Data Service website](#)

If a [POSTCODE](#) is not known (for example, the [PATIENT](#) has no fixed abode, the [PATIENT](#) is an [Overseas Visitor](#) etc.) the appropriate [Organisation Data Service](#) pseudo [POSTCODE](#) should be used. ~~The pseudo [POSTCODES](#) can be found on the [Organisation Data Service](#) website at: [Look Ups](#).~~ The pseudo [POSTCODES](#) can be found on the [Organisation Data Service](#) website at: [Look Ups](#).

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
National Codes:	
Default Codes:	

Notes:

[PRIMARY DIAGNOSIS \(ICD\)](#) is the same as attribute [CLINICAL CLASSIFICATION CODE](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) is the [International Classification of Diseases \(ICD\)](#) code used to identify the [PRIMARY DIAGNOSIS](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

RENAL SUPPORT DAYS

Change to Data Element: Changed Description

Format/Length:	n3
National Codes:	
Default Codes:	000 - 997 days 998 = 998 or more days of renal support 999 = occurred but day count not known

Notes:

[RENAL SUPPORT DAYS](#) is the total number of days that the [PATIENT](#) received renal system support during a [CRITICAL CARE PERIOD](#).

This is derived from the difference between the [ACTIVITY PROPERTY EFFECTIVE DATE](#) and the [ACTIVITY PROPERTY END DATE](#) for all [ACTIVITY PROPERTIES](#) where the [ORGAN SYSTEM SUPPORTED](#) is National Code 05 'Renal Support' within the [CRITICAL CARE PERIOD](#).

[RENAL SUPPORT DAYS](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

SECONDARY DIAGNOSIS (ICD)

Change to Data Element: Changed Description

Format/Length:	See ICD-10 CODE
National Codes:	
Default Codes:	

Notes:

[SECONDARY DIAGNOSIS \(ICD\)](#) is the same as attribute [CLINICAL CLASSIFICATION CODE](#).

[SECONDARY DIAGNOSIS \(ICD\)](#) is the [International Classification of Diseases \(ICD\)](#) code used to identify the secondary [PATIENT DIAGNOSIS](#).

For [Commissioning Data Sets](#) (CDS) purposes it is recommended that multiple Diagnoses are recorded and the CDS XML Schema (CDS Version 6 onwards) has been designed to carry as many Diagnoses as required.

[SECONDARY DIAGNOSIS \(ICD\)](#) 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 resulting in lower levels of healthcare resource.

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

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.

- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	an2
National Codes:	See SOURCE OF ADMISSION
Default Codes:	98 - Not applicable
	99 - Not known: a validation error

Notes:

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [SOURCE OF ADMISSION](#).

[SOURCE OF ADMISSION CODE \(HOSPITAL PROVIDER SPELL\)](#) 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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

START DATE (EPISODE)

Change to Data Element: Changed Description

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

Notes:

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

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

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

START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length:	See DATE
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 [Secondary Uses Service Guidance](#) page.~~ For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

WAITING TIME ADJUSTMENT (FIRST SEEN)

Change to Data Element: Changed Description

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

Notes:

[WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) records the number of days that should be removed from the derived waiting time between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [DATE FIRST SEEN](#).

Adjustments are only permissible when a [PATIENT](#) does not attend an [Out-Patient Appointment](#) or arrives late and could not be seen.

~~Guidance on calculating the number of days which may be deducted from the waiting time is at: [Cancer Waiting Times – Useful Documentation and Links](#).~~ Guidance on calculating the number of days which may be deducted from the waiting time is at: [Cancer Waiting Times - Useful Documentation and Links](#).

WAITING TIME ADJUSTMENT (TREATMENT)

Change to Data Element: Changed Description

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

Notes:

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) records the number of days that should be removed from the derived waiting time between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#).

The recording of this data item is mandatory for all [Tumours](#), regardless of whether a national service standard is in place.

Adjustments are allowed in the following circumstances:

- When a patient pause is initiated because the [PATIENT](#) is unavailable for treatment for a specified period because of family commitments, holidays, or other (non-clinical) reasons

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) should only be recorded where [CANCER CARE SETTING \(TREATMENT\)](#) is:

- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission') or
- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').

~~Guidance on calculating the number of days which may be removed from the waiting time is available at: [Cancer Waiting Times — Useful Documentation and Links](#).~~ Guidance on calculating the number of days which may be removed from the waiting time is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

SEARCH

Change to Binary: Changed attached binary file

- [search.asp](#) changed to [search.asp](#)

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