

## NHS Connecting for Health

### NHS Data Model and Dictionary Service

**Type:** Data Dictionary Change Notice  
**Reference:** 1331  
**Version No:** 1.0  
**Subject:** Activity Date Time Type  
**Effective Date:** Immediate  
**Reason for Change:** Change to Activity Date Time Items  
**Publication Date:** 7 September 2012

#### Background:

The NHS Data Model and Dictionary has an Attribute "Activity Date Time Type" which lists the types of "Activity Dates" and "Activity Times" that are used with regard to an activity as defined in the NHS Data Model and Dictionary.

New data sets increasingly require combined Data Elements for "Date and Time" rather than a separate one for each data item.

This Data Dictionary Change Notice makes the following changes to the NHS Data Model and Dictionary to meet this requirement:

- Adds a new Attribute "Activity Date Type" and adds the "Date" items listed on "Activity Date Time Type"
- Adds a new Attribute "Activity Time Type" and adds the "Time" items listed on "Activity Date Time Type"
- Adds a new Attribute "Activity Date and Time Type" which will be used for new data sets.
- Retires the Attribute "Activity Date Time Type"
- Amends references from "Activity Date Time Type" to "Activity Date Type", "Activity Time Type" and "Activity Date and Time Type" as appropriate
- Retires the following "Activity Date Types" and "Activity Time Types" which are no longer used in the NHS Data Model and Dictionary:
  - Dose Given Date
  - Expected Delivery Date
  - Full Postnatal Examination Date
  - Intrauterine Device Application Date
  - Intrauterine Device Fitted Date
  - Mental Health Care Assessment Date
  - Miscarriage Date
  - Patient Informed Of Outcome Date
  - Test Date
  - Theatre Case Time In To Theatre Suite
  - Theatre Case Time Out Of Theatre
  - Theatre Case Time Out Of Theatre Suite.

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](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:

##### Diagrams

[ACTIVITY DIAGRAM](#)

Changed Diagram

[MATERNITY SERVICES SECONDARY USES DATA SET DIAGRAM](#)

Changed Diagram

[PATIENT PATHWAY DIAGRAM](#)

Changed Diagram

##### Central Return Forms

[COVER 1](#)

Changed Description

[KC53 10](#)

Changed Description

[KC53 3](#)

Changed Description

<a href="#">KC53 5</a>	Changed Description
<a href="#">KC53 6</a>	Changed Description
<a href="#">KC53 7</a>	Changed Description
<a href="#">KC53 8</a>	Changed Description
<a href="#">KC53 9</a>	Changed Description
<a href="#">KC63 2</a>	Changed Description
<a href="#">KC64 1</a>	Changed Description
<a href="#">KC64 2</a>	Changed Description
<a href="#">KC65 6</a>	Changed Description
<b>Supporting Information</b>	
<a href="#">DOSE GIVEN DATE (RETIRED)</a> renamed from <a href="#">DOSE GIVEN DATE</a>	Changed status to Retired, Name
<a href="#">EXPECTED DELIVERY DATE (RETIRED)</a> renamed from <a href="#">EXPECTED DELIVERY DATE</a>	Changed Description, status to Retired, Name
<a href="#">FULL POSTNATAL EXAMINATION DATE (RETIRED)</a> renamed from <a href="#">FULL POSTNATAL EXAMINATION DATE</a>	Changed Description, status to Retired, Name
<a href="#">GLOSSARY OF TERMS</a>	Changed Description
<a href="#">INTRAUTERINE DEVICE APPLICATION DATE (RETIRED)</a> renamed from <a href="#">INTRAUTERINE DEVICE APPLICATION DATE</a>	Changed Description, status to Retired, Name
<a href="#">INTRAUTERINE DEVICE FITTED DATE (RETIRED)</a> renamed from <a href="#">INTRAUTERINE DEVICE FITTED DATE</a>	Changed Description, status to Retired, Name
<a href="#">MATERNAL CRITICAL INCIDENT DATE AND TIME</a>	New Supporting Information
<a href="#">MENTAL HEALTH CARE ASSESSMENT DATE (RETIRED)</a> renamed from <a href="#">MENTAL HEALTH CARE ASSESSMENT DATE</a>	Changed Description, status to Retired, Name
<a href="#">MISCARRIAGE DATE (RETIRED)</a> renamed from <a href="#">MISCARRIAGE DATE</a>	Changed Description, status to Retired, Name
<a href="#">PATIENT INFORMED OF OUTCOME DATE (RETIRED)</a> renamed from <a href="#">PATIENT INFORMED OF OUTCOME DATE</a>	Changed Description, status to Retired, Name
<a href="#">TEST DATE (RETIRED)</a> renamed from <a href="#">TEST DATE</a>	Changed Description, status to Retired, Name
<a href="#">THEATRE CASE TIME IN TO THEATRE SUITE (RETIRED)</a> renamed from <a href="#">THEATRE CASE TIME IN TO THEATRE SUITE</a>	Changed Description, status to Retired, Name
<a href="#">THEATRE CASE TIME OUT OF THEATRE (RETIRED)</a> renamed from <a href="#">THEATRE CASE TIME OUT OF THEATRE</a>	Changed Description, status to Retired, Name
<a href="#">THEATRE CASE TIME OUT OF THEATRE SUITE (RETIRED)</a> renamed from <a href="#">THEATRE CASE TIME OUT OF THEATRE SUITE</a>	Changed Description, status to Retired, Name
<b>Class Definitions</b>	
<a href="#">ACTIVITY DATE TIME</a>	Changed Attributes, Description
<b>Attribute Definitions</b>	
<a href="#">ACTIVITY DATE</a>	Changed Description
<a href="#">ACTIVITY DATE AND TIME TYPE</a>	New Attribute
<a href="#">ACTIVITY DATE TIME TYPE (RETIRED)</a> renamed from <a href="#">ACTIVITY DATE TIME TYPE</a>	Changed Description, status to Retired, Name
<a href="#">ACTIVITY DATE TYPE</a>	New Attribute
<a href="#">ACTIVITY TIME</a>	Changed Description
<a href="#">ACTIVITY TIME TYPE</a>	New Attribute
<b>Data Elements</b>	
<a href="#">A AND E ATTENDANCE CONCLUSION TIME</a>	Changed Description
<a href="#">A AND E DEPARTURE TIME</a>	Changed Description
<a href="#">A AND E INITIAL ASSESSMENT TIME</a>	Changed Description
<a href="#">A AND E TIME SEEN FOR TREATMENT</a>	Changed Description
<a href="#">ACTIVITY DATE (ANTENATAL APPOINTMENT)</a>	Changed Description
<a href="#">APPOINTMENT DATE (FORMAL ANTENATAL BOOKING)</a>	Changed Description
<a href="#">ARRIVAL DATE</a>	Changed Description
<a href="#">ATTENDANCE DATE</a>	Changed Description
<a href="#">CANCER DENTAL ASSESSMENT DATE</a>	Changed Description
<a href="#">CLINICAL STATUS ASSESSMENT DATE (CANCER)</a>	Changed Description
<a href="#">CONSULTANT UPGRADE DATE</a>	Changed Description
<a href="#">CRITICAL CARE DISCHARGE DATE</a>	Changed Description
<a href="#">CRITICAL CARE DISCHARGE TIME</a>	Changed Description
<a href="#">CRITICAL CARE START DATE</a>	Changed Description

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<a href="#">DAY NUMBER (ANTI-CANCER DRUG CYCLE)</a>	Changed Description
<a href="#">DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE)</a>	Changed Description
<a href="#">DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
<a href="#">DETAINED PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE)</a>	Changed Description
<a href="#">DETAINED PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
<a href="#">DISCHARGE DATE (COMMUNITY HEALTH SERVICE)</a>	Changed Description
<a href="#">DISCHARGE DATE (HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">DISCHARGE DATE (MENTAL HEALTH SERVICE)</a>	Changed Description
<a href="#">DISCHARGE DATE TIME (MOTHER POST DELIVERY HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">DISCHARGE LETTER ISSUED DATE (COMMUNITY CARE)</a>	Changed Description
<a href="#">DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">DURATION OF TELETHERAPY TREATMENT COURSE</a>	Changed Description
<a href="#">END DATE</a>	Changed Description
<a href="#">END DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE)</a>	Changed Description
<a href="#">END DATE (BRACHYTHERAPY TREATMENT COURSE)</a>	Changed Description
<a href="#">END DATE (CARE PROGRAMME APPROACH CARE)</a>	Changed Description
<a href="#">END DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE)</a>	Changed Description
<a href="#">END DATE (CONSULTANT OUT-PATIENT EPISODE)</a>	Changed Description
<a href="#">END DATE (EPISODE)</a>	Changed Description
<a href="#">END DATE (HOME LEAVE)</a>	Changed Description
<a href="#">END DATE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH CARE CLUSTER)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED))</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH CARE SPELL)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH LEAVE OF ABSENCE)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH NHS CARE HOME STAY)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH NHS DAY CARE EPISODE)</a>	Changed Description
<a href="#">END DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)</a>	Changed Description
<a href="#">END DATE (SUPERVISED COMMUNITY TREATMENT)</a>	Changed Description
<a href="#">END DATE (SUPERVISED COMMUNITY TREATMENT RECALL)</a>	Changed Description
<a href="#">END DATE (TELETHERAPY TREATMENT COURSE)</a>	Changed Description
<a href="#">END DATE (WARD STAY)</a>	Changed Description
<a href="#">END TIME</a>	Changed Description
<a href="#">END TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</a>	Changed Description
<a href="#">END TIME (SUPERVISED COMMUNITY TREATMENT RECALL)</a>	Changed Description
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<a href="#">FORMAL ADMISSIONS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
<a href="#">FORMAL ADMISSIONS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE)</a>	Changed Description
<a href="#">FORMAL ADMISSIONS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
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<a href="#">KP90 DETAINED PATIENTS TRANSFERS OUT</a>	Changed Description
<a href="#">MATERNAL CRITICAL INCIDENT DATE TIME</a>	Changed linked Attribute, Description
<a href="#">MATERNITY SCREENING TESTS BOOKLET GIVEN DATE</a>	Changed Description
<a href="#">PATIENTS ADMITTED NUMBER</a>	Changed Description
<a href="#">PREGNANCY FIRST CONTACT DATE</a>	Changed Description

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<a href="#">PROCEDURE DATE</a>	Changed Description
<a href="#">PROCEDURE DATE (DATING ULTRASOUND SCAN)</a>	Changed Description
<a href="#">PROCEDURE DATE (ELECTRO-CONVULSIVE THERAPY)</a>	Changed Description
<a href="#">PROCEDURE DATE (SCREENING NEWBORN HEARING)</a>	Changed Description
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<a href="#">SCT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
<a href="#">SECOND OPERATION DATE</a>	Changed Description
<a href="#">SPEECH AND SWALLOWING ASSESSMENT DATE</a>	Changed Description
<a href="#">START DATE</a>	Changed Description
<a href="#">START DATE (ACTIVE MONITORING)</a>	Changed Description
<a href="#">START DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE)</a>	Changed Description
<a href="#">START DATE (ANTI-CANCER DRUG FRACTION)</a>	Changed Description
<a href="#">START DATE (ANTI-CANCER DRUG REGIMEN)</a>	Changed Description
<a href="#">START DATE (BRACHYTHERAPY TREATMENT COURSE)</a>	Changed Description
<a href="#">START DATE (CARE PROGRAMME APPROACH CARE)</a>	Changed Description
<a href="#">START DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE)</a>	Changed Description
<a href="#">START DATE (CONSULTANT EPISODE)</a>	Changed Description
<a href="#">START DATE (CONSULTANT OUT-PATIENT EPISODE)</a>	Changed Description
<a href="#">START DATE (EPISODE)</a>	Changed Description
<a href="#">START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY)</a>	Changed Description
<a href="#">START DATE (GMP PATIENT REGISTRATION)</a>	Changed Description
<a href="#">START DATE (HOME LEAVE)</a>	Changed Description
<a href="#">START DATE (HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">START DATE (HOSPITAL PROVIDER SPELL ANTENATAL)</a>	Changed linked Attribute, Description
<a href="#">START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM)</a>	Changed linked Attribute, Description
<a href="#">START DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH CARE CLUSTER)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED))</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH CARE SPELL)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH LEAVE OF ABSENCE)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH NHS CARE HOME STAY)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH NHS DAY CARE EPISODE)</a>	Changed Description
<a href="#">START DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)</a>	Changed Description
<a href="#">START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)</a>	Changed Description
<a href="#">START DATE (SUPERVISED COMMUNITY TREATMENT)</a>	Changed Description
<a href="#">START DATE (SUPERVISED COMMUNITY TREATMENT RECALL)</a>	Changed Description
<a href="#">START DATE (SURGERY HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">START DATE (SYSTEMIC ANTI-CANCER DRUG CYCLE)</a>	Changed Description
<a href="#">START DATE (TELETHERAPY TREATMENT COURSE)</a>	Changed Description
<a href="#">START DATE (WARD STAY)</a>	Changed Description
<a href="#">START TIME</a>	Changed Description
<a href="#">START TIME (HOSPITAL PROVIDER SPELL)</a>	Changed Description
<a href="#">START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</a>	Changed Description
<a href="#">START TIME (SUPERVISED COMMUNITY TREATMENT RECALL)</a>	Changed Description
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<a href="#">SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)</a>	Changed Description
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<a href="#">SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE (MALE)</a>	Changed Description
<a href="#">SYSTEMIC ANTI-CANCER THERAPY ADMINISTRATION DATE</a>	Changed Description

<a href="#"><u>THEATRE CASE START TIME</u></a>	Changed Description
<a href="#"><u>THIRD OPERATION DATE</u></a>	Changed Description
<a href="#"><u>TOTAL INFORMAL ADMISSIONS (FEMALE)</u></a>	Changed Description
<a href="#"><u>TOTAL INFORMAL ADMISSIONS (MALE)</u></a>	Changed Description
<a href="#"><u>TOTAL INFORMAL PATIENTS (FEMALE)</u></a>	Changed Description
<a href="#"><u>TOTAL INFORMAL PATIENTS (MALE)</u></a>	Changed Description
<a href="#"><u>TOTAL NUMBER OF LEGAL STATUS CLASSIFICATION CHANGES FOR TYPE</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (FEMALE)</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (MALE)</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (FEMALE)</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (MALE)</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (FEMALE)</u></a>	Changed Description
<a href="#"><u>TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (MALE)</u></a>	Changed Description

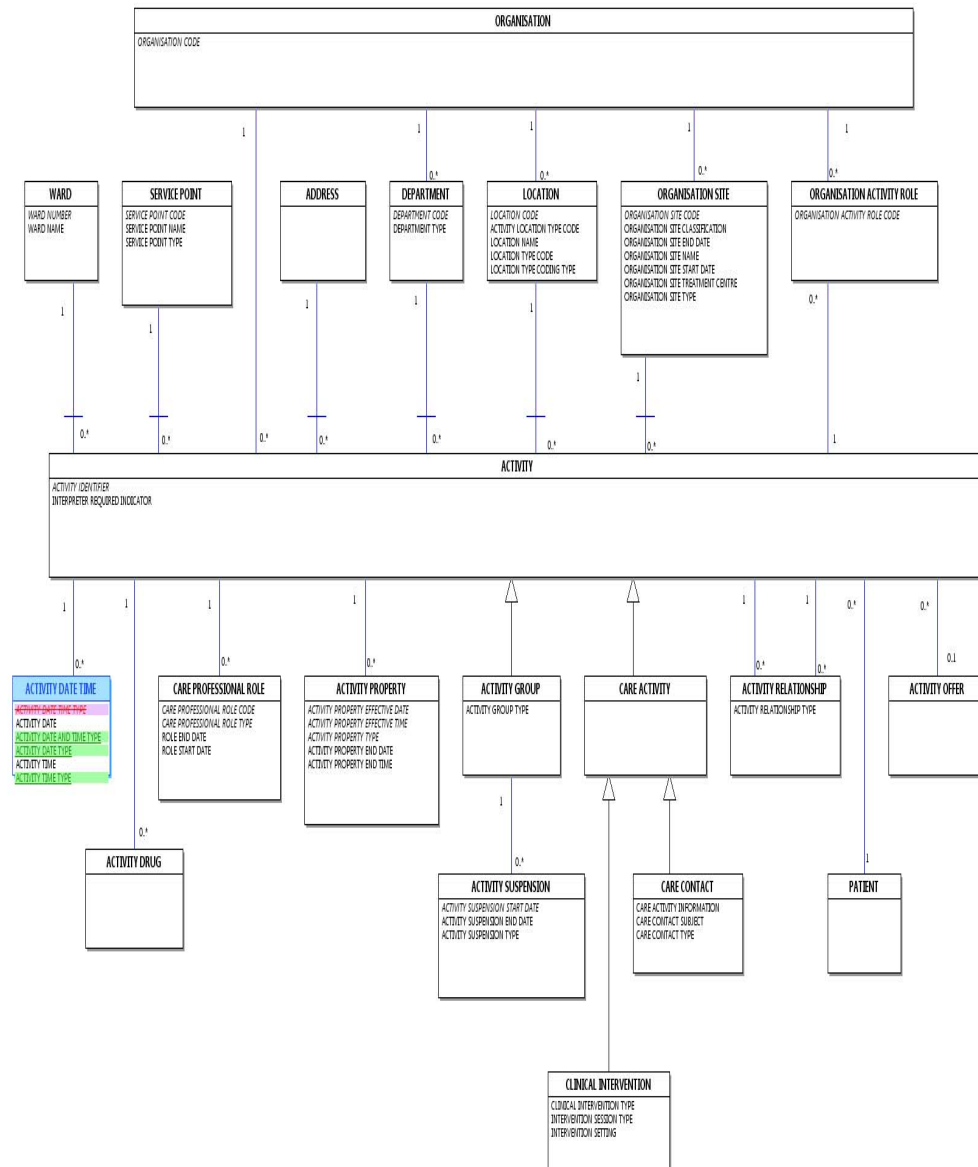
**Date:** 7 September 2012

**Sponsor:** Nicholas Oughtibridge, Acting Director of Data Standards and Products, Technology Office, Department of Health Informatics Directorate

**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.

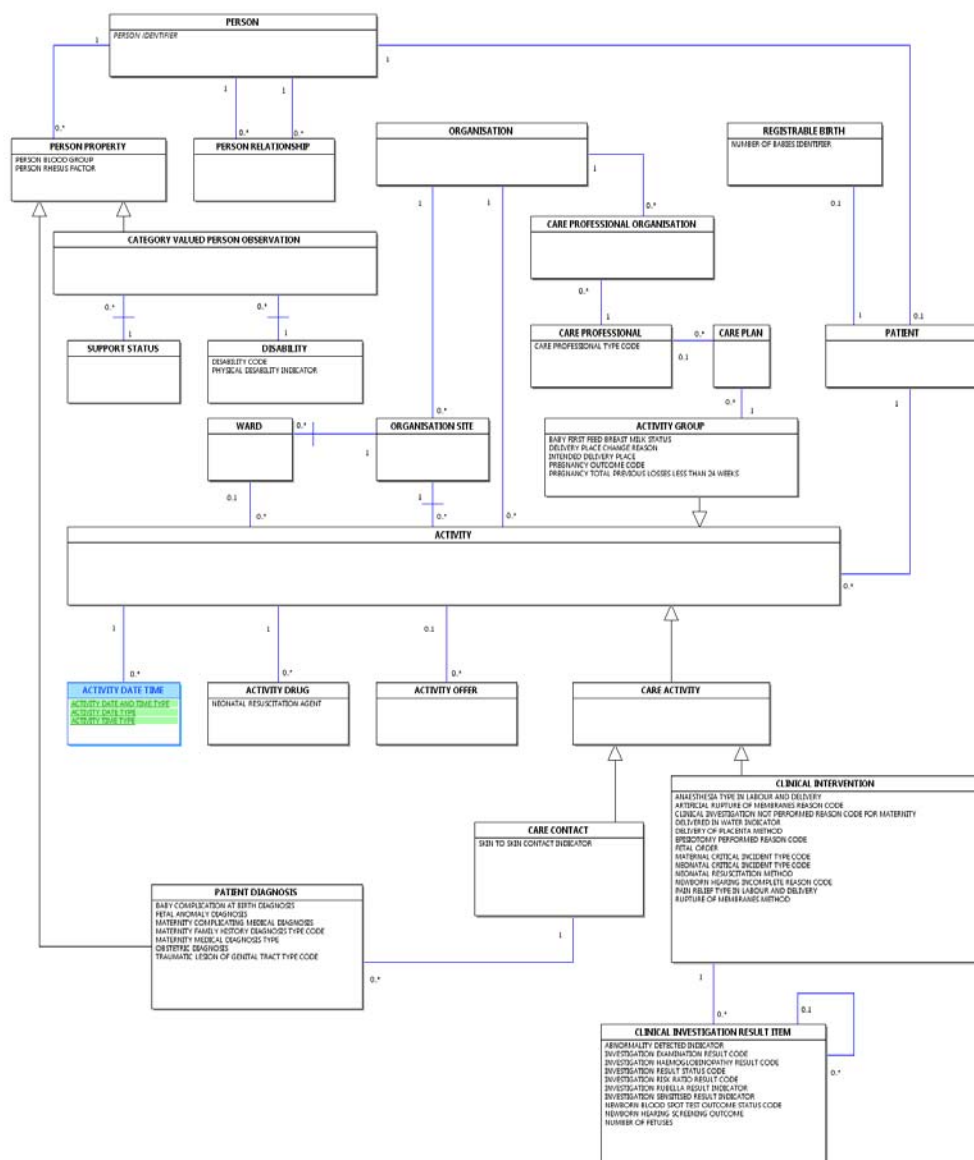
## ACTIVITY DIAGRAM

Change to Diagram: Changed Diagram



## MATERNITY SERVICES SECONDARY USES DATA SET DIAGRAM

Change to Diagram: Changed Diagram



Change to Diagram: Changed Diagram





## COVER 1

Change to Central Return Form: Changed Description

### Central Return Form Guidance

#### COVER - Request Parameters for Hepatitis B Vaccination data

##### Contextual Overview

- The [Department of Health](#) requires annual information on childhood immunisations to support performance indicators and benchmark indicators.
- The performance indicators and benchmark indicators will be published routinely on the [Department of Health Website - Statistics](#).
- Information provided by COVER together with supplementary data collected on KC50 is published annually in the [Health and Social Care Information Centre](#) statistical bulletin: NHS Immunisation Statistics, England.

##### Completing the return COVER - Request Parameters for COVER data

- The return is required from [Primary Care Trusts](#) for children in their responsible population, i.e.
  - ~~all children registered with a [GENERAL PRACTITIONER](#) whose practice forms part of the [Primary Care Trust](#), regardless of where the child is resident, plus~~
  - ~~any children not registered with a [GENERAL PRACTITIONER](#), who are resident within the [Primary Care Trust's](#) statutory geographical boundary.~~

~~Children resident within the [Primary Care Trust](#) geographical area, who are registered with a [GENERAL PRACTITIONER](#) belonging to another [Primary Care Trust](#), should be returned by that [GENERAL PRACTITIONER's](#) [Primary Care Trust](#).~~

- The return is required from [Primary Care Trusts](#) for children in their responsible population, i.e.
  - all children registered with a [GENERAL PRACTITIONER](#) whose practice forms part of the [Primary Care Trust](#), regardless of where the child is resident, plus
  - any children not registered with a [GENERAL PRACTITIONER](#), who are resident within the [Primary Care Trust's](#) statutory geographical boundary.
- Children resident within the [Primary Care Trust](#) geographical area, who are registered with a [GENERAL PRACTITIONER](#) belonging to another [Primary Care Trust](#), should be returned by that [GENERAL PRACTITIONER's](#) [Primary Care Trust](#).
- The return is required to be submitted quarterly to the Health Protection Agency Centre for Infections, who then forward annual data to the [Department of Health](#).
- The information necessary for COVER may be submitted as a computer output page containing the relevant data, which should be returned within two months of the end of the quarter to which it relates.
- ~~The COVER data provides the immunisation status of three cohorts of children, aged 12 months, 24 months, and 5 years.~~

##### ~~Request 1: 12 MONTH COHORT~~

~~1. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 1st birthday during the evaluation quarter.~~

- The COVER data provides the immunisation status of three cohorts of children, aged 12 months, 24 months, and 5 years.

##### Request 1: 12 MONTH COHORT

1. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 1st birthday during the evaluation quarter.

- This is the total number of children in the 12 month cohort, i.e. the number of children within the [Primary Care Trust's](#)

responsible population at the [REPORTING PERIOD END DATE](#) who reached the age of one during the [REPORTING PERIOD](#).

**2. Total number included in line 1 completing a primary course at any time up to their 1st birthday for each of the listed diseases.**

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 12 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of primary up to the child's first birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR and Pneumococcal (Pnc).

[Immunisation Programme For Person](#) is a [PATIENT](#)'s involvement as a subject of a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME](#) is a [HEALTH PROGRAMME TYPE](#) of National Code 08 'Planned Immunisation Programme for neonates and schoolchildren'. [Immunisation Dose Given](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 17 'Immunisation Dose Given'. [Immunisation Completion Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 35 'Immunisation Completion Date'.

**Request 2: 24 MONTH COHORT**

**3. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 2nd birthday during the evaluation quarter.**

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 12 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of primary up to the child's first birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR and Pneumococcal (Pnc).
- [Immunisation Programme For Person](#) is a [PATIENT](#)'s involvement as a subject of a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME](#) is a [HEALTH PROGRAMME TYPE](#) of National Code 'Planned Immunisation Programme for neonates and schoolchildren'. [Immunisation Dose Given](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 'Immunisation Dose Given'. [Immunisation Completion Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code 'Immunisation Completion Date'.

**Request 2: 24 MONTH COHORT**

**3. The total number of children for whom the [Primary Care Trust](#) is responsible on dd/mm/yyyy reaching their 2nd birthday during the evaluation quarter.**

- This is the total number of children in the 24 month cohort, i.e. the number of children within the [Primary Care Trusts](#) responsible population at the [REPORTING PERIOD END DATE](#) who reached the age of two during the [REPORTING PERIOD](#).

**4. Total number included in line 3 completing a primary course at any time up to their 2nd birthday for each of the listed diseases.**

- This is a count of the number of [Immunisation Programmes For Person](#) for children in the 24 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of primary up to the child's second birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR, Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

[Immunisation Programme For Person](#) is a [PATIENT](#)'s involvement as a subject of a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME](#) is a [HEALTH PROGRAMME TYPE](#) of National Code 08 'Planned Immunisation Programme for neonates and schoolchildren'. [Immunisation Dose Given](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 17 'Immunisation Dose Given'. [Immunisation Completion Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 35 'Immunisation Completion Date'.

- For booster courses this is a count of the number of [Immunisation Programmes For Person](#) for children in the 24 month cohort, with an [Immunisation Completion Date](#) for an [IMMUNISATION COURSE TYPE](#) classification of booster up to the [PERSON](#)'s second birthday for particular [VACCINE PREVENTABLE DISEASES](#). The [VACCINE PREVENTABLE DISEASES](#) currently reported are Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

**Request 3: 5 YEAR COHORT**

**5. The total number of children for whom the Primary Care Trust is responsible on dd/mm/yyyy reaching their 5th birthday during the evaluation quarter:**

- This is the total number of children in the 5 year cohort, i.e. the number of children within the Primary Care Trust's responsible population at the REPORTING PERIOD END DATE who reached the age of five during the REPORTING PERIOD.

**6. Total number included in line 5 completing a primary course at any time up to their 5th birthday and also total number included in line 5 receiving boosters for each of the listed diseases:**

- This is a count of the number of Immunisation Programmes For Person for children in the 24 month cohort, with an Immunisation Completion Date for an IMMUNISATION COURSE TYPE classification of *primary* up to the child's second birthday for particular VACCINE PREVENTABLE DISEASES. The VACCINE PREVENTABLE DISEASES currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), MMR, Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

Immunisation Programme For Person is a PATIENT's involvement as a subject of a HEALTH PROGRAMME where the HEALTH PROGRAMME is a HEALTH PROGRAMME TYPE of National Code '*Planned Immunisation Programme for neonates and schoolchildren*'. Immunisation Dose Given is a CLINICAL INTERVENTION where CLINICAL INTERVENTION TYPE is National Code '*Immunisation Dose Given*'. Immunisation Completion Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code '*Immunisation Completion Date*'.

- For booster courses this is a count of the number of Immunisation Programmes For Person for children in the 24 month cohort, with an Immunisation Completion Date for an IMMUNISATION COURSE TYPE classification of *booster* up to the PERSON's second birthday for particular VACCINE PREVENTABLE DISEASES. The VACCINE PREVENTABLE DISEASES currently reported are Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

### **Request 3: 5 YEAR COHORT**

**5. The total number of children for whom the Primary Care Trust is responsible on dd/mm/yyyy reaching their 5th birthday during the evaluation quarter.**

This is the total number of children in the 5 year cohort, i.e. the number of children within the Primary Care Trust's responsible population at the REPORTING PERIOD END DATE who reached the age of five during the REPORTING PERIOD.

- **6. Total number included in line 5 completing a primary course at any time up to their 5th birthday and also total number included in line 5 receiving boosters for each of the listed diseases.**
- This is a count of the number of Immunisation Programmes For Person for children in the 5 year cohort, with an Immunisation Completion Date for an IMMUNISATION COURSE TYPE classification of *primary* up to the PERSON's fifth birthday for particular VACCINE PREVENTABLE DISEASES. The VACCINE PREVENTABLE DISEASES currently reported are Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae type b (Hib), Group C meningococcal disease (MenC), and MMR, Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).
- For booster courses this is a count of the number of Immunisation Programmes For Person for children in the 5 year cohort, with an Immunisation Completion Date for an IMMUNISATION COURSE TYPE classification of *booster* up to the PERSON's fifth birthday for particular VACCINE PREVENTABLE DISEASES. The VACCINE PREVENTABLE DISEASES currently reported are Pneumococcal (Pnc) and Haemophilus influenzae type b/Group C meningococcal disease (Hib/MenC).

## 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.

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

#### 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 20 '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 TIME TYPE](#) is National Code 47 'Screening Test Date'. A [Request for Pathology Investigation](#) is a [DIAGNOSTIC TEST REQUEST](#) where the [DIAGNOSTIC TEST REQUEST TYPE](#) is National Code 03 'Request for Pathology Investigation.'~~

#### **Woman's most severe test result in the 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:

<b>Normal (A)</b> -	<i>Standard Primary Care Trust recall interval (Normal) (A)</i>
<b>Suspend (S)</b> -	<i>Refer for medical assessment or under medical treatment (Suspend) (S)</i>
<b>Repeat (R)</b> -	<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.

## 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.

For the latest version of the form and further details, please see the [Health and Social Care Information Centre 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 20 'Screening Test'.

#### **Age of women at 31 March (column 1)**

- 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)**

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 TIME TYPE](#) is National Code 47 'Screening Test Date'.

**~~Women called but no adequate smear (column 9)~~**

- 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 TIME 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:

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

and

- o 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 06 'Screening Programme'.

**~~Total all ages (line 9999)~~**

- 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.

## 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.

For the latest version of the form and further details, please see the [Health and Social Care Information Centre 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 20 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 47 '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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

#### Routine recall (column 3)

- 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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code '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 28 'Screening Test'.~~

#### **~~While recall ceased (column 8)~~**

- 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.

## 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.

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

#### 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 20 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 '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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

#### Routine recall (column 3)

- 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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code '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 28 'Screening Test'.~~

### ~~While recall ceased (column 8)~~

- 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 06 'Screening Programme'.

- 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*'.

## 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.

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

#### 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 20 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 '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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

#### Routine recall (column 3)

- 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 TIME 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](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code '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 28 'Screening Test'.~~

#### ~~While recall ceased (column 8)~~

- 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 06 'Screening Programme'.~~

- 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*'.

## 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.

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

#### 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 20 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.~~

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

#### ~~Negative (column 2)~~

- ~~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 06 'Screening Programme'.

#### Total all ages (line 9999)

- 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.

## 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.

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

#### 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 06 'Screening Programme'.

- 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 28 'Screening Test'. [Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'. [Screening Result Sent Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 29 'Screening Result Sent Date'.

- 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.

## KC63 2

Change to Central Return Form: Changed Description

### Central Return Form Guidance

## KC63 - Adult Screening Programmes: Breast Screening

### **Breast Screening Programme**

#### **Breast Screening Programme**

#### **Part 1: Cross Section Analysis of Population Coverage within period 1/4/xxxx - 31/3/xxxx**

- KC63 requires information on the screening history of women who were resident in the [Primary Care Trust](#) at 31 March.
- All types of screening episodes taking place within the stated period are counted. However, a woman will only be counted once in each screening category, regardless of how many of episodes she has. An 'episode' may be the result of a [Screening Test Invitation](#) (within the programme) or a [REFERRAL REQUEST](#) for an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test' from outside the programme.

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

#### **Age of Woman at 31 March (column 2)**

- All types of screening episodes taking place within the stated period are counted. However, a woman will only be counted once in each screening category, regardless of how many of episodes she has. An 'episode' may be the result of a [Screening Test Invitation](#) (within the programme) or a [REFERRAL REQUEST](#) for an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 'Screening Test' from outside the programme.

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

#### **Age of Woman at 31 March (column 2)**

- The age bands are derived from the [PERSON BIRTH DATE](#) of the [PERSON](#) at 31 March.

Under 45 (line 001)  
45-49 (line 002)  
50-52 (line 003)  
53-54 (line 004)  
55-59 (line 005)  
60-64 (line 006)  
65-69 (line 007)  
70 (line 008)  
71-74 (line 009)  
75 and over (line 010)  
Target Group 50-70 (line 11)  
Total all ages (line 999)

#### **Number of women resident at 31 March xxxx (column 3)**

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

#### **Number of Ineligible Women (column 4)**

- A count of women with [SCREENING STATUS](#) classifications of 'Recall suspended' or 'Recall ceased'.

#### **Never Screened: Number of women selected (column 5)**

- This counts the number of women ([PERSONS IN PROGRAMME](#)) who have been selected for screening, but have no [Screening Test](#) or with a current first [Screening Test](#) with no [BREAST ASSESSMENT OR TEST OUTCOME](#).

A [Screening Test](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 20 'Screening Test'.

#### **Never Screened: Number never selected (column 6)**

- This counts the number of women ([PERSONS IN PROGRAMME](#)) who have been selected for screening, but have no [Screening Test](#) or with a current first [Screening Test](#) with no [BREAST ASSESSMENT OR TEST OUTCOME](#).

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

#### **Never Screened: Number never selected (column 6)**

- This counts the number of women who have no screening history at all.

#### **Call/Recall Episodes: Number invited in period (column 7)**

- The number invited relates to women with [SCREENING STATUS](#) classifications of 'First call' or 'Routine recall' who are sent [Screening Test Invitations](#) with first test date offered (the first [APPOINTMENT DATE OFFERED](#)) between 1 April and 31 March.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 06 'Screening Test'.

#### **Call/Recall Episodes: Number screened in period (column 8)**

- The number invited relates to women with [SCREENING STATUS](#) classifications of 'First call' or 'Routine recall' who are sent [Screening Test Invitations](#) with first test date offered (the first [APPOINTMENT DATE OFFERED](#)) between 1 April and 31 March.

A [Screening Test Invitation](#) is an [APPOINTMENT](#) associated with an [APPOINTMENT OFFER](#) where the [APPOINTMENT CLASSIFICATION CODE](#) is National Code 'Screening Test'.

#### **Call/Recall Episodes: Number screened in period (column 8)**

- The number screened relates to the women in column 7 who have a [Screening Test](#) with a [SCREENING TEST RESULT](#).

#### **Call/Recall Episodes: Number invited in last 3 years (column 9)**

- The number invited relates to women with [SCREENING STATUS](#) classifications of 'First call' or 'Routine recall' who are sent [Screening Test Invitations](#) with first test date offered within the last three years.

#### **Call/Recall Episodes: Number screened in last 3 years (column 10)**

- The number screened relates to those women in column 9 who have a [Screening Test](#) with a [SCREENING TEST RESULTS](#).

#### **Self/GP Referral Episodes: Number screened in period (column 11)**

- The number screened relates to women with [REFERRAL REQUEST](#) for [Screening Test](#) with [SCREENING REFERRAL SOURCE](#) classifications of 'Self-referral' or 'GP referral' with a [Screening Test Date](#) between 1 April and 31 March and a [SCREENING TEST RESULTS](#).

[Screening Test Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 47 'Screening Test Date'.

#### **Self/GP Referral Episodes: Number screened in last three years (column 12)**

- The number screened relates to women with [REFERRAL REQUEST](#) for [Screening Test](#) with [SCREENING REFERRAL SOURCE](#) classifications of 'Self-referral' or 'GP referral' with a [Screening Test Date](#) between 1 April and 31 March and a [SCREENING TEST RESULTS](#).

Screening Test Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'Screening Test Date'.

#### **Self/GP Referral Episodes: Number screened in last three years (column 12)**

- The number screened relates to women with REFERRAL REQUEST for Screening Test classifications of '*Self-referral*' or '*GP referral*' with a Screening Test Date in the past three years and a SCREENING TEST RESULTS.

#### **Women screened in period (column 13)**

- The number screened relates to women with a Screening Test Date between 1 April and 31 March who have a Screening Test with a SCREENING TEST RESULTS. This excludes the number invited with a SCREENING STATUS classification of '*Non-routine/Early recall advised*'.

#### **Women screened in last three years (column 14)**

- The number screened relates to women with a Screening Test Date in the past three years who have a Screening Test with a SCREENING TEST RESULTS. This excludes the number invited with a SCREENING STATUS classification of '*Non-routine/Early recall advised*'.

#### **Coverage: % Women screened in last 3 years (column 15)**

- This is the percentage of eligible women who have been screened in the last 3 years. It is derived from the number screened in last three years (column 14) divided by (the number of women resident as at 31 March xxxx (column 3) minus the number of ineligible women (column 4)) multiplied by 100.

#### **Part 2: Women with Open Episodes**

- This counts the number of women with open screening episodes. An open episode is incomplete; an invitation for Screening Test or REFERRAL REQUEST for Screening Test has not yet resulted in a SCREENING TEST RESULTS.
- Line 001 counts the number of open episodes which were initiated by a REFERRAL REQUEST for Screening Test; Line 002 counts the number of open episodes which were initiated by an invitation for Screening Test.

## Central Return Form Guidance

### KC64: Community Dental Service - Dental Activity

#### Contextual Overview

##### Contextual Overview

- The [Department of Health](#) and Regional Offices require summary details from NHS [Health Care Providers](#) on Community Dental Health Services to monitor the availability of Community Dental Health Services and to ensure that value for money is being achieved in this area.
- Information based on the return is also used for Departmental accountability.
- Some of the information based on the return is published in "Health and Personal Social Services Statistics".

#### Completing KC64: Community Dental Service - Dental Activity

- The central return KC64 is completed by [NHS Trusts](#) and [Strategic Health Authority](#) for their staff providing community dental services. It requires information on Community Dental Health Service activity, covering hours worked, age group of [PATIENT](#), source of referral and some types of work carried out.
- The KC64 return relates to activity taking place over a 12 month period, between 1 April of one year and 31 March of the following year. The return is made annually and submitted within two months of the end of the year to which it relates.
- KC64 requires the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the NHS [Health Care Providers](#) as well as the name of the contact and the contact telephone number, with an e-mail address, if available.

#### Part 1: Screening Programmes

- ~~Part 1 of the return requires information on [Oral Health Programme](#) screening activity carried out and the number of people referred for treatment as a result of screening.~~

~~[Oral Health Programme](#) is a [HEALTH PROGRAMME](#) where the [HEALTH PROGRAMME TYPE](#) is National Code 04 'Oral Health Programme'.~~

- Part 1 of the return requires information on [Oral Health Programme](#) screening activity carried out and the number of people referred for treatment as a result of screening.

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

- Part 1 applies to those [Oral Health Programmes](#) where the [SCREENING OR PROMOTION INDICATOR](#) identifies that the programme is a [Screening Programme](#). It requires a count of the total number of [PATIENTS](#) screened, and (of those) the number referred for further attention. No information is required about hours worked for this part of the return.

- ~~The contact date for the [Face To Face Contact Dental](#) must fall within the period covered by the return, between 1 April and 31 March.~~

~~[Face to Face Contacts Dental](#) is a [CARE CONTACT](#) where the [CARE CONTACT TYPE](#) is National Code 17 'Face to Face Contact Dental'. [Contact Date](#) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 39 'Contact Date'.~~

#### ~~Number screened (Initial Contacts)~~

- ~~This requires a count of all the [Face to Face Contacts Dental](#) identified as [Initial Contacts](#).~~

Initial Contact is the first face to face CARE CONTACT occasion on which a PATIENT is seen.

### **Number referred (total) (from screening Initial Contacts)**

- The contact date for the Face To Face Contact Dental must fall within the period covered by the return, between 1 April and 31 March.
- Face to Face Contacts Dental is a CARE CONTACT where the CARE CONTACT TYPE is National Code 'Face to Face Contact Dental'. Contact Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'Contact Date'.

### **Number screened (Initial Contacts)**

- This requires a count of all the Face to Face Contacts Dental identified as Initial Contacts.

Initial Contact is the first face to face CARE CONTACT occasion on which a PATIENT is seen.

### **Number referred (total) (from screening Initial Contacts)**

- This requires a count of the Face To Face Contact Dental identified as first contacts in the financial year where the DENTAL REFERRAL INDICATOR indicates whether the PATIENT has been referred for further attention or not following screening during a Face To Face Contact Dental.
- The Face to Face Contacts Dental are subdivided by the classifications of ORAL HEALTH AGE GROUP as follows:

*Children 0 - 4 (line 0001)*

*Children 5 - 15 (line 0002)*

*Patients aged 16 - 64 (line 0003)*

*Patients aged 65 or over (line 0004)*

### **Total (line 9999)**

- The Face to Face Contacts Dental are subdivided by the classifications of ORAL HEALTH AGE GROUP as follows:

*Children 0 - 4 (line 0001)*

*Children 5 - 15 (line 0002)*

*Patients aged 16 - 64 (line 0003)*

*Patients aged 65 or over (line 0004)*

### **Total (line 9999)**

- This is the total of all age groups counted in lines 0001 - 0004.

## **Part 2: Preventive Programmes**

- Part 2 applies to those Oral Health Programmes run in the Strategic Health Authority or NHS Trust with a SCREENING OR PROMOTION INDICATOR of Health promotion. It requires a count of the hours worked by all grades of dental STAFF MEMBERS IN PROGRAMMES IN PERIODS.

### **Part 2a: Hours Worked In Oral Health Promotion And Other Preventive Programmes**

- Part 2a requires the total of HOURS WORKED IN PERIOD ON PROGRAMME by all grades of dental STAFF MEMBERS IN PROGRAMMES IN PERIODS - these are the Dental Staff Members involved in work on the Oral Health Programme with a SCREENING OR PROMOTION INDICATOR of health promotion during one financial year REPORTING PERIOD.

### **PART 2b: Oral Health Promotion And Other Preventive Programmes**

- Part 2b requires the number of Health Promotion Programmes and other Oral Health Programmes run in the Strategic Health Authority or NHS Trusts with a SCREENING OR PROMOTION INDICATOR of Health promotion in place at the date of the return. These are sub-divided by the ORAL HEALTH AGE GROUP classifications as follows:

*Children 0 - 4 (line 0001)*

*Children 5 - 15 (line 0002)*

*Patients aged 16 - 64 (line 0003)*

*Patients aged 65 or over (line 0004)*



### **Total (line 9999)**

- Part 2b requires the number of Health Promotion Programmes and other Oral Health Programmes run in the Strategic Health Authority or NHS Trusts with a SCREENING OR PROMOTION INDICATOR of Health promotion in place at the date of the return. These are sub-divided by the ORAL HEALTH AGE GROUP classifications as follows:

Children 0 - 4 (line 0001)

Children 5 - 15 (line 0002)

Patients aged 16 - 64 (line 0003)

Patients aged 65 or over (line 0004)

### **Total (line 9999)**

- This is the total of all age groups counted in lines 0001 - 0004.

### **Part 3: Patient Care**

- ~~Part 3 requires information on different aspects of PATIENT dental treatment:~~
  - ~~the hours worked by staff;~~
  - ~~the number of patients seen, both first contacts in financial year and initial contacts;~~
  - ~~information on referral;~~
  - ~~details of some treatment carried out.~~

### **Part 3a: Hours Worked**

- Part 3 requires information on different aspects of PATIENT dental treatment:
  - the hours worked by staff;
  - the number of patients seen, both first contacts in financial year and initial contacts;
  - information on referral;
  - details of some treatment carried out.

### **Part 3a: Hours Worked**

- Part 3a requires the total of HOURS WORKED IN PERIOD ON TREATMENT by all grades of dental staff members in periods - these are the Dental Staff Members involved in the treatment of patients during a financial period.

Change to Central Return Form: Changed Description

## Central Return Form Guidance

### KC64 - Community Dental Service - Dental Activity

#### ~~Part 3: Patient Care - continued~~

#### Part 3: Patient Care - continued

#### Part 3b: Patient Contacts

- ~~Part 3b requires a count of the total episodes of care started and the total number of individuals seen in the period covered by the return, between 1 April and 31 March. The contacts are sub-divided by Age Group which are classifications of [ORAL HEALTH AGE GROUP](#):~~

~~Children 0-4~~

~~Children 5-15~~

~~Patients aged 16-64~~

~~Patients aged 65 or over~~

#### ~~Total Episodes of Care (Initial Contacts) (line 0001)~~

- ~~The number of episodes started in the period is obtained by counting the [Dental Treatment Contacts](#) identified as [Initial Contacts](#).~~

~~[Dental Treatment Contact](#) is a [Face To Face Contact Dental](#) within a [Dental Episode](#) involving a face to face between a [Dental Staff Member](#) and a PATIENT where dental care is provided. [Initial Contact](#) is the first face to face [CARE CONTACT](#) occasion on which a [PATIENT](#) is seen. [Dental Episode](#) is an [ACTIVITY GROUP](#) where [ACTIVITY GROUP TYPE](#) is National Code 16 'Dental Episode'.~~

#### ~~Total Individuals seen (First Contacts in the Financial Year) (line 0002)~~

- ~~Part 3b requires a count of the total episodes of care started and the total number of individuals seen in the period covered by the return, between 1 April and 31 March. The contacts are sub-divided by Age Group which are classifications of [ORAL HEALTH AGE GROUP](#):~~

~~Children 0-4~~

~~Children 5-15~~

~~Patients aged 16-64~~

~~Patients aged 65 or over~~

#### ~~Total Episodes of Care (Initial Contacts) (line 0001)~~

- ~~The number of episodes started in the period is obtained by counting the [Dental Treatment Contacts](#) identified as [Initial Contacts](#).~~

~~[Dental Treatment Contact](#) is a [Face To Face Contact Dental](#) within a [Dental Episode](#) involving a face to face between a [Dental Staff Member](#) and a PATIENT where dental care is provided. [Initial Contact](#) is the first face to face [CARE CONTACT](#) occasion on which a [PATIENT](#) is seen. [Dental Episode](#) is an [ACTIVITY GROUP](#) where [ACTIVITY GROUP TYPE](#) is National Code 'Dental Episode'.~~

#### ~~Total Individuals seen (First Contacts in the Financial Year) (line 0002)~~

- ~~The number of individuals seen in the period is obtained by counting the [Dental Treatment Contact](#) identified as first contact in the financial year. Note that this includes those individuals with a [Dental Episode](#) spanning the end of one financial year and the start of another.~~

#### Part 3c: Information on Referral

- ~~Part 3c requires information on episodes of care started in the period covered by the return by Dental Referral Source Type. The count of episodes is obtained by counting the [Dental Treatment Contacts](#) between 1 April and 31 March identified as [Initial Contact](#). These are sub-divided by Age Group which are classifications of [ORAL](#)~~

#### HEALTH AGE GROUP:

~~Children 0-4~~

~~Children 5-15~~

~~Patients aged 16-64~~

~~Patients aged 65 or over~~

#### **Source of Referral (i) Episodes of Care (first column)**

- Part 3c requires information on episodes of care started in the period covered by the return by Dental Referral Source Type. The count of episodes is obtained by counting the Dental Treatment Contacts between 1 April and 31 March identified as Initial Contact. These are sub-divided by Age Group which are classifications of ORAL HEALTH AGE GROUP:

Children 0-4

Children 5-15

Patients aged 16-64

Patients aged 65 or over

#### **Source of Referral (i) Episodes of Care (first column)**

- This column lists the various SOURCE OF REFERRAL FOR COMMUNITY DENTAL.

#### **Community Dental Service (CDS) screening programme (line 0001)**

- This requires a count of Initial Contacts initiated by a SOURCE OF REFERRAL FOR COMMUNITY DENTAL classification of 'Community Dental Service screening programme'.

#### **Other dentist (line 0002)**

- This requires a count of Initial Contacts initiated by a SOURCE OF REFERRAL FOR COMMUNITY DENTAL classification of 'Other dentist'.

#### **Recall (line 0003)**

- This requires a count of Initial Contacts initiated by a SOURCE OF REFERRAL FOR COMMUNITY DENTAL classification of 'Recall'.

#### **Self (line 0004)**

- This requires a count of Initial Contacts initiated by a SOURCE OF REFERRAL FOR COMMUNITY DENTAL classification of 'Self'.

#### **Other (line 0005)**

- This requires a count of Initial Contacts initiated by SOURCE OF REFERRAL FOR COMMUNITY DENTAL classification of 'Other'.

#### **Total Episodes of Care (line 9999)**

- This is the total of Dental Episodes initiated by all referral sources.

#### **Source Of Referral (ii) Episodes for which individuals were unable to obtain treatment within the GDS (line 0006)**

- This requires a count of Dental Episodes where the GENERAL DENTAL SERVICE INDICATOR indicates that the General Dental Service was unable to provide care.

#### **Part 3d: Patient Care**

- ~~Part 3d requires information on episodes of care that include certain DENTAL TREATMENT CLASSIFICATIONS with a Contact Date (see ACTIVITY DATE) within the period covered by the return. These are sub-divided by ORAL HEALTH AGE GROUP which are classifications of contact date:~~

~~Children 0-4~~

~~Children 5-15~~

~~Patients aged 16-64~~

~~Patients aged 65 or over~~

~~Contact Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 39 'Contact Date'.~~

#### **~~General anaesthesia (line 0001)~~**

- ~~○ This requires a count of the number of Dental Episode which include Dental Treatment of DENTAL TREATMENT CLASSIFICATION of 'General anaesthesia'. The Contact Dates must be in the period covered by the return.~~

~~Dental Treatment is a CLINICAL INTERVENTION where CLINICAL INTERVENTION TYPE is National Code 09 'Dental Treatment'. Contact Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 39 'Contact Date'.~~

#### **~~Sedation (line 0002)~~**

- Part 3d requires information on episodes of care that include certain DENTAL TREATMENT CLASSIFICATIONS with a Contact Date (see ACTIVITY DATE) within the period covered by the return. These are sub-divided by ORAL HEALTH AGE GROUP which are classifications of contact date:

Children 0-4

Children 5-15

Patients aged 16-64

Patients aged 65 or over

Contact Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'Contact Date'.

#### **General anaesthesia (line 0001)**

- This requires a count of the number of Dental Episode which include Dental Treatment of DENTAL TREATMENT CLASSIFICATION of 'General anaesthesia'. The Contact Dates must be in the period covered by the return.

Dental Treatment is a CLINICAL INTERVENTION where CLINICAL INTERVENTION TYPE is National Code 'Dental Treatment'. Contact Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'Contact Date'.

#### **Sedation (line 0002)**

- This requires a count of the number of Dental Episodes which include Dental Treatment of DENTAL TREATMENT CLASSIFICATION of 'Sedation'. The Contact Dates must be in the period covered by the return.

#### **Orthodontics (line 0003)**

- This requires a count of the number of Dental Episodes which include Dental Treatment of DENTAL TREATMENT CLASSIFICATION of 'Orthodontics'. The Contact Dates must be in the period covered by the return. Note that no information is required about orthodontic treatment for PATIENTS aged 65 and over.

### **Part 4: Epidemiology**

#### **Total hours spent on survey work**

- Part 4 requires the total of HOURS WORKED IN PERIOD ON SURVEY by Dental Officers (line 0001).

## KC65 6

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.

For the latest version of the form and further details, please see the [Health and Social Care Information Centre 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 25 'Patient Procedure'. [PROCEDURE DATE](#) and [Patient Informed Biopsy Result Date](#) are both the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 48 'Procedure Date' and 24 'Patient Informed Biopsy Result Date' respectively.~~

### ~~Total biopsies in first month of 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.

---

## DOSE GIVEN DATE (RETIRED)\_ renamed from DOSE GIVEN DATE

---

Change to Supporting Information: Changed status to Retired, Name

- Retired Dose Given Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.D.Dose\_Given\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.D.Dose\_Given\_Date

---

## EXPECTED DELIVERY DATE (RETIRED)\_ renamed from EXPECTED DELIVERY DATE

---

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

~~[Expected Delivery Date](#) is an [ACTIVITY DATE TIME](#).~~

~~The date on which a woman is expected to give birth.~~

---

## EXPECTED DELIVERY DATE (RETIRED)\_ renamed from EXPECTED DELIVERY DATE

---

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

- Changed Description
- Retired Expected Delivery Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.E.Expected\_Delivery\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.E.Expected\_Delivery\_Date

---

## FULL POSTNATAL EXAMINATION DATE (RETIRED)\_ renamed from FULL POSTNATAL EXAMINATION DATE

---

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

~~[Full Postnatal Examination Date](#) is an [ACTIVITY DATE TIME](#).~~

~~The date on which the full postnatal examination is carried out, terminating the [Pregnancy Episode](#).~~

---

## FULL POSTNATAL EXAMINATION DATE (RETIRED)\_ renamed from FULL POSTNATAL EXAMINATION DATE

---

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

- Changed Description
- Retired Full Postnatal Examination Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.F.Full\_Postnatal\_Examination\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.F.Full\_Postnatal\_Examination\_Date

---

## GLOSSARY OF TERMS

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Change to Supporting Information: Changed Description

The Glossary lists commonly used terms in alphabetical order. These terms are not defined and therefore do not have a class or attribute. Each entry in the Glossary is shown with its related class and attribute where appropriate.

For example 'Booked Admission' is shown as relating to the class [ELECTIVE ADMISSION LIST ENTRY](#). [ELECTIVE ADMISSION](#)

[LIST ENTRY](#) has an attribute [ELECTIVE ADMISSION TYPE](#) and reference to the attribute definition will identify that 'Booked Admission' is one of the national code classifications of [ELECTIVE ADMISSION TYPES](#).

Class	Attribute
<b>Admission</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> <del>Start Date</del>
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TYPE</a> <a href="#">Start Date</a>
<b>Annual Census</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> <del>Start Date</del>
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TYPE</a> <a href="#">Start Date</a>
<a href="#">OPERATIVE PROCEDURE</a>	
<a href="#">Mental Health Act Legal Status</a>	<a href="#">MENTAL CATEGORY</a>
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> <del>Discharge Date</del>
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TYPE</a> <a href="#">Discharge Date</a>
<a href="#">PATIENT DIAGNOSIS</a>	
<b>Booked Admission</b>	
<a href="#">ELECTIVE ADMISSION LIST ENTRY</a>	<a href="#">ELECTIVE ADMISSION TYPE</a>
<b>Code of General Practitioner</b>	
<a href="#">GENERAL MEDICAL PRACTITIONER</a>	<a href="#">GENERAL MEDICAL PRACTITIONER PPD CODE</a>
<a href="#">GENERAL DENTAL PRACTITIONER</a>	<a href="#">GENERAL DENTAL PRACTITIONER CODE</a>
<b>Consultant Code</b>	
<a href="#">CONSULTANT</a>	<a href="#">CONSULTANT CODE</a>
<b>Consultant Name</b>	
<a href="#">PERSON NAME</a>	
<b>Day Case Admission</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">PATIENT CLASSIFICATION</a>
<b>Diagnostic Services</b>	
<a href="#">Pathology Department</a>	
<a href="#">Radiology Department</a>	
<a href="#">Isotope Procedure Department</a>	
<a href="#">Physiological Measurement Department</a>	
<b>Discharge</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> <del>Discharge Date</del>
<a href="#">Hospital Provider Spell</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TYPE</a> <a href="#">Discharge Date</a>
<b>Drop-In Clinic</b>	
<a href="#">REFERRAL REQUEST</a>	<a href="#">OUT-PATIENT CLINIC REFERRING INDICATOR</a>
<b>Emergency Admission</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">ADMISSION METHOD</a>
<b>Emergency Journey</b>	
<a href="#">Emergency Transport Request</a>	
<b>General Practitioner Name</b>	
<a href="#">PERSON NAME</a>	
<b>GMC or GDC Reference Number</b>	
<a href="#">CARE PROFESSIONAL</a>	<a href="#">CARE PROFESSIONAL IDENTIFIER</a>
<b>Local Patient Identifier</b>	
<a href="#">PATIENT ORGANISATION</a>	<a href="#">LOCAL PATIENT IDENTIFIER</a>
<b>Maternity Admission</b>	
<a href="#">Hospital Provider Spell</a>	<a href="#">ADMISSION METHOD</a>

<b>Neonate</b>		
<a href="#">PATIENT</a>		
<b>Nurse Identifier</b>		
<a href="#">CARE PROFESSIONAL</a>	<a href="#">CARE PROFESSIONAL IDENTIFIER</a>	
<b>Nurse Name</b>		
<a href="#">PERSON NAME</a>		
<b>Ordinary Admission</b>		
<a href="#">Hospital Provider Spell</a>	<a href="#">PATIENT CLASSIFICATION</a>	
<b>Organisation Postcode</b>		
<a href="#">ADDRESS</a>	<a href="#">POSTCODE</a>	
<a href="#">ADDRESS ASSOCIATION</a>		
<b>Organisation Address</b>		
<a href="#">ADDRESS ASSOCIATION</a>	<a href="#">ADDRESS ASSOCIATION TYPE</a>	
<b>Patient Name</b>		
<a href="#">PERSON NAME</a>		
<b>Patients Usual Address</b>		
<a href="#">ADDRESS ASSOCIATION</a>	<a href="#">ADDRESS ASSOCIATION TYPE</a>	
<b>Planned Admission</b>		
<a href="#">ELECTIVE ADMISSION LIST ENTRY</a>	<a href="#">ELECTIVE ADMISSION TYPE</a>	
<b>Postcode of Usual Address</b>		
<a href="#">ADDRESS</a>	<a href="#">POSTCODE</a>	
<b>Regular Day Admission</b>		
<a href="#">Hospital Provider Spell</a>	<a href="#">PATIENT CLASSIFICATION</a>	
<b>Sex</b>		
<a href="#">PERSON GENDER</a>	<a href="#">PERSON GENDER CODE</a>	
<a href="#">PERSON GENDER CURRENT</a>		
<a href="#">PERSON GENDER AT REGISTRATION</a>		
<b>Special/Planned Journey</b>		
<a href="#">Special Transport Request</a>		
<a href="#">Planned Transport Request</a>		
<b>Telephone Number</b>		
<a href="#">COMMUNICATION CONTACT INFORMATION</a>	<a href="#">COMMUNICATION CONTACT METHOD</a>	
	<a href="#">COMMUNICATION CONTACT STRING</a>	
<b>Two Man/One Man Crew</b>		
<a href="#">TRANSPORT REQUIREMENT</a>	<a href="#">TRANSPORT NEED</a>	
<b>TCI (To Come In Date)</b>		
<a href="#">OFFER OF ADMISSION</a>	<a href="#">OFFERED FOR ADMISSION DATE</a>	
<b>Urgent Journey</b>		
<a href="#">Urgent Transport Request</a>		
<b>Waiting List Admission</b>		
<a href="#">ELECTIVE ADMISSION LIST ENTRY</a>	<a href="#">ELECTIVE ADMISSION TYPE</a>	
<b>Ward Transfer</b>		
<a href="#">Ward Stay</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> End Date	
	<a href="#">Ward Stay</a>	<a href="#">ACTIVITY DATE</a> of the <a href="#">ACTIVITY DATE TIME TYPE</a> End Date
<a href="#">WARD STAY TERMINATION REASON</a>		

INTRAUTERINE DEVICE APPLICATION DATE (RETIRED)\_ renamed from INTRAUTERINE DEVICE



## APPLICATION DATE

---

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

~~Intrauterine Device Application Date is an ACTIVITY DATE TIME.~~

~~The date of application by a PERSON to a GENERAL MEDICAL PRACTITIONER to fit an intrauterine device.~~

---

## INTRAUTERINE DEVICE APPLICATION DATE (RETIRED)\_ renamed from INTRAUTERINE DEVICE APPLICATION DATE

---

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

- Changed Description
- Retired Intrauterine Device Application Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.I.Intrauterine\_Device\_Application\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.I.Intrauterine\_Device\_Application\_Date

---

## INTRAUTERINE DEVICE FITTED DATE (RETIRED)\_ renamed from INTRAUTERINE DEVICE FITTED DATE

---

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

~~Intrauterine Device Fitted Date is an ACTIVITY DATE TIME.~~

~~The date an intrauterine device was initially fitted or the date on which a replacement device was fitted.~~

---

## INTRAUTERINE DEVICE FITTED DATE (RETIRED)\_ renamed from INTRAUTERINE DEVICE FITTED DATE

---

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

- Changed Description
- Retired Intrauterine Device Fitted Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.I.Intrauterine\_Device\_Fitted\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.I.Intrauterine\_Device\_Fitted\_Date

---

## MATERNAL CRITICAL INCIDENT DATE AND TIME

---

Change to Supporting Information: New Supporting Information

Maternal Critical Incident Date and Time is a ACTIVITY DATE TIME.

Maternal Critical Incident Date and Time is the DATE AND TIME recorded for a MATERNAL CRITICAL INCIDENT TYPE CODE.

---

## MENTAL HEALTH CARE ASSESSMENT DATE (RETIRED)\_ renamed from MENTAL HEALTH CARE ASSESSMENT DATE

---

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

~~Mental Health Care Assessment Date is an ACTIVITY DATE TIME.~~

~~The date of initial assessment by a mental health professional for a PATIENT who has been referred to specialist mental health services.~~

## MENTAL HEALTH CARE ASSESSMENT DATE (RETIRED)\_ renamed from MENTAL HEALTH CARE ASSESSMENT DATE

---

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

- Changed Description
  - Retired Mental Health Care Assessment Date
  - Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.M.Mental\_Health\_Care\_Assessment\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.M.Mental\_Health\_Care\_Assessment\_Date
- 

## MISCARRIAGE DATE (RETIRED)\_ renamed from MISCARRIAGE DATE

---

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

~~Miscarriage Date is an [ACTIVITY DATE TIME](#).~~

~~The date that a woman miscarried during a [Pregnancy Episode](#), where the pregnancy ends in or before the 24th week of gestation, this excludes [REGISTRABLE BIRTHS](#).~~

## MISCARRIAGE DATE (RETIRED)\_ renamed from MISCARRIAGE DATE

---

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

- Changed Description
  - Retired Miscarriage Date
  - Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.M.Miscarriage\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.M.Miscarriage\_Date
- 

## PATIENT INFORMED OF OUTCOME DATE (RETIRED)\_ renamed from PATIENT INFORMED OF OUTCOME DATE

---

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

~~Patient Informed Of Outcome Date is an [ACTIVITY DATE TIME](#).~~

~~The date a [PATIENT](#) was informed of the outcome of a [Mental Health Care Spell](#) assessment or [Care Programme Approach Review](#).~~

~~The requirement for the [PATIENT](#) to be informed of outcomes is laid down in The Patient's Charter - Mental Health Services.~~

## PATIENT INFORMED OF OUTCOME DATE (RETIRED)\_ renamed from PATIENT INFORMED OF OUTCOME DATE

---

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

- Changed Description
  - Retired Patient Informed Of Outcome Date
  - Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.P.Patient\_Informed\_Of\_Outcome\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.P.Patient\_Informed\_Of\_Outcome\_Date
- 

## TEST DATE (RETIRED)\_ renamed from TEST DATE

---

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

~~Test Date is an [ACTIVITY DATE TIME](#).~~

~~The date a test for immunity was carried out.~~

---

## TEST DATE (RETIRED)\_ renamed from TEST DATE

---

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

- Changed Description
- Retired Test Date
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.T.Test\_Date to Retired.Data\_Dictionary.NHS\_Business\_Definitions.T.Test\_Date

---

## THEATRE CASE TIME IN TO THEATRE SUITE (RETIRED)\_ renamed from THEATRE CASE TIME IN TO THEATRE SUITE

---

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

~~[Theatre Case Time In To Theatre Suite](#) is an [ACTIVITY DATE TIME](#).~~

~~The time a [Theatre Case](#) arrives in an operating theatre suite or [OPERATING THEATRE](#) if there are no other rooms associated with the [OPERATING THEATRE](#) e.g. anaesthetic room.~~

---

## THEATRE CASE TIME IN TO THEATRE SUITE (RETIRED)\_ renamed from THEATRE CASE TIME IN TO THEATRE SUITE

---

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

- Changed Description
- Retired Theatre Case Time In To Theatre Suite
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_In\_To\_Theatre\_Suite to Retired.Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_In\_To\_Theatre\_Suite

---

## THEATRE CASE TIME OUT OF THEATRE (RETIRED)\_ renamed from THEATRE CASE TIME OUT OF THEATRE

---

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

~~[Theatre Case Time Out Of Theatre](#) is an [ACTIVITY DATE TIME](#).~~

~~The time a [Theatre Case](#) leaves the [OPERATING THEATRE](#).~~

---

## THEATRE CASE TIME OUT OF THEATRE (RETIRED)\_ renamed from THEATRE CASE TIME OUT OF THEATRE

---

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

- Changed Description
- Retired Theatre Case Time Out Of Theatre
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_Out\_Of\_Theatre to Retired.Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_Out\_Of\_Theatre

---

## THEATRE CASE TIME OUT OF THEATRE SUITE (RETIRED)\_ renamed from THEATRE CASE TIME OUT OF THEATRE SUITE

---

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

~~[Theatre Case Time Out Of Theatre Suite](#) is an [ACTIVITY DATE TIME](#).~~

The time a [Theatre Case](#) leaves an [OPERATING THEATRE](#) suite.

If there are no other rooms associated with an [OPERATING THEATRE](#) e.g. recovery room, this will be the same as the [Theatre Case Time Out Of Theatre](#).

---

## THEATRE CASE TIME OUT OF THEATRE SUITE (RETIRED)\_ renamed from THEATRE CASE TIME OUT OF THEATRE SUITE

---

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

- Changed Description
- Retired Theatre Case Time Out Of Theatre Suite
- Changed Name from Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_Out\_Of\_Theatre\_Suite to Retired.Data\_Dictionary.NHS\_Business\_Definitions.T.Theatre\_Case\_Time\_Out\_Of\_Theatre\_Suite

---

## ACTIVITY DATE TIME

---

Change to Class: Changed Attributes, Description

Any date or time that is pertinent to an [ACTIVITY](#). [ACTIVITY DATE TIME](#) defines individual [ACTIVITY DATE TIME](#) types.

[ACTIVITY DATE TYPE](#), [ACTIVITY TIME TYPE](#) and [ACTIVITY DATE AND TIME TYPE](#) provide lists of [ACTIVITY DATE TIMES](#).

---

## ACTIVITY DATE TIME

---

Change to Class: Changed Attributes, Description

Attributes of this Class are:

⌕ [ACTIVITY DATE TIME TYPE](#)  
[ACTIVITY DATE](#)  
[ACTIVITY DATE AND TIME TYPE](#)  
[ACTIVITY DATE TYPE](#)  
[ACTIVITY TIME](#)  
[ACTIVITY TIME TYPE](#)

---

## ACTIVITY DATE

---

Change to Attribute: Changed Description

Any date that is of relevance to an [ACTIVITY](#). Any [DATE](#) that is of relevance to an [ACTIVITY](#).

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

---

## ACTIVITY DATE AND TIME TYPE

---

Change to Attribute: New Attribute

The type of [DATE AND TIME](#) that defines the usage with regard to the [ACTIVITY](#).

An [ACTIVITY](#) may have many [DATES AND TIMES](#) associated with it but may only have one [DATE AND TIME](#) of a particular type.

*National Codes:*

Note: This list is not in alphabetical order.

This attribute is also known by these names:

Context	Alias
plural	ACTIVITY DATE AND TIME TYPES

## ACTIVITY DATE TIME TYPE (RETIRED)\_ renamed from ACTIVITY DATE TIME TYPE

Change to Attribute: Changed Description, status to Retired, Name

The type of [DATE](#) or [TIME](#) that that defines the usage with regard to the [ACTIVITY](#).

An [ACTIVITY](#) may have many [DATES](#) and [TIMES](#) associated with it but may only have one [DATE](#) or [TIME](#) of a particular type. This item has been retired from the NHS Data Model and Dictionary.

~~National Codes:~~ The last live version of this item is available in the ??? 20?? release of the NHS Data Model and Dictionary.

~~Dates~~ Access to this version can be obtained by emailing [datastandards@nhs.net](mailto:datastandards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

- 01 [Angiogram Date \(Retired July 2012\)](#)
- 02 [Arrival Date At Accident and Emergency Department](#)
- 03 [Breast Assessment Date](#)
- 04 [Cancer Dental Assessment Date](#)
- 05 [Colorectal or Stoma Nurse Seen Date](#)
- 06 [Coronary Angiography Date \(Retired July 2012\)](#)
- 07 [Care Programme Approach Review Date](#)
- 08 [Date Biopsy Taken](#)
- 09 [Discharge Date](#)
- 10 [Discharge Ready Date](#)
- 11 [End Date](#)
- 12 [Event Date \(Retired July 2012\)](#)
- 13 [Expected Delivery Date](#)
- 14 [First Antenatal Assessment Date](#)
- 15 [Full Postnatal Examination Date](#)
- 16 [Initial Patient Contact Date \(Retired July 2012\)](#)
- 17 [Investigation Transfer Date \(Retired July 2012\)](#)
- 18 [Intrauterine Device Application Date](#)
- 19 [Intrauterine Device Fitted Date](#)
- 20 [Last Dosage Date](#)
- 21 [Mental Health Care Assessment Date](#)
- 22 [Miscarriage Date](#)
- 23 [Pathology Result Due Date](#)
- 24 [Patient Informed Biopsy Result Date](#)
- 25 [Patient Informed Of Outcome Date](#)
- 26 [Smoking Quit Date](#)
- 27 [Review Planned Date](#)
- 28 [Screening Result Date](#)
- 29 [Screening Result Sent Date](#)
- 30 [Specialist Palliative Care Date](#)
- 31 [Start Date](#)
- 32 [Symptoms First Noted Date](#)
- 33 [Attendance Date](#)
- 34 [Clinical Intervention Date](#)
- 35 [Immunisation Completion Date](#)
- 36 [Clinical Status Assessment Date](#)
- 37 [Dose Given Date](#)
- 38 [Test Date](#)

39	<a href="#">Contact Date</a>
40	<a href="#">Appointment Date</a>
41	<a href="#">Primary Procedure Date</a>
42	<a href="#">Second Operation Date</a>
43	<a href="#">Speech and Swallowing Assessment Date</a>
44	<a href="#">Third Operation Date</a>
45	<a href="#">Date First Seen</a>
46	<a href="#">Statutory Assessment Date</a>
47	<a href="#">Screening Test Date</a>
48	<a href="#">Genitourinary Care Contact Date</a>
49	<a href="#">Consultant Upgrade Date</a>
101	<a href="#">Referral Closure Date (Community Care)</a>
102	<a href="#">Discharge Letter Issued Date (Community Care)</a>
103	<a href="#">Systemic Anti-Cancer Therapy Administration Date</a>
104	<a href="#">Procedure Date</a>
105	<a href="#">Immunisation Dose Given Date</a>
106	<a href="#">Antenatal Appointment Date</a>
107	<a href="#">Antenatal Booking Appointment Date</a>
108	<a href="#">Pregnancy First Contact Date</a>
109	<a href="#">Screening Test Information Given Date</a>

~~Note: This list is not in alphabetical order.~~

#### Times

50	<a href="#">Accident and Emergency Attendance Conclusion Time</a>
51	<a href="#">Accident and Emergency Departure Time</a>
52	<a href="#">Accident and Emergency Initial Assessment Time</a>
53	<a href="#">Accident and Emergency Time Seen For Treatment</a>
54	Arrival At Hospital Time (Retired April 2012)
55	ARRIVAL TIME (Retired April 2012)
56	<a href="#">End Time</a>
57	Event Time (Retired July 2012)
58	Initial Patient Contact Time (Retired July 2012)
59	<a href="#">Last Dosage Time</a>
60	<a href="#">Pathology Result Due Time</a>
61	<a href="#">Start Time</a>
62	<a href="#">Theatre Case Time In To Theatre Suite</a>
63	<a href="#">Theatre Case Time Out Of Theatre</a>
64	<a href="#">Theatre Case Time Out Of Theatre Suite</a>
65	<a href="#">Time Seen</a>
66	Discharge Ready Time (Retired April 2012)
67	<a href="#">Arrival Time At Accident and Emergency Department</a>
68	<a href="#">Arrival Time For Transport Requests</a>

~~Note: This list is not in alphabetical order.~~

---

### ACTIVITY DATE TIME TYPE (RETIRED)\_ renamed from ACTIVITY DATE TIME TYPE

---

Change to Attribute: Changed Description, status to Retired, Name

- Changed Description
  - Retired ACTIVITY DATE TIME TYPE
  - Changed            Name            from            Data\_Dictionary.Attributes.A.Acc.ACTIVITY\_DATE\_TIME\_TYPE            to            Retired.Data\_Dictionary.Attributes.A.ACTIVITY\_DATE\_TIME\_TYPE
- 

### ACTIVITY DATE TYPE

---

Change to Attribute: New Attribute

The type of **DATE** that defines the usage with regard to the **ACTIVITY**.

An ACTIVITY may have many DATES associated with it but may only have one DATE of a particular type.

*National Codes:*

001	<u>Angiogram Date (Retired July 2012)</u>
002	<u>Arrival Date At Accident and Emergency Department</u>
003	<u>Breast Assessment Date</u>
004	<u>Cancer Dental Assessment Date</u>
005	<u>Colorectal or Stoma Nurse Seen Date</u>
006	<u>Coronary Angiography Date (Retired July 2012)</u>
007	<u>Care Programme Approach Review Date</u>
008	<u>Date Biopsy Taken</u>
009	<u>Discharge Date</u>
010	<u>Discharge Ready Date</u>
011	<u>End Date</u>
012	<u>Event Date (Retired July 2012)</u>
013	<u>Expected Delivery Date (Retired September 2012)</u>
014	<u>First Antenatal Assessment Date</u>
015	<u>Full Postnatal Examination Date (Retired September 2012)</u>
016	<u>Initial Patient Contact Date (Retired July 2012)</u>
017	<u>Investigation Transfer Date (Retired July 2012)</u>
018	<u>Intrauterine Device Application Date (Retired September 2012)</u>
019	<u>Intrauterine Device Fitted Date (Retired September 2012)</u>
020	<u>Last Dosage Date</u>
021	<u>Mental Health Care Assessment Date (Retired September 2012)</u>
022	<u>Miscarriage Date (Retired September 2012)</u>
023	<u>Pathology Result Due Date</u>
024	<u>Patient Informed Biopsy Result Date</u>
025	<u>Patient Informed Of Outcome Date (Retired September 2012)</u>
026	<u>Smoking Quit Date</u>
027	<u>Review Planned Date</u>
028	<u>Screening Result Date</u>
029	<u>Screening Result Sent Date</u>
030	<u>Specialist Palliative Care Date</u>
031	<u>Start Date</u>
032	<u>Symptoms First Noted Date</u>
033	<u>Attendance Date</u>
034	<u>Clinical Intervention Date</u>
035	<u>Immunisation Completion Date</u>
036	<u>Clinical Status Assessment Date</u>
037	<u>Dose Given Date (Retired September 2012)</u>
038	<u>Test Date (Retired September 2012)</u>
039	<u>Contact Date</u>
040	<u>Appointment Date</u>
041	<u>Primary Procedure Date</u>
042	<u>Second Operation Date</u>
043	<u>Speech and Swallowing Assessment Date</u>
044	<u>Third Operation Date</u>
045	<u>Date First Seen</u>
046	<u>Statutory Assessment Date</u>
047	<u>Screening Test Date</u>
048	<u>Genitourinary Care Contact Date</u>
049	<u>Consultant Upgrade Date</u>
101	<u>Referral Closure Date (Community Care)</u>
102	<u>Discharge Letter Issued Date (Community Care)</u>
103	<u>Systemic Anti-Cancer Therapy Administration Date</u>
104	<u>Procedure Date</u>
105	<u>Immunisation Dose Given Date</u>
106	<u>Antenatal Appointment Date</u>
107	<u>Antenatal Booking Appointment Date</u>
108	<u>Pregnancy First Contact Date</u>
109	<u>Screening Test Information Given Date</u>

Note: This list is not in alphabetical order.

This attribute is also known by these names:

Context	Alias
plural	ACTIVITY DATE TYPES

## ACTIVITY TIME

Change to Attribute: Changed Description

~~Any time that is of relevance to an [ACTIVITY](#).~~ Any [TIME](#) that is of relevance to an [ACTIVITY](#).

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

## ACTIVITY TIME TYPE

Change to Attribute: New Attribute

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

An [ACTIVITY](#) may have many [TIMES](#) associated with it but may only have one [TIME](#) of a particular type.

*National Codes:*

- 50 [Accident and Emergency Attendance Conclusion Time](#)
- 51 [Accident and Emergency Departure Time](#)
- 52 [Accident and Emergency Initial Assessment Time](#)
- 53 [Accident and Emergency Time Seen For Treatment](#)
- 54 [Arrival At Hospital Time \(Retired April 2012\)](#)
- 55 [ARRIVAL TIME \(Retired April 2012\)](#)
- 56 [End Time](#)
- 57 [Event Time \(Retired July 2012\)](#)
- 58 [Initial Patient Contact Time \(Retired July 2012\)](#)
- 59 [Last Dosage Time](#)
- 60 [Pathology Result Due Time](#)
- 61 [Start Time](#)
- 62 [Theatre Case Time In To Theatre Suite \(Retired September 2012\)](#)
- 63 [Theatre Case Time Out Of Theatre \(Retired September 2012\)](#)
- 64 [Theatre Case Time Out Of Theatre Suite \(Retired September 2012\)](#)
- 65 [Time Seen](#)
- 66 [Discharge Ready Time \(Retired April 2012\)](#)
- 67 [Arrival Time At Accident and Emergency Department](#)
- 68 [Arrival Time For Transport Requests](#)

Note: This list is not in alphabetical order.

This attribute is also known by these names:

Context	Alias
plural	ACTIVITY TIME TYPES

## A AND E ATTENDANCE CONCLUSION TIME

Change to Data Element: Changed Description



Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~A and E ATTENDANCE CONCLUSION TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Accident and Emergency Attendance Conclusion Time](#)'.~~ A and E ATTENDANCE CONCLUSION TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Accident and Emergency Attendance Conclusion Time](#)'.

---

## A AND E DEPARTURE TIME

Change to Data Element: Changed Description

Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~A and E DEPARTURE TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Accident and Emergency Departure Time](#)'.~~ A and E DEPARTURE TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Accident and Emergency Departure Time](#)'.

---

## A AND E INITIAL ASSESSMENT TIME

Change to Data Element: Changed Description

Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~A and E INITIAL ASSESSMENT TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Accident and Emergency Initial Assessment Time](#)'.~~ A and E INITIAL ASSESSMENT TIME is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Accident and Emergency Initial Assessment Time](#)'.

---

## A AND E TIME SEEN FOR TREATMENT

Change to Data Element: Changed Description

Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~A and E TIME SEEN FOR TREATMENT is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Accident and Emergency Time Seen For Treatment](#)'.~~ A and E TIME SEEN FOR TREATMENT is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Accident and Emergency Time Seen For Treatment](#)'.

---

## ACTIVITY DATE (ANTENATAL APPOINTMENT)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~ACTIVITY DATE (ANTENATAL APPOINTMENT)~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Antenatal Appointment Date'~~. ~~ACTIVITY DATE (ANTENATAL APPOINTMENT)~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TYPE~~ is National Code ~~'Antenatal Appointment Date'~~.

For the [Maternity Services Secondary Uses Data Set](#) ~~ACTIVITY DATE (ANTENATAL APPOINTMENT)~~ does not include the ~~ACTIVITY DATE~~ for a ~~'Pregnancy First Contact Date'~~ or ~~'Antenatal Booking Appointment Date'~~.

---

## APPOINTMENT DATE (FORMAL ANTENATAL BOOKING)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~APPOINTMENT DATE (FORMAL ANTENATAL BOOKING)~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Antenatal Booking Appointment Date'~~. ~~APPOINTMENT DATE (FORMAL ANTENATAL BOOKING)~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TYPE~~ is National Code ~~'Antenatal Booking Appointment Date'~~.

---

## ARRIVAL DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~ARRIVAL DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Arrival Date At Accident and Emergency Department'~~. ~~ARRIVAL DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TYPE~~ is National Code ~~'Arrival Date At Accident and Emergency Department'~~.

---

## ATTENDANCE DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~ATTENDANCE DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Attendance Date'~~. ~~ATTENDANCE DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TYPE~~ is National Code ~~'Attendance Date'~~.

---

## CANCER DENTAL ASSESSMENT DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The date on which a pre-treatment dental assessment was performed during a ~~Head and Neck Cancer Care Spell~~.

~~CANCER DENTAL ASSESSMENT DATE~~ is the same as ~~ACTIVITY DATE~~, where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Cancer Dental Assessment Date'~~. **CANCER DENTAL ASSESSMENT DATE** is the same as **ACTIVITY DATE**, where the **ACTIVITY DATE TYPE** is National Code **'Cancer Dental Assessment Date'**.

**CANCER DENTAL ASSESSMENT DATE** is the date on which a pre-treatment dental assessment was performed during a **Head and Neck Cancer Care Spell**.

---

## CLINICAL STATUS ASSESSMENT DATE (CANCER)

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Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~CLINICAL STATUS ASSESSMENT DATE (CANCER)~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Clinical Status Assessment Date'~~. **CLINICAL STATUS ASSESSMENT DATE (CANCER)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code **'Clinical Status Assessment Date'**.

---

## CONSULTANT UPGRADE DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~CONSULTANT UPGRADE DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'Consultant Upgrade Date'~~. **CONSULTANT UPGRADE DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code **'Consultant Upgrade Date'**.

---

## CRITICAL CARE DISCHARGE DATE

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Change to Data Element: Changed Description

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

### Notes:

~~CRITICAL CARE DISCHARGE DATE~~ is the same as attribute ~~ACTIVITY DATE~~ where the ~~ACTIVITY DATE TIME TYPE~~ is National Code ~~'End Date'~~ for the ~~CRITICAL CARE PERIOD~~. **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 TIME

---

Change to Data Element: Changed Description

---

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

**Notes:**

~~[CRITICAL CARE DISCHARGE TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Time](#)' for the [CRITICAL CARE PERIOD](#).~~ [CRITICAL CARE DISCHARGE TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[End Time](#)' for the [CRITICAL CARE PERIOD](#).

---

## CRITICAL CARE START DATE

Change to Data Element: Changed Description

Format/Length:	see <a href="#">DATE</a>
National Codes:	
Default Codes:	

**Notes:**

~~[CRITICAL CARE START DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of the [CRITICAL CARE PERIOD](#).~~ [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 TIME

Change to Data Element: Changed Description

Format/Length:	see <a href="#">TIME</a>
National Codes:	
Default Codes:	

**Notes:**

~~[CRITICAL CARE START TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Time](#)' for the [CRITICAL CARE PERIOD](#).~~ [CRITICAL CARE START TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Start Time](#)' for the [CRITICAL CARE PERIOD](#).

---

## DATE FIRST SEEN

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~[DATE FIRST SEEN](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Date First Seen](#)'.~~ [DATE FIRST SEEN](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Date First Seen](#)'.

For the [National Cancer Waiting Times Monitoring Data Set](#), [Cancer Registration Data Set](#) and [National Cancer Data Set](#), [DATE FIRST SEEN](#):

- is mandatory for [PATIENTS](#) referred urgently by their [GENERAL PRACTITIONER](#) for suspected cancer but can also be applied to other [PATIENTS](#)
- may not be the same as [FIRST SEEN BY SPECIALIST DATE \(CANCER\)](#) which records the first time the [PATIENT](#) sees an appropriate specialist in cancer care.

---

## DAY NUMBER (ANTI-CANCER DRUG CYCLE)

Change to Data Element: Changed Description

Format/length:	nnnn
HES item:	
Format/Length:	nnnn
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

DAY NUMBER (ANTI-CANCER DRUG CYCLE) is calculated from the START DATE (ANTI-CANCER DRUG REGIMEN) and the Start Date of the Anti-Cancer Drug Cycle to determine the 'day' number from the start of regimen eg if regimen started on 23/03/2002 and this particular cycle started on the 25/04/2002 then this would be day 34.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date'.

Anti-Cancer Drug Cycle is a CLINICAL INTERVENTION where CLINICAL INTERVENTION TYPE is National Code 02 'Anti-Cancer Drug Cycle'.

DAY NUMBER (ANTI-CANCER DRUG CYCLE) is calculated from the START DATE (ANTI-CANCER DRUG REGIMEN) and the Start Date of the Anti-Cancer Drug Cycle to determine the 'day' number from the start of regimen, e.g. if regimen started on 23/03/2002 and this particular cycle started on the 25/04/2002 then this would be day 34.

### DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

The total number of female PATIENTS detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE) is the total number of female PATIENTS detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

#### MENTAL CATEGORY

- 1 Mental illness
- 2 Mental impairment
- 3 Severe mental impairment
- 4 Psychopathic disorder
- 5 Not specified

#### MENTAL HEALTH ACT 2007 MENTAL CATEGORY

- A Mental disorder (Learning Disability not present or not primary reason for using Act)
- B Mental disorder (Learning Disability primary reason for using Act)
- B Mental disorder (Learning Disability primary reason for using Act)
- A Mental disorder (Learning Disability not present or not primary reason for using Act)
- A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of PATIENTS resident with a Hospital Provider Spell within the Health Care Provider at the REPORTING PERIOD END DATE where:
  - a. the Hospital Provider Spell has a Start Date on or before the REPORTING PERIOD END DATE and  
the Hospital Provider Spell has no recorded Discharge Date i.e. the Hospital Provider Spell is still active or  
the Discharge Date is after the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active as at the REPORTING PERIOD END DATE and
  - b. the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715. and
  - c. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted. and
  - d. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE corresponds to one of the listed entries of FORMAL ADMISSIONS SECTION TYPE and
  - e. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female' and  
the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current' and
  - f. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'  
See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 who have not had their appropriate MENTAL HEALTH ACT 2007 MENTAL CATEGORY recorded to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY and  
the PERSON PROPERTY EFFECTIVE DATE for MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was admitted
2. Where no PATIENTS match these criteria then DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE) should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spell and Consultant Episode (Hospital Provider) are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell or episode type.~~

## DETAINED PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	

National Codes:  
Default Codes:

**Notes:**

The total number of male [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was not present or not the primary reason for using the Mental Health Act.

[DETAINED PATIENTS \(LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE\)](#) is the total number of male [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was not present or not the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both [MENTAL CATEGORY](#) and [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the [MENTAL CATEGORY](#) of [PATIENTS](#) detained in the period up to 3rd November 2008 will be mapped to the categories of [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#).

The mapping for use with this data element is:

<a href="#">MENTAL CATEGORY</a>	<a href="#">MENTAL HEALTH ACT 2007 MENTAL CATEGORY</a>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of [PATIENTS](#) resident with a [Hospital Provider Spell](#) within the [Health Care Provider](#) at the [REPORTING PERIOD END DATE](#) where:
  - a. the [Hospital Provider Spell](#) has a [Start Date](#) on or before the [REPORTING PERIOD END DATE](#)  
and  
the [Hospital Provider Spell](#) has no recorded [Discharge Date](#) i.e. the [Hospital Provider Spell](#) is still active  
or  
the [Discharge Date](#) is after the [REPORTING PERIOD END DATE](#) i.e. the [Hospital Provider Spell](#) was active as at the [REPORTING PERIOD END DATE](#)  
and
  - b. the [Hospital Provider Spell](#) contains at least one [Consultant Episode \(Hospital Provider\)](#) where the main [TREATMENT FUNCTION](#) of the [CONSULTANT](#) is for a mental illness [MAIN SPECIALTY](#). The mental illness [MAIN SPECIALTY CODE](#) being 700, 710, 711, 712, 713 and 715.  
and
  - c. the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) of [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) should be recorded when the [PATIENT](#) was admitted.  
and
  - d. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) corresponds to one of the listed entries of [FORMAL ADMISSIONS SECTION TYPE](#)  
and
  - e. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 1 'Male'  
and  
the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 02 'Person Gender Current'

and

- f. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'

See above for mapping [MENTAL CATEGORY](#) of [PATIENTS](#) detained and admitted in the period up to 3rd November 2008 who have not had their appropriate [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) recorded to provide the appropriate category for [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#)

and

the [PERSON PROPERTY EFFECTIVE DATE](#) for [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) should be recorded when the [PATIENT](#) was admitted

2. Where no [PATIENTS](#) match these criteria then [DETAINED PATIENTS \(LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 'Start Date' for the [ACTIVITY GROUP](#).~~

~~[Discharge Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 09 'Discharge Date' for the [ACTIVITY GROUP](#).~~

~~[Hospital Provider Spell](#) and [Consultant Episode \(Hospital Provider\)](#) are the same as [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) identifies the specific spell or episode type.~~

---

## DETAINED PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE)

---

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The total number of female [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was the primary reason for using the Mental Health Act.~~

[DETAINED PATIENTS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE\)](#) is the total number of female [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both [MENTAL CATEGORY](#) and [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the [MENTAL CATEGORY](#) of [PATIENTS](#) detained in the period up to 3rd November 2008 will be mapped to the categories of [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#).

The mapping for use with this data element is:

<a href="#">MENTAL CATEGORY</a>	<a href="#">MENTAL HEALTH ACT 2007 MENTAL CATEGORY</a>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)



1. It is a count of the total number of PATIENTS resident with a Hospital Provider Spell within the Health Care Provider at the REPORTING PERIOD END DATE where:
    - a. the Hospital Provider Spell has a Start Date on or before the REPORTING PERIOD END DATE and
 

the Hospital Provider Spell has no recorded Discharge Date i.e. the Hospital Provider Spell is still active

or

the Discharge Date is after the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active as at the REPORTING PERIOD END DATE
    - and
    - b. the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODE being 700, 710, 711, 712, 713 and 715.
    - and
    - c. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.
    - and
    - d. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE corresponds to one of the listed entries of FORMAL ADMISSIONS SECTION TYPE
    - and
    - e. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'
    - and
    - the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'
    - and
    - f. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 who have not had their appropriate MENTAL HEALTH ACT 2007 MENTAL CATEGORY recorded to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

and

the PERSON PROPERTY EFFECTIVE DATE for MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was admitted
2. Where no PATIENTS match these criteria then DETAINED PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.

Hospital Provider Spell and Consultant Episode (Hospital Provider) are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell or episode type.

---

## DETAINED PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)

---

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

The total number of male [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was the primary reason for using the Mental Health Act.

[DETAINED PATIENTS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE\)](#) is the total number of male [PATIENTS](#) detained under the Mental Health Act resident with a current [Hospital Provider Spell](#) as at the [REPORTING PERIOD END DATE](#), where learning disability was the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both [MENTAL CATEGORY](#) and [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the [MENTAL CATEGORY](#) of [PATIENTS](#) detained in the period up to 3rd November 2008 will be mapped to the categories of [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#).

The mapping for use with this data element is:

<a href="#">MENTAL CATEGORY</a>	<a href="#">MENTAL HEALTH ACT 2007 MENTAL CATEGORY</a>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of [PATIENTS](#) resident with a [Hospital Provider Spell](#) within the [Health Care Provider](#) at the [REPORTING PERIOD END DATE](#) where:
    - a. the [Hospital Provider Spell](#) has a [Start Date](#) on or before the [REPORTING PERIOD END DATE](#)  
and  
the [Hospital Provider Spell](#) has no recorded [Discharge Date](#) i.e. the [Hospital Provider Spell](#) is still active  
or  
the [Discharge Date](#) is after the [REPORTING PERIOD END DATE](#) i.e. the [Hospital Provider Spell](#) was active as at the [REPORTING PERIOD END DATE](#)  
and
    - b. the [Hospital Provider Spell](#) contains at least one [Consultant Episode \(Hospital Provider\)](#) where the main [TREATMENT FUNCTION](#) of the [CONSULTANT](#) is for a mental illness [MAIN SPECIALTY](#). The mental illness [MAIN SPECIALTY CODES](#) being 700, 710, 711, 712, 713 and 715.  
and
    - c. the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) of [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) should be recorded when the [PATIENT](#) was admitted.  
and
    - d. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) corresponds to one of the listed entries of [FORMAL ADMISSIONS SECTION TYPE](#)  
and
    - e. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 1 'Male'  
and  
the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 02 'Person Gender Current'  
and
    - f. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'
- See above for mapping [MENTAL CATEGORY](#) of [PATIENTS](#) detained and admitted in the period up to 3rd November

2008 who have not had their appropriate [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) recorded to provide the appropriate category for [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#)

and

the [PERSON PROPERTY EFFECTIVE DATE](#) for [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) should be recorded when the [PATIENT](#) was admitted

- Where no [PATIENTS](#) match these criteria then [DETAINED PATIENTS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 '[Start Date](#)' for the [ACTIVITY GROUP](#).~~

~~[Discharge Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 09 '[Discharge Date](#)' for the [ACTIVITY GROUP](#).~~

~~[Hospital Provider Spell](#) and [Consultant Episode \(Hospital Provider\)](#) are the same as [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) identifies the specific spell or episode.~~

---

## DISCHARGE DATE (COMMUNITY HEALTH SERVICE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[DISCHARGE DATE \(COMMUNITY HEALTH SERVICE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Discharge Date](#)'.~~ [DISCHARGE DATE \(COMMUNITY HEALTH SERVICE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Discharge Date](#)'.

[DISCHARGE DATE \(COMMUNITY HEALTH SERVICE\)](#) is the date a [PATIENT](#) was discharged from a [Community Health Service](#).

---

## DISCHARGE DATE (HOSPITAL PROVIDER SPELL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	DISDATE
National Codes:	
Default Codes:	

### Notes:

~~[DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Discharge Date](#)'.~~ [DISCHARGE DATE \(HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Discharge Date](#)'.

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

---

## DISCHARGE DATE (MENTAL HEALTH SERVICE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~DISCHARGE DATE (MENTAL HEALTH SERVICE) is an ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Discharge Date'.~~ DISCHARGE DATE (MENTAL HEALTH SERVICE) is an ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Discharge Date'.

DISCHARGE DATE (MENTAL HEALTH SERVICE) is the date a PATIENT was discharged from a Mental Health Care Spell.

---

## DISCHARGE DATE TIME (MOTHER POST DELIVERY HOSPITAL PROVIDER SPELL)

---

Change to Data Element: Changed Description

Format/Length:	See DATE AND TIME
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

DISCHARGE DATE TIME (MOTHER POST DELIVERY HOSPITAL PROVIDER SPELL) is the same as the data element DATE AND TIME.

DISCHARGE DATE TIME (MOTHER POST DELIVERY HOSPITAL PROVIDER SPELL) is the DATE AND TIME that a PATIENT is discharged from hospital, following delivery during a Maternity Episode and at the end of a Hospital Provider Spell.

DISCHARGE DATE TIME (MOTHER POST DELIVERY HOSPITAL PROVIDER SPELL) is derived as:

- the ACTIVITY DATE for the ACTIVITY GROUP TYPE 'Hospital Provider Spell' where the ACTIVITY DATE TIME TYPE is National Code 'Discharge Date'; and
- the ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'End Time';
- the ACTIVITY DATE for the ACTIVITY GROUP TYPE 'Hospital Provider Spell' where the ACTIVITY DATE TYPE is National Code 'Discharge Date'; and
- the ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'End Time'.

---

## DISCHARGE LETTER ISSUED DATE (COMMUNITY CARE)

---

Change to Data Element: Changed Description

Format/Length:	See DATE
National Codes:	
HES Item:	
Default Codes:	

**Notes:**

DISCHARGE LETTER ISSUED DATE (COMMUNITY CARE) is the date the when the Discharge Letter was issued by the provider of Community Health Services to the referrer, in accordance with National Guidelines.

This data item supports the NHS Standard Contract for Community Services 2010-11, specifically the requirement to provide a Discharge Letter to the referrer within 24 hours of the DISCHARGE DATE (COMMUNITY HEALTH SERVICE).

~~DISCHARGE LETTER ISSUED DATE (COMMUNITY CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Discharge Letter Issued Date (Community Care)'.~~ DISCHARGE LETTER ISSUED DATE (COMMUNITY CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Discharge Letter Issued Date (Community Care)'.

---

## DISCHARGE READY DATE (HOSPITAL PROVIDER SPELL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~DISCHARGE DATE (MENTAL HEALTH SERVICE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Discharge Ready Date' of the Hospital Provider Spell.~~ DISCHARGE DATE (MENTAL HEALTH SERVICE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Discharge Ready Date' of the Hospital Provider Spell.

---

## DURATION OF TELETHERAPY TREATMENT COURSE

---

Change to Data Element: Changed Description

Format/Length:	nnn
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~The number of days over which the treatment was given. This is calculated from the Start Date and End Date of the Radiotherapy Treatment Course.~~

DURATION OF TELETHERAPY TREATMENT COURSE is the number of days over which the treatment was given.

~~Start Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date'.~~ DURATION OF TELETHERAPY TREATMENT COURSE is calculated from the Start Date and End Date of the Radiotherapy Treatment Course.

~~End Date is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date'.~~

~~Radiotherapy Treatment Course is a CLINICAL INTERVENTION where CLINICAL INTERVENTION TYPE is National Code 27 'Radiotherapy Treatment Course'.~~

---

## END DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 'End Date'.~~ END DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'End Date'.

---

## END DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Adult Mental Health Care Team Episode.~~ END DATE (ADULT MENTAL HEALTH

CARE TEAM EPISODE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Adult Mental Health Care Team Episode.

---

## END DATE (BRACHYTHERAPY TREATMENT COURSE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

END DATE (BRACHYTHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE, where ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Brachytherapy Treatment Course. END DATE (BRACHYTHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE, where ACTIVITY DATE TYPE is National Code 'End Date' of the Brachytherapy Treatment Course.

---

## END DATE (CARE PROGRAMME APPROACH CARE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

END DATE (CARE PROGRAMME APPROACH CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of a period of care for a PATIENT, when the CARE PROGRAMME APPROACH LEVEL was National Code 'New Care Programme Approach Care'. END DATE (CARE PROGRAMME APPROACH CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of a period of care for a PATIENT, when the CARE PROGRAMME APPROACH LEVEL was National Code 'New Care Programme Approach Care'.

---

## END DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

END DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of a Child and Adolescent Mental Health Clinical Intervention Episode for a PATIENT. END DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of a Child and Adolescent Mental Health Clinical Intervention Episode for a PATIENT.

---

## END DATE (CONSULTANT OUT-PATIENT EPISODE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

END DATE (CONSULTANT OUT-PATIENT EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Consultant Out-Patient Episode. END DATE (CONSULTANT OUT-PATIENT EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Consultant Out-

## Patient Episode.

### END DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	EPIEND
National Codes:	
Default Codes:	

#### Notes:

~~[END DATE \(EPISODE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of an Episode.~~ [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 (HOME LEAVE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

~~[END DATE \(HOME LEAVE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of the [Home Leave](#).~~ [END DATE \(HOME LEAVE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of the [Home Leave](#).

### END DATE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

[END DATE \(IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)'.

[END DATE \(IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES\)](#) is the date the [PATIENT](#) is deemed by the [CARE PROFESSIONAL](#) to have completed treatment and discharged from the [Improving Access to Psychological Therapies Service](#).

### END DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

~~[END DATE \(MENTAL HEALTH ABSENCE WITHOUT LEAVE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of the [Mental Health Absence Without Leave](#).~~ [END DATE \(MENTAL HEALTH ABSENCE WITHOUT LEAVE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of the [Mental Health Absence Without Leave](#).

### END DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION for a PATIENT.~~ END DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION for a PATIENT.

---

## END DATE (MENTAL HEALTH CARE CLUSTER)

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Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH CARE CLUSTER) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Mental Health Care Cluster Assignment Period.~~ END DATE (MENTAL HEALTH CARE CLUSTER) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Mental Health Care Cluster Assignment Period.

---

## END DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Mental Health Care Coordinator Assignment.~~ END DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Mental Health Care Coordinator Assignment.

---

## END DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED))

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED)) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Mental Health Care Professional Episode (Acute Home-Based).~~ END DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED)) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Mental Health Care Professional Episode (Acute Home-Based).

---

## END DATE (MENTAL HEALTH CARE SPELL)

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Change to Data Element: Changed Description



Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH CARE SPELL) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of an [Adult Mental Health Care Spell](#).~~ END DATE (MENTAL HEALTH CARE SPELL) is the same as attribute [ACTIVITY DATE](#) where [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of an [Adult Mental Health Care Spell](#).

The [Adult Mental Health Care Spell](#) ends when all associated episodes, attendances or days are explicitly closed or ended by default where a [PATIENT](#) has received in-patient care terminated other than by transfer or death or had a current period of [Mental Health Absence Without Leave](#) (but still liable to detention), within the preceding 3 months.

---

## END DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of the [Mental Health Delayed Discharge Period](#).~~ END DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of the [Mental Health Delayed Discharge Period](#).

[END DATE \(MENTAL HEALTH DELAYED DISCHARGE PERIOD\)](#) is the date where the clinical decision is taken that the [PATIENT](#) is no longer fit for discharge, and further inpatient care is required.

---

## END DATE (MENTAL HEALTH LEAVE OF ABSENCE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH LEAVE OF ABSENCE) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of the [Mental Health Leave Of Absence](#).~~ END DATE (MENTAL HEALTH LEAVE OF ABSENCE) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)' of the [Mental Health Leave Of Absence](#).

---

## END DATE (MENTAL HEALTH NHS CARE HOME STAY)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~END DATE (MENTAL HEALTH NHS CARE HOME STAY) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Date](#)' of the [Care Home Stay \(Nursing Care\)](#) or [Care Home Stay \(Residential\)](#) for a [PATIENT](#) within~~

an ~~Adult Mental Health Care Spell~~, where: **END DATE (MENTAL HEALTH NHS CARE HOME STAY)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code '*End Date*' of the **Care Home Stay (Nursing Care)** or **Care Home Stay (Residential)** for a **PATIENT** within an ~~Adult Mental Health Care Spell~~, where:

- the **BROAD PATIENT GROUP CODE** is National Code '*PATIENTS with Mental Illness*' and
- the **Care Home** is operated and managed by an NHS **ORGANISATION** as classified by **ORGANISATION TYPE**

A **PATIENT** going on **Home Leave** or **Mental Health Leave Of Absence** for 28 days or less, or who has a current period of **Mental Health Absence Without Leave** of 28 days or less, does not interrupt the **Care Home Stay (Nursing Care)** or **Care Home Stay (Residential)**, but are not using a bed during their period of absence.

---

## END DATE (MENTAL HEALTH NHS DAY CARE EPISODE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**END DATE (MENTAL HEALTH NHS DAY CARE EPISODE)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code '*End Date*' of the **Mental Health NHS Day Care Episode**.~~ **END DATE (MENTAL HEALTH NHS DAY CARE EPISODE)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code '*End Date*' of the **Mental Health NHS Day Care Episode**.

---

## END DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**END DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code '*End Date*' of the **Mental Health Responsible Clinician Assignment**.~~ **END DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code '*End Date*' of the **Mental Health Responsible Clinician Assignment**.

---

## END DATE (SUPERVISED COMMUNITY TREATMENT)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**END DATE (SUPERVISED COMMUNITY TREATMENT)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code '*End Date*' of the **Supervised Community Treatment**.~~ **END DATE (SUPERVISED COMMUNITY TREATMENT)** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code '*End Date*' of the **Supervised Community Treatment**.

---

## END DATE (SUPERVISED COMMUNITY TREATMENT RECALL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
----------------	--------------------------

HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~END DATE (SUPERVISED COMMUNITY TREATMENT RECALL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Supervised Community Treatment Recall.~~ END DATE (SUPERVISED COMMUNITY TREATMENT RECALL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Supervised Community Treatment Recall.

---

## END DATE (TELETHERAPY TREATMENT COURSE)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~END DATE (TELETHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Teletherapy Treatment Course.~~ END DATE (TELETHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'End Date' of the Teletherapy Treatment Course.

---

## END DATE (WARD STAY)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~END DATE (WARD STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'End Date' of the Ward Stay.~~ END DATE (WARD STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'End Date' of the Ward Stay.

---

## END TIME

Change to Data Element: Changed Description

Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~END TIME is the same as attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'End Time'.~~ END TIME is the same as attribute ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'End Time'.

---

## END TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

Change to Data Element: Changed Description

Format/Length: See [TIME](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~END TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'End Time' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION for a~~

~~[PATIENT](#). [END TIME \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION\)](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[End Time](#)' of the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) for a [PATIENT](#).~~

## END TIME (SUPERVISED COMMUNITY TREATMENT RECALL)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:** ~~[END TIME \(SUPERVISED COMMUNITY TREATMENT RECALL\)](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[End Time](#)' of the [Supervised Community Treatment Recall](#).~~**Notes:** [END TIME \(SUPERVISED COMMUNITY TREATMENT RECALL\)](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[End Time](#)' of the [Supervised Community Treatment Recall](#).....

## FIRST ANTENATAL ASSESSMENT DATE

Change to Data Element: Changed linked Attribute, Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	ANASDATE
National Codes:	
Default Codes:	

**Notes:**  
~~[FIRST ANTENATAL ASSESSMENT DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National code '[First Antenatal Assessment Date](#)'.~~[FIRST ANTENATAL ASSESSMENT DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National code '[First Antenatal Assessment Date](#)'.

## FIRST ANTENATAL ASSESSMENT DATE

Change to Data Element: Changed linked Attribute, Description

### FIRST ANTENATAL ASSESSMENT DATE

Attribute:

<a href="#">ACTIVITY DATE TIME TYPE</a>
<a href="#">ACTIVITY DATE</a>

## FORMAL ADMISSIONS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The total number of female [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#) for a [FORMAL ADMISSIONS SECTION TYPE](#), where learning disability was not present or not the primary reason for using the Mental Health Act.~~

[FORMAL ADMISSIONS \(LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE\)](#) is the total number of female [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the

REPORTING PERIOD for a FORMAL ADMISSIONS SECTION TYPE, where learning disability was not present or not the primary reason for using the Mental Health Act.

It excludes transfers between Health Care Providers and between Hospital Sites of the same Health Care Provider which initiate a new Hospital Provider Spell where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is unchanged but includes such transfers where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE does change.

It excludes admissions where the PATIENT is being treated under an active Supervised Community Treatment and/or subject of a Supervised Community Treatment Recall.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

<u>MENTAL CATEGORY</u>	<u>MENTAL HEALTH ACT 2007 MENTAL CATEGORY</u>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of admission for all PATIENTS within the Health Care Provider for a given FORMAL ADMISSIONS SECTION TYPE where:
  - a. the Hospital Provider Spell has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE
  - and
  - where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715.
  - and
  - b. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.
  - and
  - c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE corresponds to the FORMAL ADMISSIONS SECTION TYPE
  - and
  - ~~d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'~~
  - d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'
  - and
  - ~~the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'~~
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'
  - and
  - e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

- and

the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) should be recorded when the [PATIENT](#) was admitted.

- Where no admissions match these criteria then [FORMAL ADMISSIONS \(LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 '[Start Date](#)' for the [ACTIVITY GROUP](#).~~

~~[Hospital Provider Spell](#), [Consultant Episode \(Hospital Provider\)](#), [Supervised Community Treatment](#) and [Supervised Community Treatment Recall](#) are the same as [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) identifies the specific spell, episode or treatment type.~~

## FORMAL ADMISSIONS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The total number of male [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#) for a [FORMAL ADMISSIONS SECTION TYPE](#), where learning disability was not present or not the primary reason for using the Mental Health Act.~~

[FORMAL ADMISSIONS \(LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE\)](#) is the total number of male [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#) for a [FORMAL ADMISSIONS SECTION TYPE](#), where learning disability was not present or not the primary reason for using the Mental Health Act.

It excludes transfers between [Health Care Providers](#) and between [Hospital Sites](#) of the same [Health Care Provider](#) which initiate a new [Hospital Provider Spell](#) where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is unchanged but includes such transfers where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) does change.

It excludes admissions where the [PATIENT](#) is being treated under an active [Supervised Community Treatment](#) and/or subject of a [Supervised Community Treatment Recall](#).

During the period 1st April 2008 and 31st March 2009 both [MENTAL CATEGORY](#) and [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the [MENTAL CATEGORY](#) of [PATIENTS](#) detained in the period up to 3rd November 2008 will be mapped to the categories of [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#).

The mapping for use with this data element is:

#### [MENTAL CATEGORY](#)

#### [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#)

1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

- It is a count of the total number of admission for all [PATIENTS](#) within the [Health Care Provider](#) for a given [FORMAL](#)

ADMISSIONS SECTION TYPE where:

- a. the Hospital Provider Spell has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE

and

where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715.

and

- b. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.

and

- c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE corresponds to the FORMAL ADMISSIONS SECTION TYPE

and

- ~~d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'~~

- d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'

and

~~the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'~~

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

and

- e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

and

the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was admitted.

2. Where no admissions match these criteria then FORMAL ADMISSIONS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE) should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spell, Consultant Episode (Hospital Provider), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or treatment type.~~

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## FORMAL ADMISSIONS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of female PATIENTS detained under the Mental Health Act and admitted to a Hospital Provider Spell during the REPORTING PERIOD for a FORMAL ADMISSIONS SECTION TYPE, where learning disability was the primary reason for using the Mental Health Act.

FORMAL ADMISSIONS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE) is the total number of female PATIENTS detained under the Mental Health Act and admitted to a Hospital Provider Spell during the REPORTING PERIOD for a FORMAL ADMISSIONS SECTION TYPE, where learning disability was the primary reason for using the Mental Health Act.

It excludes transfers between Health Care Providers and between Hospital Sites of the same Health Care Provider which initiate a new Hospital Provider Spell where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is unchanged but includes such transfers where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE does change.

It excludes admissions where the PATIENT is being treated under an active Supervised Community Treatment and/or subject of a Supervised Community Treatment Recall.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

<u>MENTAL CATEGORY</u>	<u>MENTAL HEALTH ACT 2007 MENTAL CATEGORY</u>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of admission for all PATIENTS within the Health Care Provider for a given FORMAL ADMISSIONS SECTION TYPE where:
  - a. the Hospital Provider Spell has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE
  - and
 

where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715.
  - and
  - b. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.
  - and
  - c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE corresponds to the FORMAL ADMISSIONS SECTION TYPE
  - and
  - ~~d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'~~
  - d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'
  - and
  - ~~the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'~~
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'
  - and
  - e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

- and



the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) should be recorded when the [PATIENT](#) was admitted.

- Where no admissions match these criteria then [FORMAL ADMISSIONS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE\)](#) should be set to zero.

[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 '[Start Date](#)' for the [ACTIVITY GROUP](#).

[Hospital Provider Spell](#), [Consultant Episode \(Hospital Provider\)](#), [Supervised Community Treatment](#) and [Supervised Community Treatment Recall](#) are the same as [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) identifies the specific spell, episode or treatment type.

## FORMAL ADMISSIONS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of male [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#) for a [FORMAL ADMISSIONS SECTION TYPE](#), where learning disability was the primary reason for using the Mental Health Act.

[FORMAL ADMISSIONS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE\)](#) is the total number of male [PATIENTS](#) detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#) for a [FORMAL ADMISSIONS SECTION TYPE](#), where learning disability was the primary reason for using the Mental Health Act.

It excludes transfers between [Health Care Providers](#) and between [Hospital Sites](#) of the same [Health Care Provider](#) which initiate a new [Hospital Provider Spell](#) where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is unchanged but includes such transfers where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) does change.

It excludes admissions where the [PATIENT](#) is being treated under an active [Supervised Community Treatment](#) and/or subject of a [Supervised Community Treatment Recall](#).

During the period 1st April 2008 and 31st March 2009 both [MENTAL CATEGORY](#) and [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the [MENTAL CATEGORY](#) of [PATIENTS](#) detained in the period up to 3rd November 2008 will be mapped to the categories of [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#).

The mapping for use with this data element is:

#### [MENTAL CATEGORY](#)

#### [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#)

1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

- It is a count of the total number of admission for all [PATIENTS](#) within the [Health Care Provider](#) for a given [FORMAL ADMISSIONS SECTION TYPE](#) where:

- a. the [Hospital Provider Spell](#) has a [Start Date](#) on or after the [REPORTING PERIOD START DATE](#) and the [Start Date](#) is before or on the [REPORTING PERIOD END DATE](#)

and

where the [Hospital Provider Spell](#) contains at least one [Consultant Episode \(Hospital Provider\)](#) where the main [TREATMENT FUNCTION](#) of the [CONSULTANT](#) is for a mental illness [MAIN SPECIALTY](#). The mental illness [MAIN SPECIALTY CODES](#) being 700, 710, 711, 712, 713 and 715.

and

- b. the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) of [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) should be recorded when the [PATIENT](#) was admitted.

and

- c. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) corresponds to the [FORMAL ADMISSIONS SECTION TYPE](#)

and

- ~~d. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 1 'Male'~~

- d. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 'Male'

and

~~the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 02 'Person Gender Current'~~

the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 'Person Gender Current'

and

- e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'

See above for mapping [MENTAL CATEGORY](#) of [PATIENTS](#) detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#)

and

the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) of [CATEGORY VALUED PERSON OBSERVATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT 2007 MENTAL CATEGORY](#) should be recorded when the [PATIENT](#) was admitted.

2. Where no admissions match these criteria then [FORMAL ADMISSIONS \(LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 'Start Date' for the [ACTIVITY GROUP](#).~~

~~[Hospital Provider Spell](#), [Consultant Episode \(Hospital Provider\)](#), [Supervised Community Treatment](#) and [Supervised Community Treatment Recall](#) are the same as [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) identifies the specific spell, episode or treatment type.~~

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## IMMUNISATION DATE

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Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[IMMUNISATION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 'Immunisation Dose Given Date'.~~ [IMMUNISATION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Immunisation Dose Given Date'.

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## KP90 DETAINED PATIENTS TRANSFERS IN

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

#### Notes:

The total number of PATIENTS detained and admitted to a Hospital Provider Spell during the REPORTING PERIOD who were transferred from another Health Care Provider where they were admitted and detained and where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE remains unchanged:

KP90 DETAINED PATIENTS TRANSFERS IN is the total number of PATIENTS detained and admitted to a Hospital Provider Spell during the REPORTING PERIOD who were transferred from another Health Care Provider where they were admitted and detained and where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE remains unchanged.

4. ~~It is a count of the total number of transfer admission for all PATIENTS within the Health Care Provider for a given REPORTING PERIOD where:~~
1. KP90 DETAINED PATIENTS TRANSFERS IN is a count of the total number of transfer admission for all PATIENTS within the Health Care Provider for a given REPORTING PERIOD where:
  - a. the Hospital Provider Spell has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE

and

where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715.

and

~~the ADMISSION METHOD was National Code 81 'Transfer of any admitted PATIENT from other Hospital Provider other than in an emergency'~~

the ADMISSION METHOD was National Code 'Transfer of any admitted PATIENT from other Hospital Provider other than in an emergency'

and
  - b. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.
  - c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE remains unchanged from that recorded at the Health Care Provider from which the PATIENT was transferred.
2. Where no admissions match these criteria then KP90 DETAINED PATIENTS TRANSFERS IN should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spell and Consultant Episode (Hospital Provider) are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell or episode type.~~

#### KP90 DETAINED PATIENTS TRANSFERS OUT

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

## Notes:

The total number of PATIENTS detained and discharged from a Hospital Provider Spell during the REPORTING PERIOD who were transferred to another Health Care Provider where they are to be admitted and detained and where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE remains unchanged:

KP90 DETAINED PATIENTS TRANSFERS OUT is the total number of PATIENTS detained and discharged from a Hospital Provider Spell during the REPORTING PERIOD who were transferred to another Health Care Provider where they are to be admitted and detained and where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE remains unchanged.

1. It is a count of the total number of discharges for all PATIENTS within the Health Care Provider for a given REPORTING PERIOD where:

a. the Hospital Provider Spell has a Discharge Date on or after the REPORTING PERIOD START DATE and the Discharge Date is before or on the REPORTING PERIOD END DATE

1. KP90 DETAINED PATIENTS TRANSFERS OUT is a count of the total number of discharges for all PATIENTS within the Health Care Provider for a given REPORTING PERIOD where:

the Hospital Provider Spell has a Discharge Date on or after the REPORTING PERIOD START DATE and the Discharge Date is before or on the REPORTING PERIOD END DATE

and

where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTIES. The mental illness MAIN SPECIALTY CODE being 700, 710, 711, 712, 713 and 715.

and

the DISCHARGE DESTINATION is National Code 49 'NHS other hospital provider - high security psychiatric accommodation' or 50 'NHS other hospital provider - medium secure unit' or 53 'NHS other hospital provider - ward for patients who are mentally ill or have learning disabilities' or 84 'Non-NHS run hospital - medium secure unit' or 87 'Non-NHS run hospital' and where the PATIENT is to be admitted and detained.

the DISCHARGE DESTINATION is National Code 'NHS other hospital provider - high security psychiatric accommodation' or 'NHS other hospital provider - medium secure unit' or 'NHS other hospital provider - ward for patients who are mentally ill or have learning disabilities' or 'Non-NHS run hospital - medium secure unit' or 'Non-NHS run hospital' and where the PATIENT is to be admitted and detained.

and

2. Where no discharges match these criteria then KP90 DETAINED PATIENTS TRANSFERS OUT should be set to zero.

Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.

Hospital Provider Spell and Consultant Episode (Hospital Provider) are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell or episode type.

---

## MATERNAL CRITICAL INCIDENT DATE TIME

---

Change to Data Element: Changed linked Attribute, Description

Format/Length: See DATE AND TIME

HES Item:

National Codes:

Default Codes:

## Notes:

MATERNAL CRITICAL INCIDENT DATE TIME is the same as data element DATE AND TIME for the PERSON PROPERTY EFFECTIVE DATE and PERSON PROPERTY EFFECTIVE TIME recorded for a MATERNAL CRITICAL INCIDENT TYPE CODE. MATERNAL CRITICAL INCIDENT DATE TIME is the same as attribute ACTIVITY DATE and ACTIVITY TIME where the ACTIVITY DATE AND TIME TYPE is National Code 'Maternal Critical Incident Date and Time'.

---

## MATERNAL CRITICAL INCIDENT DATE TIME

Change to Data Element: Changed linked Attribute, Description

## MATERNAL CRITICAL INCIDENT DATE TIME

### Attribute:

ACTIVITY DATE

ACTIVITY TIME

## MATERNITY SCREENING TESTS BOOKLET GIVEN DATE

Change to Data Element: Changed Description

Format/Length: See [DATE](#)

HES Item:

National Codes:

Default Codes:

### Notes:

~~MATERNITY SCREENING TESTS BOOKLET GIVEN DATE~~ is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code ~~'Screening Test Information Given Date'~~. MATERNITY SCREENING TESTS BOOKLET GIVEN DATE is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code ['Screening Test Information Given Date'](#).

## PATIENTS ADMITTED NUMBER

Change to Data Element: Changed Description

Format/length: n10

HES item:

Format/Length: n10

HES Item:

National Codes:

Default Codes:

### Notes:

The total number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions, admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) as day case admissions within the [REPORTING PERIOD](#). PATIENTS ADMITTED NUMBER is the total number of [PATIENTS](#) classified as booked admissions or [WAITING LIST](#) admissions, admitted from an [ELECTIVE ADMISSION LIST](#) to a [Hospital Provider Spell](#) as day case admissions within the [REPORTING PERIOD](#). This includes [PATIENTS](#) who have been admitted and then are subsequently sent home without treatment.

It includes private [PATIENTS](#) and [Overseas Visitors](#), it excludes elective planned admissions.

It is the total of number of elective admissions for [PATIENTS](#) where:

- a. the [ADMISSION OFFER OUTCOME](#) of the [OFFER OF ADMISSION](#) is National Code 1 'Patient admitted - treatment commenced' or 5 'Patient admitted - treatment deferred'
- a. the [ADMISSION OFFER OUTCOME](#) of the [OFFER OF ADMISSION](#) is National Code 'Patient admitted - treatment commenced' or 'Patient admitted - treatment deferred'

and

- b. the [ADMISSION METHOD](#) of the [Hospital Provider Spell](#) [ACTIVITY GROUP](#) is National Code 11 'Waiting list' or 12 'Booked'
- b. the [ADMISSION METHOD](#) of the [Hospital Provider Spell](#) [ACTIVITY GROUP](#) is National Code 'Waiting list' or 'Booked'

and

- c. the [ACTIVITY DATE](#) of the [Hospital Provider Spell](#) [ACTIVITY GROUP](#) recording the [Start Date](#) of the [Hospital Provider Spell](#) is within the period of the [REPORTING PERIOD START DATE](#) and the [REPORTING PERIOD END DATE](#).

Within the [REPORTING PERIOD](#) includes where the [DATE](#) is the same as the [START DATE](#) or [END DATE](#)

and

- d. the [PATIENT CLASSIFICATION](#) of the [Hospital Provider Spell](#) [ACTIVITY GROUP](#) is National Code 2 'Day case admission'

- d. the **PATIENT CLASSIFICATION** of the **Hospital Provider Spell** **ACTIVITY GROUP** is National Code 'Day case admission'

**START DATE** of a **Hospital Provider Spell** is an **ACTIVITY DATE** where **ACTIVITY DATE TIME TYPE** is National Code 31 'Start Date'.

---

## PREGNANCY FIRST CONTACT DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**PREGNANCY FIRST CONTACT DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code 'Pregnancy First Contact Date'.~~  
**PREGNANCY FIRST CONTACT DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code 'Pregnancy First Contact Date'.

---

## PRIMARY PROCEDURE DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	OPDATE1
National Codes:	
Default Codes:	

### Notes:

~~**PRIMARY PROCEDURE DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code 'Primary Procedure Date'.~~  
**PRIMARY PROCEDURE DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code 'Primary Procedure Date'.

---

## PROCEDURE DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**PROCEDURE DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TIME TYPE** is National Code 'Procedure Date'.~~  
**PROCEDURE DATE** is the same as attribute **ACTIVITY DATE** where the **ACTIVITY DATE TYPE** is National Code 'Procedure Date'.

---

## PROCEDURE DATE (DATING ULTRASOUND SCAN)

---

Change to Data Element: Changed Description

<del>Format/Length:</del>	See <del><a href="#">PROCEDURE DATE</a></del>
<del>Format/Length:</del>	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~**PROCEDURE DATE (DATING ULTRASOUND SCAN)** is the same as data element **PROCEDURE DATE**, for the **Clinical Investigation** of **Dating Ultrasound Scan**.~~  
**PROCEDURE DATE (DATING ULTRASOUND SCAN)** is the same as attribute **ACTIVITY**

DATE where the ACTIVITY DATE TYPE is National Code 'Procedure Date' for the Clinical Investigation of Dating Ultrasound Scan.

---

## PROCEDURE DATE (ELECTRO-CONVULSIVE THERAPY)

---

Change to Data Element: Changed Description

Format/Length:	See <u>DATE</u>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~This is the date of the Electro-Convulsive Therapy Patient Procedure.~~ PROCEDURE DATE (ELECTRO-CONVULSIVE THERAPY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Procedure Date' of the Electro-Convulsive Therapy Patient Procedure.

---

## PROCEDURE DATE (SCREENING NEWBORN HEARING)

---

Change to Data Element: Changed Description

<del>Format/Length:</del>	<del>See <u>PROCEDURE DATE</u></del>
<u>Format/Length:</u>	See <u>DATE</u>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~PROCEDURE DATE (SCREENING NEWBORN HEARING) is the same as data element PROCEDURE DATE for the Newborn Hearing Screening.~~

PROCEDURE DATE (SCREENING NEWBORN HEARING) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Procedure Date' for the Newborn Hearing Screening.

---

## REFERRAL CLOSURE DATE (COMMUNITY CARE)

---

Change to Data Element: Changed Description

Format/Length:	see <u>DATE</u>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~REFERRAL CLOSURE DATE (COMMUNITY CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Referral Closure Date (Community Care)'.~~ REFERRAL CLOSURE DATE (COMMUNITY CARE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Referral Closure Date (Community Care)'.

---

## SCT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE)

---

Change to Data Element: Changed Description

<del>Format/length:</del>	<del>n10</del>
<del>HES item:</del>	
<u>Format/Length:</u>	n10
<u>HES Item:</u>	
National Codes:	
Default Codes:	

# Notes:

The total number of female PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

SCT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE) is the total number of female PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

<u>MENTAL CATEGORY</u>	<u>MENTAL HEALTH ACT 2007 MENTAL CATEGORY</u>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

- It is a count of the total number of PATIENTS on a period of Supervised Community Treatment with the Health Care Provider at the REPORTING PERIOD END DATE where:
  - the period of Supervised Community Treatment has a Start Date on or before the REPORTING PERIOD END DATE and  
 the period of Supervised Community Treatment has no recorded End Date i.e. the Supervised Community Treatment is still active  
 or  
 the End Date is after the REPORTING PERIOD END DATE i.e. the Supervised Community Treatment was active as at the REPORTING PERIOD END DATE
  - and
    - the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'
    - the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'
    - and  
 the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'
    - the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'
  - and
    - the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'
    - the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code 'Mental disorder (Learning Disability not present or not primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

and

the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Supervised Community Treatment i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was put on the period of Supervised Community Treatment.
- Where no PATIENTS match these criteria then SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - FEMALE) should be set to zero.



Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.

---

## SCT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE)

---

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of male PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

SCT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE) is the total number of male PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was not present or not the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

<u>MENTAL CATEGORY</u>	<u>MENTAL HEALTH ACT 2007 MENTAL CATEGORY</u>
1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of PATIENTS on a period of Supervised Community Treatment with the Health Care Provider at the REPORTING PERIOD END DATE where:
  - a. the period of Supervised Community Treatment has a Start Date on or before the REPORTING PERIOD END DATE and  
the period of Supervised Community Treatment has no recorded End Date i.e. the Supervised Community Treatment is still active  
or  
the End Date is after the REPORTING PERIOD END DATE i.e. the Supervised Community Treatment was active as at the REPORTING PERIOD END DATE
  - and
  - b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'

- b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'
- and
- the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'
- the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'
- and
- c. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code A 'Mental disorder (Learning Disability not present or not primary reason for using Act)'
- See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY
- and
- the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Supervised Community Treatment i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was put on the period of Supervised Community Treatment.
2. Where no PATIENTS match these criteria then SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY NOT PRESENT OR NOT PRIMARY REASON FOR USING ACT - MALE) should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~End Date is an MAIN SPECIALTY CODE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.~~

~~Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.~~

---

## SECOND OPERATION DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	OPDATE2
National Codes:	
Default Codes:	

### Notes:

~~SECOND OPERATION DATE is the same as the attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 'Second Operation Date'.~~ SECOND OPERATION DATE is the same as the attribute ACTIVITY DATE where ACTIVITY DATE TYPE is National Code 'Second Operation Date'.

---

## SPEECH AND SWALLOWING ASSESSMENT DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~SPEECH AND SWALLOWING ASSESSMENT DATE is the same as the attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Speech and Swallowing Assessment Date'.~~

SPEECH AND SWALLOWING ASSESSMENT DATE is the same as the attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Speech and Swallowing Assessment Date'.

---

## START DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date'.~~ START DATE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date'.

---

### START DATE (ACTIVE MONITORING)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (ACTIVE MONITORING) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date'.~~ START DATE (ACTIVE MONITORING) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date'.

START DATE (ACTIVE MONITORING) is the [CARE PLAN AGREED DATE](#) of the [Cancer Care Plan](#) where the [Planned Cancer Treatment](#) is for [PLANNED CANCER TREATMENT TYPE](#) National Code '[Active Monitoring](#)' and the [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment](#) planned'.

From 01 January 2009, this data element is no longer used in the [National Cancer Waiting Times Monitoring Data Set](#). It may still be used in other data sets or collected locally if required.

---

### START DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Adult Mental Health Care Team Episode.~~ START DATE (ADULT MENTAL HEALTH CARE TEAM EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the [Adult Mental Health Care Team Episode](#).

---

### START DATE (ANTI-CANCER DRUG FRACTION)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (ANTI-CANCER DRUG FRACTION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Anti-Cancer Drug Fraction.~~ START DATE (ANTI-CANCER DRUG FRACTION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the [Anti-Cancer Drug Fraction](#).

---

### START DATE (ANTI-CANCER DRUG REGIMEN)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~[START DATE \(ANTI-CANCER DRUG REGIMEN\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of the [Anti-Cancer Drug Regimen](#).~~ [START DATE \(ANTI-CANCER DRUG REGIMEN\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Anti-Cancer Drug Regimen](#).

This should be recorded if the [First Definitive Treatment](#) is [Chemotherapy](#) and/or other anti-cancer drug treatments.

[START DATE \(ANTI-CANCER DRUG REGIMEN\)](#) is the [ACTIVITY DATE](#) of the [Anti-Cancer Drug Programme](#) where the [Planned Cancer Treatment](#) is for [PLANNED CANCER TREATMENT TYPE](#) National Code '[Chemotherapy](#)' or '[Hormone Therapy](#)' and [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment planned](#)'.

---

## START DATE (BRACHYTHERAPY TREATMENT COURSE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~[START DATE \(BRACHYTHERAPY TREATMENT COURSE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of the [Brachytherapy Treatment Course](#).~~ [START DATE \(BRACHYTHERAPY TREATMENT COURSE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Brachytherapy Treatment Course](#).

[START DATE \(BRACHYTHERAPY TREATMENT COURSE\)](#) is the [START DATE](#) of the [Brachytherapy Treatment Course](#) where the [PLANNED CANCER TREATMENT TYPE](#) is National Code '[Brachytherapy](#)' and the [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment provided](#)'.

---

## START DATE (CARE PROGRAMME APPROACH CARE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~[START DATE \(CARE PROGRAMME APPROACH CARE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of a period of care for a [PATIENT](#), when the [CARE PROGRAMME APPROACH LEVEL](#) is National Code '[New Care Programme Approach Care](#)'.~~ [START DATE \(CARE PROGRAMME APPROACH CARE\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of a period of care for a [PATIENT](#), when the [CARE PROGRAMME APPROACH LEVEL](#) is National Code '[New Care Programme Approach Care](#)'.

---

## START DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE)

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	

National Codes:  
Default Codes:

**Notes:**

~~START DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE) is the Start Date of a Child and Adolescent Mental Health Clinical Intervention Episode for a PATIENT.~~ START DATE (CHILD AND ADOLESCENT MENTAL HEALTH CLINICAL INTERVENTION EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of a Child and Adolescent Mental Health Clinical Intervention Episode for a PATIENT.

## START DATE (CONSULTANT EPISODE)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item: EPISTART  
National Codes:  
Default Codes:

**Notes:**

~~As for the data element START DATE (EPISODE).~~ START DATE (CONSULTANT EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the consultant episode.

## START DATE (CONSULTANT OUT-PATIENT EPISODE)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (CONSULTANT OUT-PATIENT EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Consultant Out-Patient Episode.~~ START DATE (CONSULTANT OUT-PATIENT EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Consultant Out-Patient Episode.

## START DATE (EPISODE)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item: EPISTART  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the episode.~~

~~Record the start and end dates of the episode to derive the period that the PATIENT was under the care of a particular CONSULTANT, MIDWIFE or NURSE during the Hospital Provider Spell.~~

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 (FINAL SYSTEMIC ANTI-CANCER THERAPY)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:

Default Codes:

**Notes:**

~~START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Systemic Anti-Cancer Drug Regimen.~~ START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Systemic Anti-Cancer Drug Regimen.

START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY) is the Start Date of the final cycle of Chemotherapy within a Systemic Anti-Cancer Drug Regimen, which is the End Date of the Chemotherapy treatment.

---

## START DATE (GMP PATIENT REGISTRATION)

Change to Data Element: Changed Description

Format/Length: See DATE  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (GMP PATIENT REGISTRATION) is the same as START DATE.~~

~~START DATE (GMP PATIENT REGISTRATION) is the DATE on which the PERSON registered with a General Medical Practitioner Practice.~~

START DATE (GMP PATIENT REGISTRATION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' on which the PERSON registered with a General Medical Practitioner Practice.

---

## START DATE (HOME LEAVE)

Change to Data Element: Changed Description

Format/Length: See DATE  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (HOME LEAVE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Home Leave.~~ START DATE (HOME LEAVE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Home Leave.

---

## START DATE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

Format/Length: See DATE  
HES Item: ADMIDATE  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (HOSPITAL PROVIDER SPELL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Hospital Provider Spell.~~ 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 ANTENATAL)

Change to Data Element: Changed linked Attribute, Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

### Notes:

~~START DATE (HOSPITAL PROVIDER SPELL ANTENATAL) is the same as data element START DATE (HOSPITAL PROVIDER SPELL), where the ADMISSION METHOD is National Code '31 - Admitted ante-partum'.~~ START DATE (HOSPITAL PROVIDER SPELL ANTENATAL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Hospital Provider Spell where the ADMISSION METHOD is National Code 'Admitted ante-partum'.

## START DATE (HOSPITAL PROVIDER SPELL ANTENATAL)

Change to Data Element: Changed linked Attribute, Description

### START DATE (HOSPITAL PROVIDER SPELL ANTENATAL)

#### Attribute:

[ACTIVITY DATE](#)

## START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM)

Change to Data Element: Changed linked Attribute, Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

### Notes:

~~START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM) is the same as data element START DATE (HOSPITAL PROVIDER SPELL), where the ADMISSION METHOD is National Code '32 - Admitted post-partum' (usually between 10 and 28 days post delivery).~~ START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Hospital Provider Spell where the ADMISSION METHOD is National Code 'Admitted post-partum' (usually between 10 and 28 days post delivery).

## START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM)

Change to Data Element: Changed linked Attribute, Description

### START DATE (HOSPITAL PROVIDER SPELL POSTPARTUM)

#### Attribute:

[ACTIVITY DATE](#)

## START DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE)

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

### Notes:

~~START DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Absence Without Leave.~~ START DATE (MENTAL HEALTH ABSENCE WITHOUT LEAVE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Absence Without Leave.

---

## START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION.~~ START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION.

---

## START DATE (MENTAL HEALTH CARE CLUSTER)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START DATE (MENTAL HEALTH CARE CLUSTER) is the PERSON PROPERTY EFFECTIVE DATE of a Mental Health Care Cluster Assignment Period for a PATIENT.~~ START DATE (MENTAL HEALTH CARE CLUSTER) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of a Mental Health Care Cluster Assignment Period for a PATIENT.

---

## START DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Care Coordinator Assignment.~~ START DATE (MENTAL HEALTH CARE COORDINATOR ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Care Coordinator Assignment.

---

## START DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED))

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED)) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Care Professional Episode (Acute Home-Based).~~ START DATE (MENTAL HEALTH CARE PROFESSIONAL EPISODE (ACUTE HOME BASED)) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Care Professional Episode (Acute Home-Based).

---

## START DATE (MENTAL HEALTH CARE SPELL)

---



Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (MENTAL HEALTH CARE SPELL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Care Spell.~~ START DATE (MENTAL HEALTH CARE SPELL) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Care Spell.

For [Mental Health Minimum Data Set](#) purposes where the [Health Care Provider](#) cannot initiate and maintain [Adult Mental Health Care Spells](#), it is the function of the assembler process itself to assemble the [Adult Mental Health Care Spell](#) and provide the appropriate date to be used for the [START DATE \(MENTAL HEALTH CARE SPELL\)](#). The assembler process derives the appropriate date from the first recorded [ACTIVITY](#) which lies within an uninterrupted sequence starting in, or continuing into, the [REPORTING PERIOD](#).

The [NHS Trust](#) may override the assembler's derived date in the case of [PATIENTS](#) cared for continuously longer than the period for which electronic activity records are available to the assembler process.

---

## START DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Delayed Discharge Period.~~ START DATE (MENTAL HEALTH DELAYED DISCHARGE PERIOD) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Delayed Discharge Period.

[START DATE \(MENTAL HEALTH DELAYED DISCHARGE PERIOD\)](#) is the date that the clinical decision was taken that the [PATIENT](#) is fit and ready for discharge, but external factors prevent the discharge taking place.

---

## START DATE (MENTAL HEALTH LEAVE OF ABSENCE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (MENTAL HEALTH LEAVE OF ABSENCE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Leave Of Absence.~~ START DATE (MENTAL HEALTH LEAVE OF ABSENCE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Leave Of Absence.

---

## START DATE (MENTAL HEALTH NHS CARE HOME STAY)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	

National Codes:  
Default Codes:

**Notes:**

~~START DATE (MENTAL HEALTH NHS CARE HOME STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Care Home Stay (Nursing Care) or Care Home Stay (Residential), where START DATE (MENTAL HEALTH NHS CARE HOME STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Care Home Stay (Nursing Care) or Care Home Stay (Residential), where:~~

- the [BROAD PATIENT GROUP CODE](#) is National Code 'Patients with Mental Illness', and
- the [Care Home](#) is operated and managed by an NHS [ORGANISATION](#) as classified by [ORGANISATION TYPE](#)

A [PATIENT](#) going on [Home Leave](#) or [Mental Health Leave Of Absence](#) for 28 days or less, or who has a current period of [Mental Health Absence Without Leave](#) of 28 days or less, does not interrupt the [Care Home Stay \(Nursing Care\)](#) or [Care Home Stay \(Residential\)](#), but are not using a bed during their period of absence.

---

## START DATE (MENTAL HEALTH NHS DAY CARE EPISODE)

---

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (MENTAL HEALTH NHS DAY CARE EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health NHS Day Care Episode; START DATE (MENTAL HEALTH NHS DAY CARE EPISODE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health NHS Day Care Episode.~~

---

## START DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT)

---

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Mental Health Responsible Clinician Assignment; START DATE (MENTAL HEALTH RESPONSIBLE CLINICIAN ASSIGNMENT) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Mental Health Responsible Clinician Assignment.~~

---

## START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE)

---

Change to Data Element: Changed Description

Format/Length: See [DATE](#)  
HES Item:  
National Codes:  
Default Codes:

**Notes:**

~~START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date'; START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date'.~~

[START DATE \(SPECIALIST PALLIATIVE TREATMENT COURSE\)](#) is the [ACTIVITY DATE](#) on which the first treatment or support

from [Specialist Palliative Care](#) was given to a [PATIENT](#) with diagnosed cancer within the [Cancer Care Spell](#) and where the [PLANNED CANCER TREATMENT TYPE](#) is National Code '[Specialist Palliative Care](#)' and the [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment](#) provided'.

---

## START DATE (SUPERVISED COMMUNITY TREATMENT)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[START DATE \(SUPERVISED COMMUNITY TREATMENT\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of the [Supervised Community Treatment](#).~~ [START DATE \(SUPERVISED COMMUNITY TREATMENT\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Supervised Community Treatment](#).

---

## START DATE (SUPERVISED COMMUNITY TREATMENT RECALL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[START DATE \(SUPERVISED COMMUNITY TREATMENT RECALL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)' of the [Supervised Community Treatment Recall](#).~~ [START DATE \(SUPERVISED COMMUNITY TREATMENT RECALL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Supervised Community Treatment Recall](#).

---

## START DATE (SURGERY HOSPITAL PROVIDER SPELL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[START DATE \(SURGERY HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code '[Start Date](#)'.~~ [START DATE \(SURGERY HOSPITAL PROVIDER SPELL\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)'. This should be recorded if the [First Definitive Treatment](#) is surgery.

[START DATE \(SURGERY HOSPITAL PROVIDER SPELL\)](#) is the [Start Date](#) of the [Hospital Provider Spell](#) the [PATIENT](#) was admitted to for the anti-cancer surgery to be performed and where the [Planned Cancer Treatment](#) is for [PLANNED CANCER TREATMENT TYPE](#) National Code '[Surgery](#)' and [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment](#) provided'.

From 01 January 2009, this data element is no longer used in the [National Cancer Waiting Times Monitoring Data Set](#). It may still be used in other data sets or collected locally if required.

---

## START DATE (SYSTEMIC ANTI-CANCER DRUG CYCLE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Systemic Anti-Cancer Drug Cycle.~~ START DATE (FINAL SYSTEMIC ANTI-CANCER THERAPY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Systemic Anti-Cancer Drug Cycle.

[START DATE \(SYSTEMIC ANTI-CANCER DRUG CYCLE\)](#) is the date of the first drug administration in each [Systemic Anti-Cancer Drug Cycle](#).

---

## START DATE (TELETHERAPY TREATMENT COURSE)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (TELETHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' and should be recorded if the First Definitive Treatment is Teletherapy.~~ START DATE (TELETHERAPY TREATMENT COURSE) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' and should be recorded if the First Definitive Treatment is Teletherapy.

[START DATE \(TELETHERAPY TREATMENT COURSE\)](#) is the [Start Date](#) of the [Radiotherapy Treatment Course](#) where the [PLANNED CANCER TREATMENT TYPE](#) is National Code '[Teletherapy](#)' and the [FIRST DEFINITIVE TREATMENT PROVIDED](#) is classification '[First Definitive Treatment](#) provided'.

---

## START DATE (WARD STAY)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START DATE (WARD STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 'Start Date' of the Ward Stay.~~ START DATE (WARD STAY) is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is National Code 'Start Date' of the Ward Stay.

---

## START TIME

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~START TIME is the same as attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'Start Time'.~~ START

TIME is the same as attribute ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'Start Time'.

---

## START TIME (HOSPITAL PROVIDER SPELL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START TIME (HOSPITAL PROVIDER SPELL) is the same as the attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'Start Time' of the Hospital Provider Spell.~~ START TIME (HOSPITAL PROVIDER SPELL) is the same as the attribute ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'Start Time' of the Hospital Provider Spell.

---

## START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'Start Time' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION.~~ START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION) is the same as attribute ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'Start Time' of the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION.

---

## START TIME (SUPERVISED COMMUNITY TREATMENT RECALL)

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~START TIME (SUPERVISED COMMUNITY TREATMENT RECALL) is the same as attribute ACTIVITY TIME where the ACTIVITY DATE TIME TYPE is National Code 'Start Time' of the Supervised Community Treatment Recall.~~ START TIME (SUPERVISED COMMUNITY TREATMENT RECALL) is the same as attribute ACTIVITY TIME where the ACTIVITY TIME TYPE is National Code 'Start Time' of the Supervised Community Treatment Recall.

---

## STATUTORY ASSESSMENT DATE

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Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The date when a Social Services Statutory Assessment took place.~~

STATUTORY ASSESSMENT DATE is an ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is 'Statutory Assessment Date'.

STATUTORY ASSESSMENT DATE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TYPE is 'Statutory Assessment Date'.

## SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of female PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was the primary reason for using the Mental Health Act.

SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE) is the total number of female PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

#### MENTAL CATEGORY

#### MENTAL HEALTH ACT 2007 MENTAL CATEGORY

1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of PATIENTS on a period of Supervised Community Treatment with the Health Care Provider at the REPORTING PERIOD END DATE where:
  - a. the period of Supervised Community Treatment has a Start Date on or before the REPORTING PERIOD END DATE and
 

the period of Supervised Community Treatment has no recorded End Date i.e. the Supervised Community Treatment is still active

or

the End Date is after the REPORTING PERIOD END DATE i.e. the Supervised Community Treatment was active as at the REPORTING PERIOD END DATE

and
  - b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'
  - b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

and
- c. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'

- c. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code 'Mental Disorder (Learning Disability primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

and

the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Supervised Community Treatment i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was put on the period of Supervised Community Treatment.

2. Where no PATIENTS match these criteria then SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - FEMALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.

## SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of male PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was the primary reason for using the Mental Health Act.

SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE) is the total number of male PATIENTS on a period of Supervised Community Treatment as at the REPORTING PERIOD END DATE, where learning disability was the primary reason for using the Mental Health Act.

During the period 1st April 2008 and 31st March 2009 both MENTAL CATEGORY and MENTAL HEALTH ACT 2007 MENTAL CATEGORY will be in use to categorise mental disorder. But for the purposes of the KP90 collection only it has been agreed with stakeholders that the MENTAL CATEGORY of PATIENTS detained in the period up to 3rd November 2008 will be mapped to the categories of MENTAL HEALTH ACT 2007 MENTAL CATEGORY.

The mapping for use with this data element is:

#### MENTAL CATEGORY

#### MENTAL HEALTH ACT 2007 MENTAL CATEGORY

1 Mental illness	A Mental disorder (Learning Disability not present or not primary reason for using Act)
2 Mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
3 Severe mental impairment	B Mental disorder (Learning Disability primary reason for using Act)
4 Psychopathic disorder	A Mental disorder (Learning Disability not present or not primary reason for using Act)
5 Not specified	A Mental disorder (Learning Disability not present or not primary reason for using Act)

1. It is a count of the total number of PATIENTS on a period of Supervised Community Treatment with the Health Care Provider at the REPORTING PERIOD END DATE where:

- a. the period of Supervised Community Treatment has a Start Date on or before the REPORTING PERIOD END DATE and
- the period of Supervised Community Treatment has no recorded End Date i.e. the Supervised Community Treatment is still active
- or
- the End Date is after the REPORTING PERIOD END DATE i.e. the Supervised Community Treatment was active as at the REPORTING PERIOD END DATE

and

- b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'

- b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

and

- c. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code B 'Mental Disorder (Learning Disability primary reason for using Act)'

- c. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is National Code 'Mental Disorder (Learning Disability primary reason for using Act)'

See above for mapping MENTAL CATEGORY of PATIENTS detained and admitted in the period up to 3rd November 2008 to provide the appropriate category for MENTAL HEALTH ACT 2007 MENTAL CATEGORY

and

the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT 2007 MENTAL CATEGORY of CATEGORY VALUED PERSON OBSERVATION is the same as the Start Date of the Supervised Community Treatment i.e. the MENTAL HEALTH ACT 2007 MENTAL CATEGORY should be recorded when the PATIENT was put on the period of Supervised Community Treatment.

2. Where no PATIENTS match these criteria then SUPERVISED COMMUNITY TREATMENT PATIENTS (LEARNING DISABILITY PRIMARY REASON FOR USING ACT - MALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.

## SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE (FEMALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of periods of Supervised Community Treatment started for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD for a LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE.

SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE (FEMALE) is the total number of periods of Supervised Community Treatment started for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD for a LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE.



For periods of [Supervised Community Treatment](#) started where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) 'suspended' is not individually specified in [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) should be aggregated to [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) classification value 05 'LEGAL STATUS CLASSIFICATION CODE All other not specified'.

1. It is a count of the total number of periods of [Supervised Community Treatment](#) started for all [PATIENTS](#) within the [Health Care Provider](#) for a given [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) where
  - a. the [Supervised Community Treatment](#) has a [Start Date](#) on or after the [REPORTING PERIOD START DATE](#) and the [Start Date](#) is before or on the [REPORTING PERIOD END DATE](#)
  - and
  - ~~b. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 2 'Female'~~
  - b. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 'Female'
  - and
  - ~~the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 02 'Person Gender Current'~~
  - the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 'Person Gender Current'
  - and
  - c. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) current when 'suspended' for the period of [Supervised Community Treatment](#) to start, corresponds to the [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#)
2. Where no periods of [Supervised Community Treatment](#) match these criteria then [SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE \(FEMALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 'Start Date' for the [ACTIVITY GROUP](#).~~

~~[Supervised Community Treatment](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 47 'Supervised Community Treatment'.~~

## SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE (MALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The total number of periods of [Supervised Community Treatment](#) started for male [PATIENTS](#) detained under the Mental Health Act during the [REPORTING PERIOD](#) for a [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#).~~

[SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE \(MALE\)](#) is the total number of periods of [Supervised Community Treatment](#) started for male [PATIENTS](#) detained under the Mental Health Act during the [REPORTING PERIOD](#) for a [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#).

For periods of [Supervised Community Treatment](#) started where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) 'suspended' is not individually specified in [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) should be aggregated to [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) classification value 05 'LEGAL STATUS CLASSIFICATION CODE All other not specified'.

1. It is a count of the total number of periods of [Supervised Community Treatment](#) started for all [PATIENTS](#) within the [Health Care Provider](#) for a given [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#) where

- a. the [Supervised Community Treatment](#) has a [Start Date](#) on or after the [REPORTING PERIOD START DATE](#) and the [Start Date](#) is before or on the [REPORTING PERIOD END DATE](#)
  - and
  - b. the [PERSON GENDER CODE](#) of the latest recorded [PERSON GENDER](#) (whether recorded before or within) the [REPORTING PERIOD](#) is National Code 1 'Male'
  - and
  - the [PERSON GENDER TYPE](#) for the [PERSON GENDER](#) is National Code 02 'Person Gender Current'
  - and
  - c. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) current when 'suspended' for the period of [Supervised Community Treatment](#) to start, corresponds to the [LEGAL STATUS CLASSIFICATION SUSPENDED TO START SUPERVISED COMMUNITY TREATMENT TYPE](#)
2. Where no periods of [Supervised Community Treatment](#) match these criteria then [SUPERVISED COMMUNITY TREATMENTS STARTED FOR TYPE \(MALE\)](#) should be set to zero.

~~[Start Date](#) is an [ACTIVITY DATE](#) where [ACTIVITY DATE TIME TYPE](#) is National Code 31 'Start Date' for the [ACTIVITY GROUP](#).~~

~~[Supervised Community Treatment](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 47 'Supervised Community Treatment'.~~

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## SYSTEMIC ANTI-CANCER THERAPY ADMINISTRATION DATE

---

Change to Data Element: Changed Description

Format/Length:	See <a href="#">DATE</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[SYSTEMIC ANTI-CANCER THERAPY ADMINISTRATION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 'Systemic Anti-Cancer Therapy Administration Date'.~~ [SYSTEMIC ANTI-CANCER THERAPY ADMINISTRATION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Systemic Anti-Cancer Therapy Administration Date'.

[SYSTEMIC ANTI-CANCER THERAPY ADMINISTRATION DATE](#) is the date on which the [Chemotherapy](#) was administered to a [PATIENT](#), an infusion commenced, or an oral drug was initially dispensed to the [PATIENT](#).

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## THEATRE CASE START TIME

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Change to Data Element: Changed Description

Format/Length:	See <a href="#">TIME</a>
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~[THEATRE CASE START TIME](#) is the same as the attribute [ACTIVITY TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 'Start Time'.~~ [THEATRE CASE START TIME](#) is the same as the attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code 'Start Time'.

[THEATRE CASE START TIME](#) is the beginning of induction of labour of the [PATIENT](#) or start of anaesthesia where this takes place either in the [OPERATING THEATRE](#) or in the anaesthetic room, or start of the procedure/s if no anaesthetic is given.

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## THIRD OPERATION DATE

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Change to Data Element: Changed Description

Format/length:	see <a href="#">DATE</a>
HES item:	OPDATE3
Format/Length:	See <a href="#">DATE</a>
HES Item:	OPDATE3
National Codes:	
Default Codes:	

**Notes:**

~~[THIRD OPERATION DATE](#) is the same as the attribute [ACTIVITY DATE](#) of [ACTIVITY DATE TIME](#) where the [ACTIVITY DATE TIME TYPE](#) is National Code 44 'Third Operation Date'.~~

[THIRD OPERATION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code 'Third Operation Date'.

~~This is the [ACTIVITY DATE](#) of the [THIRD OPERATION \(OPCS-4\)](#).~~ [THIRD OPERATION DATE](#) is the [ACTIVITY DATE](#) of the [THIRD OPERATION \(OPCS-4\)](#).

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## TOTAL INFORMAL ADMISSIONS (FEMALE)

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Change to Data Element: Changed Description

Format/length:	<del>n10</del>
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

~~The total number of female [PATIENTS](#) informally detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#).~~

[TOTAL INFORMAL ADMISSIONS \(FEMALE\)](#) is the total number of female [PATIENTS](#) informally detained under the Mental Health Act and admitted to a [Hospital Provider Spell](#) during the [REPORTING PERIOD](#).

It excludes transfers between [Health Care Providers](#) and between [Hospital Sites](#) of the same [Health Care Provider](#) which initiate a new [Hospital Provider Spell](#) where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is unchanged but includes such transfers where the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) does change.

It excludes admissions where the [PATIENT](#) is being treated under an active [Supervised Community Treatment](#) and/or subject of a [Supervised Community Treatment Recall](#).

1. It is a count of the total number of admissions for all [PATIENTS](#) within the [Health Care Provider](#) where:
  - a. the [Hospital Provider Spell](#) has a [Start Date](#) on or after the [REPORTING PERIOD START DATE](#) and the [Start Date](#) is before or on the [REPORTING PERIOD END DATE](#)  
and  
where the [Hospital Provider Spell](#) contains at least one [Consultant Episode \(Hospital Provider\)](#) where the main [TREATMENT FUNCTION](#) of the [CONSULTANT](#) is for a mental illness [MAIN SPECIALTY](#). The mental illness [MAIN SPECIALTY CODES](#) being 700, 710, 711, 712, 713 and 715. This includes both [Hospital Stays](#) and [Care Home Stays \(Consultant Care\)](#) within the [Hospital Provider Spell](#)  
and
  - b. the [PERSON PROPERTY EFFECTIVE DATE](#) for the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) of [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) is the same as the [Start Date](#) of the [Hospital Provider Spell](#) i.e. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) should be recorded when the [PATIENT](#) was admitted.  
and
  - ~~c. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is National Code 01 'Informal'~~
  - c. the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is National Code 'Informal'

and

c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'

d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no admissions match these criteria then TOTAL INFORMAL ADMISSIONS (FEMALE) should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spells, Hospital Stays, Consultant Episodes (Hospital Provider), Care Home Stays (Consultant Care), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or stay type.~~

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## TOTAL INFORMAL ADMISSIONS (MALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of male PATIENTS informally detained under the Mental Health Act and admitted to a Hospital Provider Spell during the REPORTING PERIOD.

TOTAL INFORMAL ADMISSIONS (MALE) is the total number of male PATIENTS informally detained under the Mental Health Act and admitted to a Hospital Provider Spell during the REPORTING PERIOD.

It excludes transfers between Health Care Providers and between Hospital Sites of the same Health Care Provider which initiate a new Hospital Provider Spell where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is unchanged but includes such transfers where the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE does change.

It excludes admissions where the PATIENT is being treated under an active Supervised Community Treatment and/or subject of a Supervised Community Treatment Recall.

1. It is a count of the total number of admissions for all PATIENTS within the Health Care Provider where:
  - a. the Hospital Provider Spell has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE  
and  
where the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715. This includes both Hospital Stays and Care Home Stays (Consultant Care) within the Hospital Provider Spell  
and
  - b. the PERSON PROPERTY EFFECTIVE DATE for the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is the same as the Start Date of the Hospital Provider Spell i.e. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION should be recorded when the PATIENT was admitted.  
and
  - c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 01 'Informal'
  - c. the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 'Informal'

and

c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'

d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no admissions match these criteria then TOTAL INFORMAL ADMISSIONS (MALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

~~Hospital Provider Spells, Hospital Stays, Consultant Episodes (Hospital Provider), Care Home Stays (Consultant Care), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or stay type.~~

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## TOTAL INFORMAL PATIENTS (FEMALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

~~The total number of female PATIENTS informally detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE.~~

TOTAL INFORMAL PATIENTS (FEMALE) is the total number of female PATIENTS informally detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE.

1. It is a count of the total number of PATIENTS resident with a Hospital Provider Spell within the Health Care Provider at the REPORTING PERIOD END DATE where:
  - a. the Hospital Provider Spell has a Start Date on or before the REPORTING PERIOD END DATE  
and  
the Hospital Provider Spell has no recorded Discharge Date i.e. the Hospital Provider Spell is still active  
or  
the Discharge Date is after the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active as at the REPORTING PERIOD END DATE  
and
  - b. the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715. This includes both Hospital Stays and Care Home Stays (Consultant Care) within the Hospital Provider Spell.  
and
  - c. the current MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 01 'Informal'
  - c. the current MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 'Informal'
  - and
  - d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'
  - d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no patients match these criteria then TOTAL INFORMAL PATIENTS (FEMALE) should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spells, Hospital Stays, Consultant Episodes (Hospital Provider), Care Home Stays (Consultant Care), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or stay type.~~

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## TOTAL INFORMAL PATIENTS (MALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of male PATIENT informally detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE.

TOTAL INFORMAL PATIENTS (MALE) is the total number of male PATIENT informally detained under the Mental Health Act resident with a current Hospital Provider Spell as at the REPORTING PERIOD END DATE.

1. It is a count of the total number of PATIENTS resident with a Hospital Provider Spell within the Health Care Provider at the REPORTING PERIOD END DATE where:
  - a. the Hospital Provider Spell has a Start Date on or before the REPORTING PERIOD END DATE  
and  
the Hospital Provider Spell has no recorded Discharge Date i.e. the Hospital Provider Spell is still active  
or  
the Discharge Date is after the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active as at the REPORTING PERIOD END DATE  
and
  - b. the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715. This includes both Hospital Stays and Care Home Stays (Consultant Care) within the Hospital Provider Spell.  
and
  - c. the current MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 01 'Informal'  
c. the current MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE is National Code 'Informal'  
and
  - d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'  
d. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'  
and  
the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

- Where no patients match these criteria then TOTAL INFORMAL PATIENTS (MALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.

Hospital Provider Spells, Hospital Stays, Consultant Episodes (Hospital Provider), Care Home Stays (Consultant Care), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or stay type.

## TOTAL NUMBER OF LEGAL STATUS CLASSIFICATION CHANGES FOR TYPE

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of changes of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE for PATIENTS detained under the Mental Health Act and with a Hospital Provider Spell during the REPORTING PERIOD for a LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE.

TOTAL NUMBER OF LEGAL STATUS CLASSIFICATION CHANGES FOR TYPE is the total number of changes of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE for PATIENTS detained under the Mental Health Act and with a Hospital Provider Spell during the REPORTING PERIOD for a LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE.

Where the PATIENT has been discharged from a Hospital Provider Spell during the REPORTING PERIOD, the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE at the Discharge Date for the Hospital Provider Spell should be treated as National Code 01 'Informal'. Where the PATIENT has been discharged from a Hospital Provider Spell during the REPORTING PERIOD, the MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE at the Discharge Date for the Hospital Provider Spell should be treated as National Code 'Informal'.

All changes from one MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE to another that is not individually specified in LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE should be aggregated to LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE classification value 27 'LEGAL STATUS CLASSIFICATION CODE All other changes not specified'. All changes from one MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE to another that is not individually specified in LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE should be aggregated to LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE classification 'LEGAL STATUS CLASSIFICATION CODE All other changes not specified'.

It only includes changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 19 'Formally detained under Mental Health Act 135' and 20 'Formally detained under Mental Health Act 136' where the admission to the Hospital Provider Spell was to a Hospital Site. It only includes changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 'Formally detained under Mental Health Act 135' and 'Formally detained under Mental Health Act 136' where the admission to the Hospital Provider Spell was to a Hospital Site.

It excludes any changes in Hospital Provider Spells where the admission is under an active Supervised Community Treatment and/or subject of a Supervised Community Treatment Recall.

- It is a count of the total number of changes of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE for all PATIENTS within the Health Care Provider for a given LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE where:
  - the Hospital Provider Spell has a Start Date on or before the REPORTING PERIOD END DATE and
  - the Hospital Provider Spell has no recorded Discharge Date i.e. the Hospital Provider Spell is still active

or

the recorded Discharge Date is after the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active as at the REPORTING PERIOD END DATE

or

the recorded Discharge Date is after the REPORTING PERIOD START DATE and before or on the REPORTING PERIOD END DATE i.e. the Hospital Provider Spell was active during the REPORTING PERIOD

and

- b. the Hospital Provider Spell contains at least one Consultant Episode (Hospital Provider) where the main TREATMENT FUNCTION of the CONSULTANT is for a mental illness MAIN SPECIALTY. The mental illness MAIN SPECIALTY CODES being 700, 710, 711, 712, 713 and 715. This includes both Hospital Stays and Care Home Stays (Consultant Care) within the Hospital Provider Spell.

Note: for LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE set value 06 and 13, and 18 only include changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 20 'Formally detained under Mental Health Act 136' where the admission to the Hospital Provider Spell was to a Hospital Stay.

Note: for LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE set value 27 only include changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 19 'Formally detained under Mental Health Act 135' where the admission to the Hospital Provider Spell was to a Hospital Stay.

Note: for LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE set value 06 and 13, and 18 only include changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 'Formally detained under Mental Health Act 136' where the admission to the Hospital Provider Spell was to a Hospital Stay.

Note: for LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE set value 27 only include changes from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE National Code 'Formally detained under Mental Health Act 135' where the admission to the Hospital Provider Spell was to a Hospital Stay.

and

- c. the PERSON PROPERTY EFFECTIVE DATE for the change to MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION is on or after the REPORTING PERIOD START DATE and is on or before the REPORTING PERIOD END DATE

and

the PERSON PROPERTY EFFECTIVE DATE for the change from MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of LEGAL STATUS CLASSIFICATION is the latest preceding the PERSON PROPERTY EFFECTIVE DATE for the change to MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE of MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION and is for the same Hospital Provider Spell

and

- d. the from and to MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODES corresponds to the LEGAL STATUS CLASSIFICATION CHANGE FROM TO TYPE

2. Where no changes match these criteria then TOTAL NUMBER OF LEGAL STATUS CLASSIFICATION CHANGES FOR TYPE should be set to zero.

~~Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.~~

~~Discharge Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 09 'Discharge Date' for the ACTIVITY GROUP.~~

~~Hospital Provider Spells, Hospital Stays, Consultant Episodes (Hospital Provider), Care Home Stays (Consultant Care), Supervised Community Treatment and Supervised Community Treatment Recall are the same as ACTIVITY GROUP where the ACTIVITY GROUP TYPE identifies the specific spell, episode or stay type.~~

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## TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (FEMALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	



**Notes:**

The total number of completed periods of Supervised Community Treatment that have ended with PATIENT discharge, for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (FEMALE) is the total number of completed periods of Supervised Community Treatment that have ended with PATIENT discharge, for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of periods of Supervised Community Treatment that have ended for all PATIENTS within the Health Care Provider where:
  - a. the Supervised Community Treatment has a recorded End Date on or after the REPORTING PERIOD START DATE and the End Date is before or on the REPORTING PERIOD END DATE
  - and
  - b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 1 'Patient discharged'.
  - b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 'Patient discharged'.
  - and
  - c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'.
  - c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'.
  - and
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'.
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'.
2. Where no periods of Supervised Community Treatment match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (FEMALE) should be set to zero.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.

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**TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (MALE)**


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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

The total number of completed periods of Supervised Community Treatment that have ended with PATIENT discharge, for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (MALE) is the total number of completed periods of Supervised Community Treatment that have ended with PATIENT discharge, for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of periods of Supervised Community Treatment that have ended for all PATIENTS within the Health Care Provider where:
  - a. the Supervised Community Treatment has a recorded End Date on or after the REPORTING PERIOD START DATE and the End Date is before or on the REPORTING PERIOD END DATE
  - and
  - b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 1 'Patient discharged'.
  - b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 'Patient discharged'.

and

e. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'

c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no periods of Supervised Community Treatment match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT DISCHARGES (MALE) should be set to zero.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.

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## TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (FEMALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of Supervised Community Treatment Recalls for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (FEMALE) is the total number of Supervised Community Treatment Recalls for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of Supervised Community Treatment Recalls that have ended for all PATIENTS within the Health Care Provider where:

a. the Supervised Community Treatment Recall has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE

and

b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 'Female'

b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Female'

and

the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no Supervised Community Treatment Recalls match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (FEMALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

Supervised Community Treatment Recall is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 46 'Supervised Community Treatment Recall'.

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## TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (MALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

The total number of Supervised Community Treatment Recalls for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (MALE) is the total number of Supervised Community Treatment Recalls for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of Supervised Community Treatment Recalls that have ended for all PATIENTS within the Health Care Provider where:
  - a. the Supervised Community Treatment Recall has a Start Date on or after the REPORTING PERIOD START DATE and the Start Date is before or on the REPORTING PERIOD END DATE
  - and
  - b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 'Male'
  - b. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 'Male'
  - and
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'
  - the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'
2. Where no Supervised Community Treatment Recalls match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT RECALLS TO HOSPITAL (MALE) should be set to zero.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 'Start Date' for the ACTIVITY GROUP.

Supervised Community Treatment Recall is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 46 'Supervised Community Treatment Recall'.

## TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (FEMALE)

Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

**Notes:**

The total number of completed periods of Supervised Community Treatment that have ended with the Community Treatment Order being revoked, for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (FEMALE) is the total number of completed periods of Supervised Community Treatment that have ended with the Community Treatment Order being revoked, for female PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of periods of Supervised Community Treatment that have ended for all PATIENTS within the Health Care Provider where

- a. the Supervised Community Treatment has a recorded End Date on or after the REPORTING PERIOD START DATE and the End Date is before or on the REPORTING PERIOD END DATE

and

- ~~b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 2 '*Supervised Community Treatment revoked*'.~~
- b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code '*Supervised Community Treatment revoked*'.

and

- ~~c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 2 '*Female*'~~
- c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code '*Female*'

and

~~the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 '*Person Gender Current*'~~  
the PERSON GENDER TYPE for the PERSON GENDER is National Code '*Person Gender Current*'

2. Where no periods of Supervised Community Treatment match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (FEMALE) should be set to zero.

End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 '*End Date*' for the ACTIVITY GROUP.

Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 '*Supervised Community Treatment*'.

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## TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (MALE)

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Change to Data Element: Changed Description

Format/length:	n10
HES item:	
Format/Length:	n10
HES Item:	
National Codes:	
Default Codes:	

### Notes:

The total number of completed periods of Supervised Community Treatment that have ended with the Community Treatment Order being revoked, for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (MALE) is the total number of completed periods of Supervised Community Treatment that have ended with the Community Treatment Order being revoked, for male PATIENTS detained under the Mental Health Act during the REPORTING PERIOD.

1. It is a count of the total number of periods of Supervised Community Treatment that have ended for all PATIENTS within the Health Care Provider where
  - a. the Supervised Community Treatment has a recorded End Date on or after the REPORTING PERIOD START DATE and the End Date is before or on the REPORTING PERIOD END DATE
 and
  - ~~b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code 2 '*Supervised Community Treatment revoked*'.~~
  - b. the SUPERVISED COMMUNITY TREATMENT END REASON is National Code '*Supervised Community Treatment revoked*'.
 and
  - ~~c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code 1 '*Male*'~~
  - c. the PERSON GENDER CODE of the latest recorded PERSON GENDER (whether recorded before or within) the REPORTING PERIOD is National Code '*Male*'

and

~~the PERSON GENDER TYPE for the PERSON GENDER is National Code 02 'Person Gender Current'~~

the PERSON GENDER TYPE for the PERSON GENDER is National Code 'Person Gender Current'

2. Where no periods of Supervised Community Treatment match these criteria then TOTAL SUPERVISED COMMUNITY TREATMENT REVOCATIONS (MALE) should be set to zero.

~~End Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 11 'End Date' for the ACTIVITY GROUP.~~

~~Supervised Community Treatment is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 47 'Supervised Community Treatment'.~~

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