# NHS Data Model and Dictionary



Type: Data Dictionary Change Notice

Reference: 1805 Version No: 1.0

Subject: Introduction of the Data Alliance Partnership Board

Effective Date: Immediate
Reason for Change: New definitions
Publication Date: 8 April 2021

# **Background:**

The Data Alliance Partnership Board (DAPB) replaced the Data Coordination Board on 20 November 2020.

This Data Dictionary Change Notice (DDCN) updates the NHS Data Model and Dictionary as follows:

- · Introduces new NHS Business Definitions for:
  - Data Alliance Partnership Board
  - NHSX
- Updates items to reflect the Information Standards approval process as appropriate.

A short demonstration is available which describes "How to Read an NHS Data Model and Dictionary Change Request", in an easy to understand screen capture including a voice over and readable captions. This demonstration can be viewed at: <a href="https://datadictionary.nhs.uk/elearning/Change Request/index.html">https://datadictionary.nhs.uk/elearning/Change Request/index.html</a>.

Note: if the web page does not open, please copy the link and paste into the web browser. A guide to how to use the demonstration can be found at: Demonstrations.

## Summary of changes:

# **Supporting Information**

COMMISSIONING DATA SET BUSINESS RULES
CONTACT DETAILS
Changed Description

DATA ALLIANCE PARTNERSHIP BOARD New Supporting Information

DATA COORDINATION BOARDChanged DescriptionDATA DICTIONARY CHANGE NOTICEChanged DescriptionDIAGNOSTIC IMAGING DATA SET OVERVIEWChanged DescriptionINDEXChanged DescriptionINFORMATION STANDARD AND COLLECTION (INCLUDINGChanged Description

EXTRACTION)

INFORMATION STANDARDS BOARD FOR HEALTH AND SOCIAL Changed Description

**CARE** 

 INFORMATION STANDARDS NOTICE
 Changed Description

 MENTAL HEALTH SERVICES DATA SET OVERVIEW
 Changed Description

 NATIONAL NEONATAL DATA SET OVERVIEW
 Changed Description

 NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET
 Changed Description

**OVERVIEW** 

**NHSX** 

REFERRAL TO TREATMENT CLOCK STOP ADMINISTRATIVE EVENT STANDARDISATION COMMITTEE FOR CARE INFORMATION

**New Supporting Information** 

Changed Description
Changed Description

## **Attribute Definitions**

**ETHNIC CATEGORY 2021** 

**Changed Description** 

## **Data Elements**

**ETHNIC CATEGORY 2021** 

**Changed Description** 

**Date:** 8 April 2021

Sponsor: Nicholas Oughtibridge, Head of Clinical Data Architecture, NHS Digital

**Note:** New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

#### **COMMISSIONING DATA SET BUSINESS RULES**

Change to Supporting Information: Changed Description

The <u>Commissioning Data Sets</u> have notation to identify the business and/or processing rules which apply to individual Data Elements. This notation appears in the <u>Rules</u> column of the <u>Commissioning Data Sets</u> details page.

## **Population Validation**

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

RULE	POPULATION VALIDATION	
F	The format is validated, for example the format of a date must comply with the XML standard.	
V	The Data Element is validated against an explicit list of permitted values as defined in the NHS	
	Data Model and Dictionary.	
	Note the permitted values differ between CDS-XML schema version 6-2 and CDS-XML version	
	6-2-0 for CARE PROFESSIONAL MAIN SPECIALTY CODE and ACTIVITY TREATMENT	
	FUNCTION CODE.	

## **Business Rules**

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

- **Prefix H** = <u>Healthcare Resource Group</u> Business Rules.
- **Prefix I** = CDS-XML Schema anomalies and issues.
- Prefix N = NHS Data Standards and Policy Rules
- Prefix S = Secondary Uses Service Business Rules

PREFIX BUSINESS RULES: H - Healthcare Resource Group Business Rules

This Data Element is used by the <u>Secondary Uses Service</u> to derive the <u>Healthcare Resource</u>

<u>Group 4.</u>

Failure to correctly populate this data element is likely to result in an incorrect <u>Healthcare Resource Group</u>, usually associated with lower levels of healthcare resource.

For further information, please refer to the <u>NHS Digital</u> website at: <u>Payment by Results Guidance</u>.

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

PREFIX	BUSINESS RULES: N - NHS Data Standards and Policy Rules	
N1	Psychiatric PATIENTS only (Retired January 2021).	
N2	Not defined or approved by the <u>Data Coordination Board</u> or its predecessors the <u>Standardisation Committee for Care Information</u> and <u>Information Standards Board for Health and Social Care</u> .	
N2	Not defined or approved by the <u>Data Alliance Partnership Board</u> or its predecessors the <u>Data Coordination Board</u> , <u>Standardisation Committee for Care Information</u> and <u>Information Standards Board for Health and Social Care</u> .	
N3	The definition and value list for this data is under review.	
N4	Up to 20 codes per daily activity occurrence may be recorded.	
N5	This data should only flow in Commissioning Data Set version 6-1 for PATIENTS detained under the Mental Health Act prior to the Mental Health Act 2007 (Retired June 2015).	
N6	This data should only flow in Commissioning Data Set version 6-2 for PATIENTS detained under the Mental Health Act 2007.	
N7	From Commissioning Data Set version 6-0 onwards, the use of the <u>DETAINED AND (OR)</u> <u>LONG TERM PSYCHIATRIC CENSUS DATE</u> in the location group is <b>optional</b> as it <b>must</b> be carried in the Episode Characteristics.	

PREFIX	BUSINESS RULES: S - Secondary Uses Service Business Rules	
S1	This mandatory Commissioning Data Set date is used as the originating date to determine the mandatory <u>CDS ACTIVITY DATE</u> .	
S2	The Secondary Uses Service <b>DOES NOT</b> support the use of the CDS TEST INDICATOR. Therefore this Data Element must not be used (Retired June 2015).	
S3	See Security Issues and Patient Confidentiality, for further information.	
S4	Used to ensure the correct sequencing of multiple and/or subsequent Commissioning Data Set submissions.	
S5	These ORGANISATION CODES must be present and registered with the Secondary Uses Service. The Commissioning Data Set Schema does not validate the content value of this data	
S6	All <u>CDS REPORT PERIOD START DATES</u> and <u>CDS REPORT PERIOD END DATES</u> must be consistent in all Commissioning Data Set records contained in a BULK Interchange submission. The <u>CDS REPORT PERIOD START DATE</u> must be on or before the <u>CDS REPORT PERIOD END DATE</u> .  The <u>CDS ACTIVITY DATE</u> is a mandatory data element and must fall within the period defined. See the <u>Commissioning Data Set Submission Protocol</u> .	
S7	See the Commissioning Data Set Addressing Grid.	
S8	These Data Elements are required for correct processing by the <u>Secondary Uses Service</u> . If omitted, the <u>Secondary Uses Service</u> will reject the Commissioning Data Set data.	

S9	The <u>CDS UNIQUE IDENTIFIER</u> is a mandatory data item when using the Net Change Protocol. When using the Bulk Update Protocol this data item is optional but it is strongly advised that	
	where it can be correctly generated and maintained it should be used. See the Commissioning	
	Data Set Submission Protocol.	
S10		
	Census Commissioning Data Set, the CDS ACTIVITY DATE contains the CDS CENSUS DATE	
	which is also the <u>DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE</u> .	
S11	For the following CDS Types, the CDS ACTIVITY DATE must contain the Date of the Elective	
	Admission List Census which is usually the end of the Period being reported:	
	CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard)	
	Commissioning Data Set	
	CDS V6-2 Type 040 - Elective Admission List - End of Period Census (Old) Commissioning	
	<u>Data Set</u>	
	CDS V6-2 Type 050 - Elective Admission List - End of Period Census (New) Commissioning	
	<u>Data Set</u>	
S12	These PERSON BIRTH DATE Data Elements must use dates between 01/01/1880 and	
	31/12/2999 in order to pass validation	
S13	Data Elements reporting a date (which is not a PERSON BIRTH DATE Data Element) must use	
	dates between 01/01/1900 and 31/12/2999 in order to pass validation	
S14	For Data Elements reporting a time, the hour portion must be between 00 and 23 inclusive in order to pass validation	

#### **CONTACT DETAILS**

Change to Supporting Information: Changed Description

Useful websites and email addresses.

## NHS Data Model and Dictionary:

- Website: NHS Data Model and Dictionary Service Web Pages
- Email: information.standards@nhs.net

## NHS Digital

• Website: NHS Digital website

Email: enquiries@nhsdigital.nhs.uk

## • Data Coordination Board:

- Website: NHS Digital web pages
- · Email: standards.assurance@nhs.net

## Data Alliance Partnership Board:

- Email:
  - dataalliance.partnership@nhsx.nhs.uk
  - standards.assurance@nhs.net

# Department of Health and Social Care:

- Website: Department of Health and Social Care part of the gov.uk website
- · Queries: Contact the Department of Health and Social Care

## Department of Health and Social Care:

- Website: Department of Health and Social Care part of the gov.uk website
- Queries: Contact the Department of Health and Social Care

## NHSX

Website: NHSX website

Email: feedback@nhsx.nhs.uk

### Organisation Data Service Queries:

- Organisation Data Service information is published:
  - on the <u>Organisation Data Service</u> pages of the <u>NHS Digital</u> website at: <u>Organisation Data</u> Service
  - to named recipients both inside the NHS and to others licensed to use this data in support of the NHS, through <u>Technology Reference Data Update Distribution (TRUD)</u>
  - as a subset of the data on the NHS website at: NHS website datasets.
- Email: exeter.helpdesk@nhs.net

## Postcodes:

- · Office for National Statistics website at:
  - Welcome to the Office for National Statistics
  - Postcode products.
- Email: <u>info@ons.gsi.gov.uk</u>

#### **DATA ALLIANCE PARTNERSHIP BOARD**

Change to Supporting Information: New Supporting Information

The Data Alliance Partnership Board is an ORGANISATION.

The <u>Data Alliance Partnership Board</u> (<u>DAPB</u>) replaced the <u>Data Coordination Board</u> (<u>DCB</u>) on 20 November 2020.

NHSX have brought together key national <u>ORGANISATIONS</u> that use health and care data into a Data Alliance Partnership (DAP). The Data Alliance Partnership member <u>ORGANISATIONS</u> are committed to maximising the benefits from utilising and sharing data already held in health and care systems in order to minimise the burden of collecting more data from frontline service providers.

The <u>Data Alliance Partnership Board</u> (<u>DAPB</u>) will support member <u>ORGANISATIONS</u> achieve its goals and will:

- · Identify and, wherever possible, reduce duplication of data collections
- Increase the benefits from data already held by making data accessible for legitimate purposes within existing legislation the principle of collect once, use many times
- Increase transparency by making clear what data the health and care system holds and how it is used
   to be published as a single list of approved data collections
- Have responsibility for approving <u>Information Standards and Collections</u> (including Extractions) (ISCEs) to be used in health and adult social care.

Note: The Data Alliance Partnership Sub Board (DAPSB) has replaced the Data Coordination Sub Board (DCSB). The Data Alliance Partnership Sub Board has devolved responsibility for scrutiny and approval of recommendations made by the Data Standards Assurance Service (DSAS) on proposals for new and/or changes to Information Standards and Collections (including Extractions).

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

Context	Alias
shortname	DAPB

## **DATA COORDINATION BOARD**

Change to Supporting Information: Changed Description

The <u>Data Coordination Board</u> is an <u>ORGANISATION</u>. The <u>Data Coordination Board</u> (<u>DCB</u>) closed on 19 November 2020.

The Data Coordination Board (DCB) replaced the Standardisation Committee for Care Information (SCCI) on 1 April 2017. Responsibility for the approval of Information Standards and Collections (including Extractions) has transferred to the Data Alliance Partnership Board (DAPB). The following definition will remain in the NHS Data Model and Dictionary as it is relevant for Information Standards and Collections (including Extractions) that were assured and approved by the Data Coordination Board between 1 April 2017 and 19 November 2020.

The <u>Data Coordination Board</u> is one of three sub-groups of the <u>Digital Delivery Board</u>, the other two being the <u>Enterprise Architecture Board and the Technology and Data Investment Board</u>. The Data Coordination Board (DCB) replaced the Standardisation Committee for Care Information (SCCI) on 1 April 2017.

The <u>Data Coordination Board</u>: The Data Coordination Board is one of three sub-groups of the Digital Delivery Board, the other two being the Enterprise Architecture Board and the Technology and Data Investment Board.

#### The Data Coordination Board:

- has delegated authority from the Secretary of State to approve <u>Information Standards and Collections</u> (<u>including Extractions</u>) (<u>ISCEs</u>) for health and social care
- provides the authority to publish <u>Information Standards Notices</u> (<u>ISN</u>) under section 250 of the Health and Social Care Act 2012
- has responsibility for the approval of requests to change, deprecate and retire existing <u>Information</u> Standards and Collections (including Extractions)
- prioritises the progression of Information Standards and Collections (including Extractions)
- · works to minimise the burden from Data Sets, and maximise the benefit received from available data
- takes its membership from a wide range of national bodies and <u>ORGANISATIONS</u> involved in the provision and management of health and social care services in England. This ensures a systemwide, joined-up approach to decision-making.
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- prioritises the progression of Information Standards and Collections (including Extractions)
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- takes its membership from a wide range of national bodies and ORGANISATIONS involved in the provision and management of health and social care services in England. This ensures a systemwide, joined-up approach to decision-making.

For further information on the <u>Data Coordination Board</u>, see the <u>NHS Digital</u> website at: <u>Data Coordination Board</u>. For further information on the Data Coordination Board, see the NHS Digital website at: <u>Data Coordination Board</u>.

## DATA DICTIONARY CHANGE NOTICE

Change to Supporting Information: Changed Description

A <u>Data Dictionary Change Notice</u> (<u>DDCN</u>) is a notice of a change to the NHS Data Model and Dictionary which is not appropriate for <u>Data Coordination Board</u> publication as an <u>Information Standards Notice</u>, as the change does not relate to an individual standard. A <u>Data Dictionary Change Notice</u> (<u>DDCN</u>) is a notice of a change to the NHS Data Model and Dictionary which is not appropriate for <u>Data Alliance Partnership Board</u> publication as an <u>Information Standards Notice</u>, as the change does not relate to an individual standard.

The Data Dictionary Change Notices can be downloaded from: Data Dictionary Change Notices.

Further information on <u>Data Dictionary Change Notices</u> can be found on the <u>NHS Data Model and Dictionary Service</u> part of the <u>NHS Digital</u> website at: <u>Policies: Data Dictionary Change Notice guidance</u>.

#### DIAGNOSTIC IMAGING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

## Introduction

The <u>Diagnostic Imaging Data Set</u> was introduced by <u>ISB 1577 Diagnostic Imaging Data Set</u>, in response to the lack of detailed data on national data on <u>Diagnostic Imaging</u> tests for NHS <u>PATIENTS</u>. The original requirement came from the cancer strategy to improve <u>GP</u> direct access to certain <u>Diagnostic Imaging</u> tests, as a method was required to monitor implementation of this policy.

The <u>Diagnostic Imaging Data Set</u>, however, has many benefits for example, to:

- Provide NHS data on <u>GP</u>s' direct access to tests, as well as tests requested via other referral sources.
   Benchmarking data will be fed back to <u>GP</u>s and, where appropriate, used to encourage increased use of tests, leading to earlier diagnosis and hence improved outcomes
- Provide more detailed NHS data than is currently available on test type (modality), body site of test and <u>PATIENT</u> demographics
- · Enable analysis of turnaround times for tests
- Enable better analysis of cancer pathways by linking the <u>National Cancer Registration and Analysis</u>
   <u>Service</u> data to <u>Diagnostic Imaging</u> test data for cancer <u>PATIENTS</u>
- Allow <u>Public Health England</u> (<u>PHE</u>) to calculate more accurate estimates of the distribution of individual radiation dose estimates from medical exposures.

From April 2012 it became a mandatory requirement that all providers of NHS-funded <u>Diagnostic Imaging</u> tests for NHS <u>PATIENTS</u> in England submit the central <u>Diagnostic Imaging Data Set</u> on a monthly basis.

The <u>Diagnostic Imaging Data Set</u> facilitates the collection of clinical data and the sharing of such data to underpin the delivery of effective <u>Diagnostic Imaging</u>. It is structured around the clinical processes of local Radiology Information Systems (RISs) used by <u>NHS Trusts</u> and <u>NHS Foundation Trusts</u>. It records administrative data relating to <u>Diagnostic Imaging</u> test ACTIVITY.

Information is collected relating exclusively to <u>Diagnostic Imaging</u> test <u>ACTIVITY</u>. The <u>Diagnostic Imaging</u> <u>Data Set</u> describes <u>Diagnostic Imaging</u> tests that have taken place as part of a broader <u>PATIENT</u> <u>PATHWAY</u>. This includes <u>PATIENTS</u> referred from within the <u>ORGANISATION</u>, either as an out-patient, inpatient or from <u>Emergency Care Department</u>, or referred directly from their <u>GP</u> or another <u>Health Care</u> <u>Provider</u>.

The <u>Diagnostic Imaging Data Set</u> is collected from NHS funded providers of <u>Diagnostic Imaging</u> test <u>SERVICES</u> and submitted via a portal on the <u>NHS Digital</u> website. The submissions are processed and aggregate extracts are produced for provider and commissioner <u>ORGANISATIONS</u> and national groups such as the <u>Department of Health and Social Care</u> and <u>Public Health England</u>. This also allows linkage to the <u>National Cancer Registration</u> and <u>Analysis Service</u>.

Please note that the collection of the <u>Diagnostic Imaging Data Set</u> does not replace any other collection of diagnostic data such as the Diagnostics Waiting Times and Activity Data Set (DM01), which should continue to be collected.

#### **Data Set Order**

- The transmission order of the <u>Diagnostic Imaging Data Set</u> is different to the order of the items in the NHS Data Model and Dictionary and XML Schema.
- Please see the "Guidance Notes" at: <u>Diagnostic Imaging Dataset: Guidance for Data Submitters</u>, which contains a full list of <u>Diagnostic Imaging Data Set</u> fields in the order they are submitted.
- Work is planned to amend some of the <u>Diagnostic Imaging Data Set</u> items and when this is approved by the <u>Data Coordination Board</u> (<u>DCB</u>), the NHS Data Model and Dictionary will be updated to match.
- Work is planned to amend some of the <u>Diagnostic Imaging Data Set</u> items and when this is approved by the <u>Data Alliance Partnership Board</u> (<u>DAPB</u>), the NHS Data Model and Dictionary will be updated to match.

#### Mandation

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

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

#### XML Schema

For guidance on the XML Schema constraints, see the <u>Diagnostic Imaging Data Set XML Schema Constraints</u>.

For guidance on downloading the XML Schema, see XML Schema TRUD Download.

#### **INDEX**

Change to Supporting Information: Changed Description

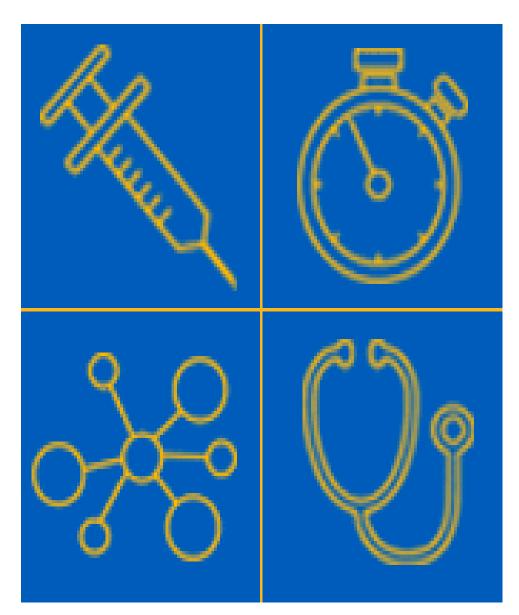
# NHS DATA MODEL AND DICTIONARY Version 3

Release History: March 2021

Welcome to the NHS
Data Model and
Dictionary for
England

If you would like to view our Frequently Asked Questions, see Frequently Asked Questions.

The NHS Data Model and Dictionary provides a reference point for



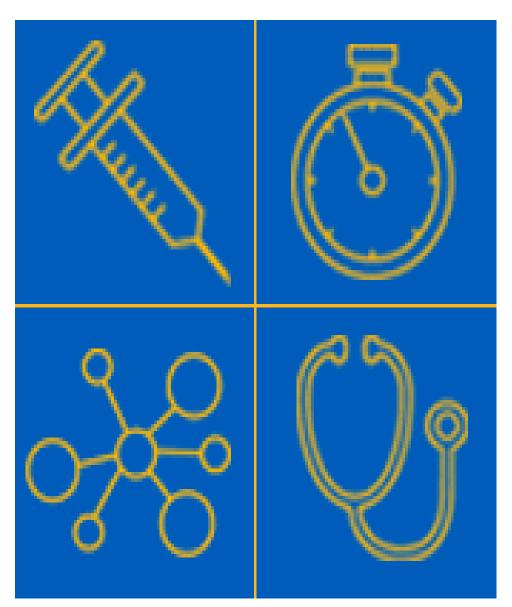
approved Information
Standards Notices to
support health care
activities within the
NHS in England. It has
been developed for
everyone who is
actively involved in the
collection of data and
the management of
information in the NHS.

The NHS Data Model and Dictionary is maintained and published by the NHS Data Model and **Dictionary Service and** all changes are governed by the **Data Coordination** Board (DCB) process. Changes are published as Information Standards Notices (ISN) and Data Dictionary Change Notices (DDCN).

Welcome to the NHS Data Model and Dictionary for England

If you would like to view our Frequently Asked Questions, see <u>Frequently Asked</u> Questions.

The NHS Data Model and Dictionary provides a reference point for approved Information Standards Notices to support health care activities within the NHS in England. It has been developed for everyone who is actively involved in the



collection of data and the management of information in the NHS.

The NHS Data Model and Dictionary is maintained and published by the NHS Data Model and Dictionary Service and all changes are governed by the Data Alliance **Partnership** Board (DAPB) process. Changes are published as Information Standards Notices (ISN) and Data **Dictionary Change** Notices (DDCN).

## **Related Links:**

Recording activity relating to coronavirus (COVID-

19)

Frequently Asked
Questions
Department of Health
and Social Care
website
NHS Digital website
Published Information
Standards
Documentation

## INFORMATION STANDARD AND COLLECTION (INCLUDING EXTRACTION)

Change to Supporting Information: Changed Description

Information Standards and Collections (including Extractions) are approved by the Data Coordination Board (DCB). Information Standards and Collections (including Extractions) are approved by the Data Alliance Partnership Board (DAPB).

From 1 April 2017, the <u>Data Coordination Board</u> took over responsibility for the approval of <u>Information Standards and Collections (including Extractions)</u> from the <u>Standardisation Committee for Care Information.</u> From 20 November 2020, the <u>Data Alliance Partnership Board</u> took over responsibility for the approval of <u>Information Standards and Collections (including Extractions)</u> from the <u>Data Coordination Board</u>.

Further information on <u>Information Standards and Collections (including Extractions)</u> can be found on the NHS Digital website at: Information Standards and Collections (Including Extractions).

#### INFORMATION STANDARDS BOARD FOR HEALTH AND SOCIAL CARE

Change to Supporting Information: Changed Description

The Information Standards Board for Health and Social Care (ISB) closed on 31 March 2014.

Responsibility for the governance of information standards has transferred to the <u>Data Alliance</u> Partnership Board (DAPB.

Responsibility for the governance of information standards has transferred to the Standardisation Committee for Care Information (SCCI). The following definition will remain in the NHS Data Model and Dictionary as it is relevant for Information Standards that were approved by the Information Standards Board for Health and Social Care up to 31 March 2014.

The following definition will remain in the NHS Data Model and Dictionary as it is relevant for Information Standards that were approved by the Information Standards Board for Health and Social Care up to 31 March 2014.

The Information Standards Board for Health and Social Care (ISB) in England was tasked with the independent assurance and approval of information standards for adoption by the NHS and social care up to 31 March 2014.

The scope of the Information Standards Board for Health and Social Care included all information standards within the Department of Health, NHS, adult social care and those required to support approved sharing and communication with other agencies where NHS information infrastructure and systems are to be used.

The standards library on the Information Standards Board for Health and Social Care website at <a href="https://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/">https://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/</a> will continue to be updated, to mark items as superseded, on approval of changes by the Standardisation Committee for Care Information (SCCI).

## **INFORMATION STANDARDS NOTICE**

Change to Supporting Information: Changed Description

An Information Standards Notice (ISN) is either a notice of an:

- Information Standard approved by the Information Standards Board for Health and Social Care (ISB)
- Information Standard and Collection (including Extraction) (ISCE) accepted by the <u>Standardisation</u> Committee for Care Information (SCCI) for formal approval by the <u>Department of Health and Social</u> Care or <u>NHS England</u>

- <u>Information Standard and Collection (including Extraction)</u> approved by the <u>Data Coordination</u> Board (DCB).
- <u>Information Standard and Collection (including Extraction)</u> approved by the <u>Data Alliance Partnership</u> Board (DAPB).

An Information Standards Notice was previously known as a Data Set Change Notice (DSCN).

When a health and social care <u>ORGANISATION</u> in England receives an <u>Information Standards Notice</u>, they ensure that they and their contractors comply with the notice as specified.

Further information on <u>Information Standards Notices</u>, see the <u>NHS Digital</u> website at <u>Information</u> Standards and Collections (Including Extractions).

Details of all published <u>Information Standards Notices</u> can be found at the <u>NHS Digital</u> website: at <u>Publication and Notification</u>. Details of all published <u>Information Standards Notices</u> can be found at the <u>NHS Digital</u> website: at Publications and Notifications.

#### **MENTAL HEALTH SERVICES DATA SET OVERVIEW**

Change to Supporting Information: Changed Description

#### Introduction

The <u>Mental Health Services Data Set</u> (<u>MHSDS</u>) is a <u>PATIENT</u> level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults (including elderly people) who are in contact with specialist secondary <u>Mental Health Services</u> located in England, or located outside England but treating <u>PATIENTS</u> commissioned by an English <u>Clinical Commissioning Group</u> (<u>CCG</u>) or <u>NHS England</u> specialised commissioner.

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

All <u>ACTIVITY</u> relating to <u>PATIENTS</u> who receive specialist secondary <u>Mental Health Services</u> and have, or are thought to have:

- A mental illness
- A Learning Disability
- An Autistic Spectrum Disorder
- · Any combination of mental health, Learning Disability or Autistic Spectrum Disorder needs

is within scope of the Mental Health Services Data Set.

The scope of the <u>Mental Health Services Data Set</u> requires <u>PATIENT</u> record level data submission from <u>SERVICES</u> as follows:

For each **PATIENT** attending a **SERVICE** located in England:

- If the care is wholly funded by the NHS: the data submission for that <a href="PATIENT">PATIENT</a> is mandatory
- If the care is partially funded by the NHS: the data submission for that PATIENT is mandatory
- If the care is wholly funded by any means that is not NHS: the data submission for that <a href="PATIENT">PATIENT</a> is optional.

For each <u>PATIENT</u> attending a <u>SERVICE</u> located outside England, but commissioned by an English <u>Clinical</u> Commissioning Group or NHS England specialised commissioner:

• The data submission is optional.

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

- · NHS Mental Health Trusts
- · NHS Learning Disabilities Trusts
- NHS Acute Trusts
- NHS Care Trusts
- Independent Sector Healthcare Providers offering a service model that includes NHS funded and non-NHS funded PATIENTS
- Any qualified provider offering specialist secondary mental health, <u>Learning Disability</u> or <u>Autistic</u> Spectrum Disorder SERVICES
- Community <u>SERVICES</u> offering secondary care to children.

#### **Submission information**

The Mental Health Services Data Set is submitted centrally via the Strategic Data Collection Service in the Cloud (SDCS Cloud) maintained by NHS Digital.

The <u>Mental Health Services Data Set</u> has historically been submitted using two submission windows, primary and refresh. This has changed to a multiple submission window model which gives submitters the opportunity to resubmit throughout the submission year. Guidance on the new submission model can be found on the <u>NHS Digital</u> website at: <u>How to submit to the MHSDS</u>.

#### **Further guidance**

Further information regarding the structure and submission of the <u>Mental Health Services Data Set</u> can be found on the NHS Digital website at: <u>Mental Health Services Data Set</u> (MHSDS).

## Mandation

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

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes
- P = Pilot: this data element is for piloting use only.

Note: items in the Mandation column which are shown with notation P have **not** been approved by the <u>Data Coordination Board</u> and are included to facilitate piloting and testing of future data requirements, prior to formal inclusion in later versions of the <u>Mental Health Services Data Set.</u> Note: items in the Mandation column which are shown with notation P have **not** been approved by the <u>Data Alliance Partnership Board</u> and are included to facilitate piloting and testing of future data requirements, prior to formal inclusion in later versions of the <u>Mental Health Services Data Set.</u> These items have been included in the data set layout in order to provide advance notice to data providers and system suppliers of the intention to require these items at a later date. Unless <u>ORGANISATIONS</u> are engaged in piloting activities relating to these items, they should **NOT** submit any data item marked P.

### **Data Set Constraints**

For guidance on the Data Set constraints, see the Mental Health Services Data Set Constraints.

### **NATIONAL NEONATAL DATA SET OVERVIEW**

Change to Supporting Information: Changed Description

#### Introduction

The <u>National Neonatal Data Set</u> consists of a defined list of data items that are extracted from electronic clinical records created by clinical staff on all admissions to Neonatal Critical Care Units in England.

The National Neonatal Data Set is in two parts:

- The <u>National Neonatal Data Set Episodic and Daily Care</u> covers the period of time a baby is cared for in Neonatal Critical Care, Transitional Care, or other non-standard critical care settings
- The <u>National Neonatal Data Set</u> <u>Two Year Neonatal Outcomes Assessment</u>, carries data relating to a <u>Two Year Neonatal Outcomes Assessment</u> carried out on the same child approximately two years after their treatment. The <u>Two Year Neonatal Outcomes Assessment</u> may be carried out by the same <u>ORGANISATION</u> who was responsible for the neonatal <u>CRITICAL CARE PERIOD</u>, or by a different ORGANISATION.

The two neonatal data sets comprise data items relating to <a href="PATIENT">PATIENT</a> demographics, <a href="CLINICAL INTERVENTIONS">CLINICAL INTERVENTIONS</a>, outcomes, and <a href="PATIENT DIAGNOSES">PATIENT DIAGNOSES</a>. Each data item is mapped where possible to existing <a href="ISB">ISB</a> / <a href="SCCI">SCCI</a> / <a href="DCB">DCB</a> Information Standards and Collections (including Extractions)</a> (such as the <a href="Neonatal Critical Care Minimum Data Set">Neonatal Critical Care Minimum Data Set</a> and Maternity Services Data Set version 1) as well as to <a href="SNOMED CT">SNOMED CT</a> and <a href="ICD">ICD</a> / <a href="DCE">DCB</a> / <a href="DCE">DCB</a> / <a href="DCE">DAPB Information Standards and Collections (including Extractions)</a> (such as the <a href="Neonatal Critical Care Minimum Data Set">Neonatal Critical Care Minimum Data Set</a> and <a href="Maternity Services">Maternity Services</a> Data Set Version 1) as well as to <a href="SNOMED CT">SNOMED CT</a> and <a href="ICD">ICD</a> codes.

The aim of the <u>National Neonatal Data Set</u> is to extract data items from electronic clinical records, create a database of these items, and make this available as a national resource to serve a variety of needs, so avoiding duplicate data collections for different purposes, minimising the burden placed upon clinical teams, and promoting data quality and completeness.

<u>ORGANISATIONS</u> involved in the collection may choose whether to allow identifiable or unidentifiable (anonymised) information to flow to the <u>Neonatal Data Analysis Unit</u>. Where anonymised data is to flow, the appropriate 'withheld' patient and parents demographic structures should be used (i.e. those with no <u>PERSON IDENTIFIERS</u>, such as <u>NHS NUMBER</u> or <u>PERSON BIRTH DATE</u>).

In addition, where anonymisation is required, the dates and times of events carried throughout the data set (such as <u>SAMPLE COLLECTION DATE AND TIME</u>, <u>PROCEDURE DATE AND TIME</u> (<u>ABDOMINAL X-RAY</u>)) should be replaced with the specific relevant year and month of the event **and** the <u>NUMBER OF MINUTES</u> (<u>BIRTH TO EVENT</u>). The <u>National Neonatal Data Set</u> structure allows an either/or choice for these event items throughout the data set.

## **Data Collection**

The <u>National Neonatal Data Set</u> consists of a defined list of data items that are extracted from electronic clinical records created by clinical staff relating to all neonatal critical care delivered in England. The <u>Neonatal Data Analysis Unit</u> has established a database, the National Neonatal Research Database (NNRD) to hold data comprising the <u>National Neonatal Data Set</u>, as a national resource.

## **Submission Information**

For submission information, see the <u>NDAU website</u>. Note that all date and time fields in the <u>National Neonatal Data Set</u> should be in Co-ordinated Universal Time (UTC) for submission purposes.

## **Further Guidance**

Further guidance has been produced by the <u>Neonatal Data Analysis Unit</u> and is available on their website at: NDAU website.

#### **Mandation**

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

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element
- O = Optional: the inclusion of this data element is optional as required for local purposes
- P = Pilot: this data element is for piloting use only.

Note: items in the Mandation column which are shown with notation **P** have not been approved by the Information Standards Board for Health and Social Care and are included to facilitate piloting and testing of future Neonatal Data Analysis Unit data requirements, prior to formal inclusion in later versions of the data set. These items have been included in the data set layout in order to provide advance notice to data providers and system suppliers of the intention to require these items at a later date. Unless ORGANISATIONS are engaged in piloting activities relating to these items, they should NOT submit any data item marked **P**.

#### NHS CONTINUING HEALTHCARE PATIENT LEVEL DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The <u>NHS Continuing Healthcare Patient Level Data Set</u> has been incorporated early to allow users to see the changes, but please note that the implementation date is 1 April 2021.

At the time of publication of the <a href="NHS Continuing Healthcare Patient Level Data Set">NHS Continuing Healthcare Patient Level Data Set</a> version 1.0, the implementation and conformance dates are subject to change depending on the need for continuing frontline investment in COVID-19 activity. Any change will be agreed between the <a href="Data Coordination">Data Coordination</a> Board and the developers, and will be announced in due course. Any change will be agreed between the <a href="Data Alliance Partnership Board">Data Alliance Partnership Board</a> and the developers, and will be announced in due course.

For further information please contact: england.chcdata@nhs.net.

#### Introduction

The NHS Continuing Healthcare Patient Level Data Set is PATIENT level, output based, secondary user data set. It delivers robust, comprehensive, nationally consistent and comparable PERSON centred information for people who are in receipt of, or whose eligibility is being assessed for, NHS Continuing Healthcare or NHS-funded Nursing Care. The data set does not include information about requests for an independent review of an NHS Continuing Healthcare eligibility decision.

As a secondary uses data set the <u>NHS Continuing Healthcare Patient Level Data Set</u> re-uses operational data for purposes other than direct <u>PATIENT</u> care. It defines the data items, definitions and associated value sets to be extracted or derived from local systems.

The data collected in the NHS Continuing Healthcare Patient Level Data Set covers all NHS Continuing Healthcare and NHS-funded Nursing Care ACTIVITY undertaken by Clinical Commissioning Groups (or other ORGANISATIONS acting on their behalf), in line with the NHS Continuing Healthcare (National Framework) in England.

The <u>NHS Continuing Healthcare Patient Level Data Set</u> is used by the <u>Department of Health and Social Care</u>, <u>NHS England</u> and <u>NHS Improvement</u>, commissioners and <u>PATIENTS</u>, as the data set provides:

- National, comparable, standardised data about <u>NHS Continuing Healthcare</u> and <u>NHS-funded Nursing</u>
   <u>Care</u>, which will support intelligent commissioning decisions and <u>SERVICE</u> provision
- Information on the use of resources to improve the operational management of SERVICES
- Support for current national performance indicators for NHS Continuing Healthcare
- Information for the future development of <a href="NHS Continuing Healthcare">NHS Continuing Healthcare</a> and <a href="NHS-funded Nursing Care">NHS-funded Nursing Care</a>.

#### **Data Collection**

The NHS Continuing Healthcare Patient Level Data Set provides the definitions for data to:

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

Data is expected to be extracted and collated from the <a href="NHS Continuing Healthcare">NHS Continuing Healthcare</a> management systems used by Clinical Commissioning Groups to manage their NHS Continuing Healthcare function.

Data will be reported monthly.

## **Submission Information**

The <u>NHS Continuing Healthcare Patient Level Data Set</u> is submitted to <u>NHS Digital</u> using the <u>NHS Continuing Healthcare Patient Level Data Set</u> XML Schema.

### **Format Information**

Data for submission will be formatted into an XML file as per the <u>Technology Reference Data Update</u> Distribution (TRUD) page at: NHS Data Model and Dictionary: DD XML Schemas.

For enquiries regarding the XML Schema, please contact NHS Digital at enquiries@nhsdigital.nhs.uk.

## **Further Guidance**

Further information and implementation guidance has been produced by <u>NHS Digital</u> and is available at: <u>NHS Continuing Healthcare and NHS-funded Nursing Care (CHC)</u>.

## Mandation

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

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

#### **NHSX**

Change to Supporting Information: New Supporting Information

## NHSX is an ORGANISATION.

NHSX is a joint unit of NHS England and the Department of Health and Social Care, supporting local NHS and care ORGANISATIONS to:

- · digitise their SERVICES
- · connect the health and social care systems through technology
- transform the way PATIENTS' care is delivered at home, in the community and in hospital.

For further information on NHSX, see the NHSX website at: About us.

#### REFERRAL TO TREATMENT CLOCK STOP ADMINISTRATIVE EVENT

Change to Supporting Information: Changed Description

<u>DSCN 18/2006</u> published in December 2006, defined essential new data items required to support the measurement of 18 week <u>REFERRAL TO TREATMENT PERIODS</u> (monitoring of DH PSA target 13 - "By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment").

In particular, <u>DSCN 18/2006</u> introduced the following new data items.

- PATIENT PATHWAY IDENTIFIER
- REFERRAL TO TREATMENT PERIOD START DATE
- REFERRAL TO TREATMENT PERIOD END DATE

Strategic reporting of 18 weeks will be undertaken by the <u>Secondary Uses Service</u> using data obtained via the <u>Commissioning Data Sets</u>. The data items defined in <u>DSCN 18/2006</u> are enabled to flow in Commissioning Data Set.

However, an event which results in an update to the <u>REFERRAL TO TREATMENT PERIOD STATUS</u> may occur outside the events that are defined in the <u>Commissioning Data Sets</u> (typically Outpatient or Inpatient encounters) and will therefore not flow to the <u>Secondary Uses Service</u>. These types of events have been termed as "administrative events". They can be defined as any communication event between the <u>Health Care Provider</u> and the <u>PATIENT</u> that occurs outside of an outpatient attendance or inpatient admission and that results in the <u>PATIENT</u>'s <u>REFERRAL TO TREATMENT PERIOD STATUS</u> being changed to stop the 18 week clock. These events are not face to face consultations and do not necessarily involve clinical staff.

These Referral To Treatment Clock Stop Administrative Events may be carried using the Commissioning Data Set Type 020 Outpatient record type. They are differentiated from PATIENT contact ACTIVITY by the FIRST ATTENDANCE value carried within them. FIRST ATTENDANCE national code 5 "Referral to treatment clock stop administrative event" signifies that an ACTIVITY has taken place which has ended the REFERRAL TO TREATMENT PERIOD and changed the REFERRAL TO TREATMENT PERIOD STATUS to one of the following:

- 30 Start of First Definitive Treatment
- 31 Start of Active Monitoring initiated by the PATIENT
- 32 Start of Active Monitoring initiated by the CARE PROFESSIONAL
- 34 Decision not to treat decision not to treat made or no further contact required
- 35 PATIENT declined offered treatment
- 36 PATIENT died before treatment

# When to Use Referral To Treatment Clock Stop Administrative Events

These events may happen because:

- The <u>ACTIVITY</u> ending the event does not qualify as a "patient contact" between a clinician and PATIENT, or
- The <u>ACTIVITY</u> occurred in a setting where IT systems cannot produce <u>REFERRAL TO TREATMENT</u> <u>PERIOD</u> data items, or
- The <u>ACTIVITY</u> would be carried in a Commissioning Data Set record type not currently processed by the <u>Secondary Uses Service</u>

# Secondary Uses Service Processing

The <u>Secondary Uses Service</u> currently processes the following Commissioning Data Set record types in order to build Referral To Treatment pathways.

- CDS V6-2 Type 020 Outpatient Commissioning Data Set
- CDS V6-2 Type 130 Admitted Patient Care Finished General Episode Commissioning Data Set
- CDS V6-2 Type 190 Admitted Patient Care Unfinished General Episode Commissioning Data Set

All other types are not currently processed and so if they carry the <u>REFERRAL TO TREATMENT</u> <u>PERIOD END DATE</u> for a <u>REFERRAL TO TREATMENT PERIOD</u>, a <u>Referral To Treatment Clock Stop Administrative Event</u> must also be sent in order to inform the <u>Secondary Uses Service</u> of the clock stop.

Note that future versions of the <u>Secondary Uses Service</u> will also process:

- CDS V6-2 Type 030 Elective Admission List End of Period Census (Standard) Commissioning Data Set
- CDS V6-2 Type 060 Elective Admission List Event During Period (Add) Commissioning Data Set
- CDS V6-2 Type 070 Elective Admission List Event During Period (Remove) Commissioning Data Set
- CDS V6-2 Type 080 Elective Admission List Event During Period (Offer) Commissioning Data Set

The dates when <u>ORGANISATIONS</u> submitting <u>REFERRAL TO TREATMENT PERIOD</u> data to the <u>Secondary Uses Service</u> can cease having to also send a <u>Referral To Treatment Clock Stop Administrative</u> <u>Event</u> when a clock stop is carried in one of the Elective Admission List Commissioning Data Set Types, will be notified as part of the <u>Secondary Uses Service</u> release documentation. <u>It is also anticipated that CDS V6-2 Type 021 Future Outpatient CDS</u> will be accepted as a standard by the <u>Data Coordination Board</u>. A cancelled future <u>APPOINTMENT</u> record could carry a <u>REFERRAL TO TREATMENT PERIOD</u> Clock Stop. Again the timescales will be notified as part of the <u>Secondary Uses Service</u> release documentation.

There are no current plans for the <u>Secondary Uses Service</u> to process the remaining Commissioning Data Set Types:

- CDS V6-2 Type 040 Elective Admission List End of Period Census (Old) Commissioning Data Set
- CDS V6-2 Type 050 Elective Admission List End of Period Census (New) Commissioning Data Set
- CDS V6-2 Type 090 Elective Admission List Event During Period (Available or Unavailable)
   Commissioning Data Set
- CDS V6-2 Type 100 Elective Admission List Event During Period (Old Service Agreement)
   Commissioning Data Set
- CDS V6-2 Type 110 Elective Admission List Event During Period (New Service Agreement)
  Commissioning Data Set
- CDS V6-2 Type 120 Admitted Patient Care Finished Birth Episode Commissioning Data Set
- CDS V6-2 Type 140 Admitted Patient Care Finished Delivery Episode Commissioning Data Set
- CDS V6-2 Type 150 Admitted Patient Care Other Birth Event Commissioning Data Set
- CDS V6-2 Type 160 Admitted Patient Care Other Delivery Event Commissioning Data Set

- CDS V6-2 Type 170 Admitted Patient Care Detained and or Long Term Psychiatric Census Commissioning Data Set
- CDS V6-2 Type 180 Admitted Patient Care Unfinished Birth Episode Commissioning Data Set
- CDS V6-2 Type 200 Admitted Patient Care Unfinished Delivery Episode Commissioning Data Set

This is because a <u>Referral To Treatment Clock Stop Administrative Event</u> occurring in the scenarios where these record types are generated, would be rare. However this will be reviewed as part of the ongoing maintenance of the <u>Referral To Treatment Clock Stop Administrative Event</u>, and the requirements for the <u>Secondary Uses Service</u>.

#### When NOT to Use a Referral To Treatment Clock Stop Administrative Event

The <u>Referral To Treatment Clock Stop Administrative Event</u> should NOT be used to correct previously submitted records where a <u>REFERRAL TO TREATMENT PERIOD END DATE</u> was submitted incorrectly to the <u>Secondary Uses Service</u>.

For example, if an <u>Out-Patient Appointment</u> took place where <u>First Definitive Treatment</u> was started, but the <u>REFERRAL TO TREATMENT PERIOD END DATE</u> was not sent in the corresponding <u>CDS V6-2 Type 020</u> - <u>Outpatient Commissioning Data Set</u> record as it was not entered on the Patient Administration System until later; then the <u>CDS V6-2 Type 020</u> - <u>Outpatient Commissioning Data Set</u> record should be resubmitted with the correct data. A Referral To Treatment Clock Stop Administrative Event should NOT be used.

Where an ORGANISATION's Patient Administration System supports the submission of cancelled and Did Not Attend appointments in the CDS V6-2 Type 020 - Outpatient Commissioning Data Set, the Referral To Treatment Clock Stop Administrative Event should NOT be used when a PATIENT has a booked Outpatient Appointment, which is then cancelled because, for example, the PATIENT dies. In these cases the CDS V6-2 Type 020 - Outpatient Commissioning Data Set can carry the details of a cancelled CARE ACTIVITY, including the REFERRAL TO TREATMENT PERIOD END DATE and update to the REFERRAL TO TREATMENT PERIOD STATUS. (Note - not all Patient Administration Systems provide functionality to create and submit Commissioning Data Set records for cancellations/Did Not Attend's as this is not yet mandated - you should contact your Patient Administration System support team to ascertain whether your Patient Administration System supports this. If not, then it is permissible to send a Referral To Treatment Clock Stop Administrative Event in order to stop the clock in the Secondary Uses Service instead).

Referral To Treatment Clock Stop Administrative Events only require a sub-set of the data elements contained in the CDS V6-2 Type 020 - Outpatient Commissioning Data Set record, to be submitted to the Secondary Uses Service. All other data elements not listed should be omitted from the XML submission of the CDS V6-2 Type 020 - Outpatient Commissioning Data Set record to the Secondary Uses Service. The submission of a Referral To Treatment Clock Stop Administrative Event is not reliant on the use of the Net Change Commissioning Data Set Submission Protocol to the Secondary Uses Service

The required data elements making up a Referral To Treatment Clock Stop Administrative Event are:

Data Element Required	Notes
UNIQUE BOOKING REFERENCE	The Commissioning Data Set Schema version 6-2 requires
NUMBER (CONVERTED) or PATIENT	EITHER the PATIENT PATHWAY IDENTIFIER, or the UNIQUE
PATHWAY IDENTIFIER	BOOKING REFERENCE NUMBER (CONVERTED) to be
	populated.
ORGANISATION CODE (PATIENT	If the UNIQUE BOOKING REFERENCE NUMBER
PATHWAY IDENTIFIER ISSUER)	(CONVERTED) is used, the ORGANISATION CODE (PATIENT
	PATHWAY IDENTIFIER ISSUER) should contain X09 (which
	relates to the <u>Choose and Book</u> system)
REFERRAL TO TREATMENT PERIOD	This should contain only one of the following codes to signify that
<u>STATUS</u>	the REFERRAL TO TREATMENT PERIOD has ended:

WAITING TIME MEASUREMENT TYPE	30 Start of First Definitive Treatment     31 Start of Active Monitoring initiated by the PATIENT     32 Start of Active Monitoring initiated CARE     PROFESSIONAL     34 Decision not to treat - decision not to treat made or no further contact required     35 PATIENT declined offered treatment     36 PATIENT died before treatment  This item is XML mandatory in the CDS V6-2 schema.
REFERRAL TO TREATMENT PERIOD	This item is Aivie mandatory in the GDG VO-2 schema.
START DATE	
REFERRAL TO TREATMENT PERIOD	
END DATE	
NHS NUMBER	
NHS NUMBER STATUS INDICATOR CODE	
POSTCODE OF USUAL ADDRESS	
ORGANISATION CODE (RESIDENCE	
RESPONSIBILITY)	
FIRST ATTENDANCE CODE	This should always hold the National code 5 - "Referral to
	Treatment Period Clock Stop Administrative Event"
APPOINTMENT DATE	This field is XML mandatory in Commissioning Data Set Schema
	version 6-2 for Type 020 Outpatients, and for the purposes of the
	Referral To Treatment Clock Stop Administrative Event, should
	hold the same date as the <u>REFERRAL TO TREATMENT PERIOD</u>
AGE AT CDS ACTIVITY DATE	END DATE This field is XML mandatory in the Commissioning Data Set
AGE AT CDS ACTIVITY DATE	Schema version 6-2 for Type 020 Outpatients, and should hold the
	PATIENTS age at REFERRAL TO TREATMENT PERIOD END
	DATE
ORGANISATION CODE (CODE OF	This field is mandatory in the CDS V6-2 schema
PROVIDER)	·
ORGANISATION CODE (CODE OF	This field is mandatory in the CDS V6-2 schema
<u>COMMISSIONER)</u>	

## STANDARDISATION COMMITTEE FOR CARE INFORMATION

Change to Supporting Information: Changed Description

The Standardisation Committee for Care Information (SCCI) closed on 31 March 2017.

Responsibility for the approval of Information Standards has transferred to the <u>Data Coordination</u> <u>Board</u> (<u>DCB</u>). Responsibility for the approval of Information Standards has transferred to the <u>Data Alliance Partnership Board</u> (<u>DAPB</u>).

The following definition will remain in the NHS Data Model and Dictionary as it is relevant for Information Standards that were assured and approved by the <u>Standardisation Committee for Care Information</u> between 1 April 2014 and 31 March 2017.

The Standardisation Committee for Care Information replaced the Information Standards Board for Health and Social Care (ISB) on 1 April 2014.

The Standardisation Committee for Care Information:

- has delegated authority from the National Information Board (NIB) to accept Information Standards and Collections (including Extractions) (ISCEs) for health and social care
- is responsible for the need to change, deprecate and retire existing approved Information Standards and Collections (including Extractions) Notices
- takes its membership from a wide range of national bodies and Organisations involved in the provision and management of health and social care services in England. This ensures a system-wide, joinedup approach to decision-making

For further information on the Standardisation Committee for Care Information, see the NHS Digital website at: Information Standards and Collections (Including Extractions) - National Governance.

#### **ETHNIC CATEGORY 2021**

Change to Attribute: Changed Description

The ethnicity of a PERSON, as specified by the PERSON.

ETHNIC CATEGORY 2021 is the classification used for the 2021 census.

Note: This item has not been approved by the <u>Data Coordination Board</u>. Note: This item has not been approved by the <u>Data Alliance Partnership Board</u>. It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. This item should not be submitted until further development by <u>NHS Digital</u> has been undertaken.

#### **ETHNIC CATEGORY 2021**

Change to Data Element: Changed Description

Format/Length: max an3

National Codes:
Default Codes:

#### Notes:

ETHNIC CATEGORY 2021 is the same as attribute ETHNIC CATEGORY 2021.

Note: This item has not been approved by the <u>Data Coordination Board</u>. Note: This item has not been approved by the <u>Data Alliance Partnership Board</u>. It has been introduced to provide advance notice to data providers and system suppliers of the intention to report this item at a later date. This item should not be submitted until further development by <u>NHS Digital</u> has been undertaken.

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

