Health and Social Care Information Centre

NHS Data Model and Dictionary Service

Type:	Patch
Reference:	1434
Version No:	1.0
Subject:	Retired Items update
Effective Date:	Immediate
Reason for Change:	Patch
Publication Date:	24 January 2014

Background:

During the Information Standards Board for Health and Social Care (ISB) review of Data Set Change Notices, the NHS Data Model and Dictionary Service identified and retired definitions which have been superseded or no longer in use. As part of this exercise the NHS Data Model and Dictionary Service found retired definitions which included the original definition text and were not consistent with the Retirement Policy for the NHS Data Model and Dictionary.

This Patch updates these retired definitions to ensure their presentation meets the requirements for the Retirement Policy for the NHS Data Model and Dictionary.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

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

Summary of changes:

Data Set

ACCIDENT AND EMERGENCY ATTENDANCE CDS TYPE (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - DETAINED AND - OR LONG TERM PSYCHIATRIC CENSUS (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - OTHER BIRTH EVENT (RETIRED)	Changed Description
ADMITTED PATIENT CARE CDS TYPE - OTHER DELIVERY (RETIRED)	Changed Description
CDS INTERCHANGE HEADER (RETIRED)	Changed Description
CDS INTERCHANGE TRAILER (RETIRED)	Changed Description
CDS MESSAGE HEADER (RETIRED)	Changed Description
CDS MESSAGE TRAILER (RETIRED)	Changed Description
CDS TRANSACTION HEADER GROUP BULK UPDATE (RETIRED)	Changed Description
CDS TRANSACTION HEADER GROUP NET CHANGE (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 030 - END OF PERIOD CENSUS (STANDARD) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 040 - END OF PERIOD CENSUS (OLD) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 050 - END OF PERIOD CENSUS (NEW) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 060 - EVENT DURING PERIOD (ADD) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 070 - EVENT DURING PERIOD (REMOVE) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 080 - EVENT DURING PERIOD (OFFER) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 090 - EVENT DURING PERIOD (AVAILABLE/UNAVAILABLE) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 100 - EVENT DURING PERIOD (OLD SERVICE AGREEMENT) (RETIRED)	Changed Description
ELECTIVE ADMISSION LIST CDS TYPE 110 - EVENT DURING PERIOD (NEW SERVICE	Changed Description

AGREEMENT) (RETIRED)

OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE (RETIRED)   Changed Description

OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE   Changed Description
(RETIRED)

OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE   Changed Description
(RETIRED)

OUT-PATIENT ATTENDANCE CDS TYPE (RETIRED)   Changed Description

WARD ATTENDANCE CDS TYPE (RETIRED)   Changed Description

Supporting Information

AUGMENTED CARE PERIOD (RETIRED)   Changed Description

CANCER DATA SET TYPE LIST (RETIRED)   Changed Description

CDS MESSAGE VERSIONS (RETIRED)   Changed Description

CDS TYPE LIST NAVIGATION MENU (RETIRED)   Changed Description

CDS VERSION NHS003 AND 4 TYPE LIST (RETIRED)   Changed Description

CDS VERSION NHS005 TYPE LIST (RETIRED)   Changed Description

CENTRAL RETURNS - WAITING TIME CALCULATIONS FOR KH07 & QF01 (RETIRED)   Changed Description

CENTRAL RETURNS - WAITING TIME CALCULATIONS FOR QM08 & QM08R (RETIRED)   Changed Description

CHANGE MENU (RETIRED)   Changed Description

CHANGES INTRODUCTION (RETIRED)   Changed Description

COMMISSIONING DATA SETS MIDDLE PANE (RETIRED)   Changed Description

COVER 3 (RETIRED)   Changed Description

CRITICAL CARE PERIOD (RETIRED)   Changed Description

DATA SETS CONTEXTUAL OVERVIEW (RETIRED)   Changed Description

DATA SETS INTRODUCTION (RETIRED)   Changed Description

DATA SETS MENU (RETIRED)   Changed Description

DEFINITIONS INTRODUCTION (RETIRED)   Changed Description

DEVELOPMENT MESSAGES (RETIRED)   Changed Description

DIABETES DATA SET TYPE LIST (RETIRED)   Changed Description

DOSE GIVEN DATE (RETIRED)   Changed Description

EXPECTED DELIVERY DATE (RETIRED)   Changed Description

FULL POSTNATAL EXAMINATION DATE (RETIRED)   Changed Description

GENERIC DATA SET TYPE LIST (RETIRED)   Changed Description

HOSPITAL EPISODE STATISTICS (RETIRED)   Changed Description

INTRAUTERINE DEVICE APPLICATION DATE (RETIRED)   Changed Description

INTRAUTERINE DEVICE FITTED DATE (RETIRED)   Changed Description

KA34 1 (RETIRED)   Changed Description

KA34 2 (RETIRED)   Changed Description

KH03A 1 (RETIRED) renamed from KH03A 1   Changed Description, Name, status
                                                                                 to Retired

KH03A 2 (RETIRED) renamed from KH03A 2   Changed Description, Name, status
                                                                                 to Retired

KH06 1 (RETIRED)   Changed Description

KH06 2 (RETIRED)   Changed Description

KH06 3 (RETIRED)   Changed Description

KH06 4 (RETIRED)   Changed Description

KH06 5 (RETIRED)   Changed Description

KH06 6 (RETIRED)   Changed Description

KH06R 1 (RETIRED)   Changed Description

KH06R 2 (RETIRED)   Changed Description

KH06R 3 (RETIRED)   Changed Description

KH06R 4 (RETIRED)   Changed Description

KH06R 5 (RETIRED)   Changed Description

KH07 1 (RETIRED)   Changed Description

KH07 2 (RETIRED)   Changed Description

KH07 3 (RETIRED)   Changed Description

KH07 4 (RETIRED)   Changed Description

KH07 5 (RETIRED)   Changed Description

KH07 6 (RETIRED)   Changed Description

KH07 7 (RETIRED)   Changed Description

KH07A 1 (RETIRED)   Changed Description

Class Definitions

PERSON PROPERTY CLASSIFIER (RETIRED)	Changed Attributes
PERSON PROPERTY RECORD CLASSIFICATION (RETIRED)	Changed Attributes
REGISTRATION (RETIRED)	Changed Description
REPERFUSION (RETIRED)	Changed Attributes
SARCOMA PREDISPOSING CONDITION (RETIRED)	Changed Attributes
THROMBOLYTIC THERAPY (RETIRED)	Changed Attributes
WARD	Changed Relationships
WARD BED AVAILABILITY (RETIRED) renamed from WARD BED AVAILABILITY	Changed Attributes, Description, Name, status to Retired

Attribute Definitions

ACTIVATION TIME (RETIRED)	Changed Description
AUGMENTED CARE LOCATION CODE (RETIRED) renamed from AUGMENTED CARE LOCATION CODE	Changed Description, Name, status to Retired
AUGMENTED CARE OUTCOME INDICATOR (RETIRED)	Changed Description
AUGMENTED CARE PERIOD DISPOSAL (RETIRED)	Changed Description
AUGMENTED CARE PERIOD SOURCE (RETIRED)	Changed Description
AUGMENTED CARE PLANNED INDICATOR (RETIRED)	Changed Description
BED AVAILABILITY END DATE (RETIRED) renamed from BED AVAILABILITY END DATE	Changed Description, Name, status to Retired
BED AVAILABILITY START DATE (RETIRED) renamed from BED AVAILABILITY START DATE	Changed Description, Name, status to Retired
COMPLAINT FHS RESOLUTION (RETIRED)	Changed Description
GESTATION LENGTH (LABOUR ONSET) (RETIRED)	Changed Description
HIGH DEPENDENCY CARE LEVEL DAYS (RETIRED)	Changed Description
INDEPENDENT REVIEW COMPLETION DATE (RETIRED)	Changed Description
INDEPENDENT REVIEW PANEL REFERRAL (RETIRED)	Changed Description
INDEPENDENT REVIEW REQUESTED DATE (RETIRED)	Changed Description
INTENSIVE CARE LEVEL DAYS (RETIRED)	Changed Description
INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR (RETIRED) renamed from INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR	Changed Description, Name, status to Retired
NATIONAL OR RESIDENT INDICATOR (RETIRED)	Changed Description
NUMBER OF ORGAN SYSTEMS SUPPORTED (RETIRED)	Changed Description
OUTCOME AT 52 WEEK FOLLOW-UP (RETIRED)	Changed Description
RADIOLOGICAL INVESTIGATION PLANNED DATE (RETIRED)	Changed Description
RADIOLOGICAL INVESTIGATION PLANNED TIME (RETIRED)	Changed Description
REFERRAL NUMBER (RETIRED)	Changed Description
REFERRAL TIME (RETIRED)	Changed Description
REFERRAL TIME1 (RETIRED)	Changed Description
REQUESTED OR INVITED DATE (RETIRED)	Changed Description
REQUESTED OR INVITED TIME (RETIRED)	Changed Description
RESPONSE TIME - NON-AMBULANCE (RETIRED)	Changed Description
SERVICE REQUEST IDENTIFIER1 (RETIRED)	Changed Description
SERVICE REQUEST RELATIONSHIP DESCRIPTION1 (RETIRED)	Changed Description
URBAN OR RURAL INDICATOR (RETIRED)	Changed Description
WARD AVAILABLE BED (RETIRED) renamed from WARD AVAILABLE BED	Changed Description, Name, status to Retired

Data Elements

AMI ADMISSION DIAGNOSIS (RETIRED)	Changed linked Attribute
AMI ADMISSION WARD TYPE (RETIRED)	Changed linked Attribute
AMI ADMITTING CONSULTANT TYPE (RETIRED)	Changed linked Attribute
AMI CAUSE OF DEATH IN HOSPITAL (RETIRED)	Changed linked Attribute
AMI DISCHARGE DIAGNOSIS (RETIRED)	Changed linked Attribute
AMI HEART RATE (RETIRED)	Changed linked Attribute
ASPIRIN THERAPY LOCATION (RETIRED)	Changed linked Attribute
AUGMENTED CARE LOCATION (RETIRED)	Changed Description
AUGMENTED CARE OUTCOME INDICATOR (RETIRED)	Changed linked Attribute, Description
AUGMENTED CARE PERIOD DISPOSAL (RETIRED)	Changed linked Attribute, Description
AUGMENTED CARE PERIOD LOCAL IDENTIFIER (RETIRED)	Changed linked Attribute, Description

AUGMENTED CARE PERIOD NUMBER (RETIRED)	Changed linked Attribute, Description
AUGMENTED CARE PERIOD SOURCE (RETIRED)	Changed linked Attribute, Description
AUGMENTED CARE PLANNED INDICATOR (RETIRED)	Changed linked Attribute, Description
BLEED COMPLICATION (RETIRED)	Changed linked Attribute
BONE SARCOMA LOCATION (RETIRED)	Changed linked Attribute
BREAST CANCER NURSE SEEN (RETIRED)	Changed linked Attribute
CARDIAC ARREST LOCATION (RETIRED)	Changed linked Attribute
CARDIAC ARREST OUTCOME (FIRST) (RETIRED)	Changed linked Attribute
CARDIAC ARREST PRESENTING RHYTHM (RETIRED)	Changed linked Attribute
CCAD HOSPITAL IDENTIFIER (REFERRING) (RETIRED)	Changed linked Attribute
CCAD HOSPITAL IDENTIFIER (RETIRED)	Changed linked Attribute
CDS INTERCHANGE INTERFACE GATEWAY SERVICE REFERENCE (RETIRED)	Changed Description
CEMENT GUN USED (RETIRED)	Changed linked Attribute
CEMENT MIXING SYSTEM (RETIRED)	Changed linked Attribute
CEMENT PRESSURISER USED (RETIRED)	Changed linked Attribute
CLINICAL INTERVENTION DATE (FIRST DIAGNOSTIC TEST) (RETIRED)	Changed linked Attribute
CONTACTS (CONSULTANT PSYCHOTHERAPY) (RETIRED)	Changed Description
COPD PRESENT (RETIRED)	Changed linked Attribute
CORONARY ANGIOGRAPHY PERFORMED (RETIRED)	Changed linked Attribute
CORONARY INTERVENTION PERFORMED (RETIRED)	Changed linked Attribute
DEATH CODE DISCREPANCY ORIGINATOR (RETIRED)	Changed Description
DISCHARGED ON ANGIOTENSIN INHIBITOR (RETIRED)	Changed linked Attribute
DISCHARGED ON ANTI-PLATELET DRUG (RETIRED)	Changed linked Attribute
DISCHARGED ON BETA BLOCKER (RETIRED)	Changed linked Attribute
DISCHARGED ON STATIN (RETIRED)	Changed linked Attribute
ECG DETERMINING TREATMENT (RETIRED)	Changed linked Attribute
END DATE (AUGMENTED CARE PERIOD) (RETIRED)	Changed Description
END DATE (BRACHYTHERAPY TREATMENT COURSE) (RETIRED)	Changed linked Attribute
END DATE (TELETHERAPY TREATMENT COURSE) (RETIRED)	Changed linked Attribute
ENDOCRINE THERAPY TYPE (RETIRED)	Changed linked Attribute
GRADE OF RESPONSIBLE HCP (RETIRED)	Changed linked Attribute
GYNAECOLOGICAL ONCOLOGY ACCREDITATION (RETIRED)	Changed linked Attribute
HIGH DEPENDENCY CARE LEVEL DAYS (RETIRED)	Changed linked Attribute, Description
HIP CEMENTING TECHNIQUE TYPE (RETIRED)	Changed linked Attribute
HIP REPLACEMENT BONEGRAFT (RETIRED)	Changed linked Attribute
HIP SURGERY INCISION TYPE (RETIRED)	Changed linked Attribute
HIP SURGERY TROCHANTER INDICATOR (RETIRED)	Changed linked Attribute
IMAGE REQUEST DATE (RETIRED)	Changed linked Attribute
IMPLANT CLASSIFICATION CODE (RETIRED)	Changed linked Attribute
IMPLANT MODEL (RETIRED)	Changed linked Attribute
INITIAL CONTACT TYPE (RETIRED)	Changed linked Attribute
INTENSIVE CARE LEVEL DAYS (RETIRED)	Changed linked Attribute, Description
JOINT IMPLANT REVISION INDICATOR (RETIRED)	Changed linked Attribute
JOINT REPLACEMENT PRIMARY OR REVISION (RETIRED)	Changed linked Attribute
JOINT REPLACEMENT REVISION NUMBER (RETIRED)	Changed linked Attribute
KNEE REPLACEMENT CEMENT INDICATOR (RETIRED)	Changed linked Attribute
KNEE SURGERY FAT PAD REMOVED (RETIRED)	Changed linked Attribute
KNEE SURGERY SKIN INCISION METHOD (RETIRED)	Changed linked Attribute
KNEE SURGERY TOURNIQUET USED (RETIRED)	Changed linked Attribute
LAMINAR FLOW SYSTEM INDICATOR (RETIRED)	Changed linked Attribute
LANGUAGE USAGE (RETIRED)	Changed linked Attribute
LEGAL STATUS CLASSIFICATION CODE (AT START OF EPISODE) (RETIRED)	Changed linked Attribute
LOCUM INDICATOR (RETIRED)	Changed linked Attribute
MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD) (RETIRED)	Changed Description
MENSTRUAL STATUS (RETIRED)	Changed linked Attribute
NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE (RETIRED)	Changed Description
NUMBER OF ORGAN SYSTEMS SUPPORTED (RETIRED)	Changed linked Attribute,

	Description
OVERSEAS SURGICAL TEAM MEMBER (RETIRED)	Changed linked Attribute
PATIENT CLINICAL GROUP (RETIRED)	Changed linked Attribute
PCT OF RESIDENCE (RETIRED)	Changed Description
PREVIOUS TREATMENT ELSEWHERE (RETIRED)	Changed linked Attribute
PROSTHESIS CEMENTED (RETIRED)	Changed linked Attribute
PULSATILE LAVAGE (RETIRED)	Changed linked Attribute
QUALITY OF LIFE (AT DIAGNOSIS) (RETIRED)	Changed linked Attribute
RECURRENT LESIONS TREATED NUMBER (CHEMOTHERAPY) (RETIRED)	Changed linked Attribute
RECURRENT LESIONS TREATED NUMBER (RADIOTHERAPY) (RETIRED)	Changed linked Attribute
RECURRENT LESIONS TREATED NUMBER (SURGERY) (RETIRED)	Changed linked Attribute
REHABILITATION REFERRAL (RETIRED)	Changed linked Attribute
RELATIONSHIP TO PERSON (RETIRED)	Changed linked Attribute
REPERFUSION INITIAL DECISION (RETIRED)	Changed linked Attribute
REPERFUSION TREATMENT LOCATION (RETIRED)	Changed linked Attribute
REPERFUSION TYPE (INITIAL STRATEGY) (RETIRED)	Changed linked Attribute
SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER CARE SPELL) (RETIRED)	Changed linked Attribute
SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER LESION) (RETIRED)	Changed linked Attribute
SKIN CANCER NEW RECURRENT INDICATOR (RETIRED)	Changed linked Attribute
SKIN CANCER SUBSEQUENT DIAGNOSIS DATE (RETIRED)	Changed linked Attribute
SKIN LYMPHOMA CLINICAL MORPHOLOGY (RETIRED)	Changed linked Attribute
SKIN TCELL CLINICAL VARIANT (RETIRED)	Changed linked Attribute
SKIN TCELL SURFACE AREA (RETIRED)	Changed linked Attribute
STAGING CERTAINTY FACTOR (M CATEGORY) (RETIRED)	Changed linked Attribute
STAGING CERTAINTY FACTOR (N CATEGORY) (RETIRED)	Changed linked Attribute
STAGING CERTAINTY FACTOR (T CATEGORY) (RETIRED)	Changed linked Attribute
START DATE (ACTIVE MONITORING) (RETIRED)	Changed linked Attribute
START DATE (ANTI-CANCER DRUG FRACTION) (RETIRED)	Changed linked Attribute
START DATE (AUGMENTED CARE PERIOD) (RETIRED)	Changed Description
START DATE (BRACHYTHERAPY TREATMENT COURSE) (RETIRED)	Changed linked Attribute
START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE) (RETIRED)	Changed linked Attribute
START DATE (SURGERY HOSPITAL PROVIDER SPELL) (RETIRED)	Changed linked Attribute
START DATE (TELETHERAPY TREATMENT COURSE) (RETIRED)	Changed linked Attribute
SURGICAL URGENCY (RETIRED)	Changed linked Attribute
THEATRE CASE START TIME (RETIRED)	Changed linked Attribute
THROMBOLYTIC DRUG (RETIRED)	Changed linked Attribute
THROMBOLYTIC TREATMENT DELAY REASON (RETIRED)	Changed linked Attribute
THROMBOLYTIC TREATMENT NOT GIVEN REASON (RETIRED)	Changed linked Attribute
UNSEALED SOURCE PATIENT TYPE (RETIRED)	Changed linked Attribute

Date: 24 January 2014

Sponsor: Richard Kavanagh, Head of Data Standards - Interoperability Specifications, Health and Social Care

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.

ACCIDENT AND EMERGENCY ATTENDANCE CDS TYPE (RETIRED)

Change to Data Set: Changed Description

ACCIDENT AND EMERGENCY ATTENDANCE CDS TYPE

The Accident and Emergency Commissioning Data Set Type carries the data for an Accident and Emergency Attendance Episode.

The column headed Opt (Optionality) shows whether the Data Element is Mandatory M, Optional O or Must Not Be Used *.

Opt	CDS Data Element	U/A
Person Group (Patient):		

To carry the personal details of the Patient. One occurrence of this Group is permitted.		
M	LOCAL PATIENT IDENTIFIER	
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	
M	ORGANISATION CODE TYPE	
O	NHS NUMBER	
M	BIRTH DATE	
O	CARER SUPPORT INDICATOR	
*	ETHNIC CATEGORY	
*	MARITAL STATUS (psychiatric patients only)	
M	NHS NUMBER STATUS INDICATOR	
M	SEX	
O	NAME FORMAT CODE	
O	PATIENT NAME	
O	ADDRESS FORMAT CODE	
O	PATIENT USUAL ADDRESS	
M	POSTCODE OF USUAL ADDRESS	
M	ORGANISATION CODE (PCT OF RESIDENCE)	
M	ORGANISATION CODE TYPE	

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

(HCA) GP Registration. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.		
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	
O	ORGANISATION CODE TYPE	
(HCA) Attendance Occurrence Activity Characteristics. To carry the details of the Accident and Emergency attendance.		
M	A and E ATTENDANCE NUMBER	
M	A and E ARRIVAL MODE	
M	A and E ATTENDANCE CATEGORY	
M	A and E ATTENDANCE DISPOSAL	
M	A and E INCIDENT LOCATION TYPE	
M	A and E PATIENT GROUP	
M	SOURCE OF REFERRAL FOR A and E	
M	A and E DEPARTMENT TYPE (from April 2007)	
M	ARRIVAL DATE	
M	A and E ATTENDANCE CONCLUSION TIME	
M	A and E DEPARTURE TIME	
M	A and E INITIAL ASSESSMENT TIME (first and unplanned follow-up attendances only)	
M	A and E TIME SEEN FOR TREATMENT	
M	ARRIVAL TIME	
(HCA) Attendance Occurrence - Service Agreement Details. To carry the details of the Service Agreement for the Accident and Emergency Attendance.		
M	COMMISSIONING SERIAL NUMBER	
O	NHS SERVICE AGREEMENT LINE NUMBER	
O	PROVIDER REFERENCE NUMBER	
O	COMMISSIONER REFERENCE NUMBER	
M	ORGANISATION CODE (CODE OF PROVIDER)	

M	~~ORGANISATION CODE TYPE~~	
M	~~ORGANISATION CODE (CODE OF COMMISSIONER)~~	
M	~~ORGANISATION CODE TYPE~~	
~~(HCA) Attendance Occurrence Person Group (Consultant).~~ ~~To carry the details of the responsible Clinician. One occurrence of this Group is permitted.~~		
M	~~A and E STAFF MEMBER CODE~~	
~~(HCA) Attendance Occurrence - Clinical Information Group (Diagnosis Occurrence).~~ ~~To carry the details of the coded Diagnosis Scheme and the Diagnoses. Up to 2 occurrences of this Group are permitted.~~		
M	~~DIAGNOSIS SCHEME IN USE~~	
M	~~ACCIDENT AND EMERGENCY DIAGNOSIS - FIRST~~	
M	~~ACCIDENT AND EMERGENCY DIAGNOSIS - SECOND~~	
~~(HCA) Attendance Occurrence - Clinical Information Group (Investigation Occurrence).~~ ~~To carry the details of the coded Investigation Activities undertaken. Up to 2 occurrences of this Group are permitted.~~		
M	~~INVESTIGATION SCHEME IN USE~~	
M	~~ACCIDENT AND EMERGENCY INVESTIGATION - FIRST~~	
M	~~ACCIDENT AND EMERGENCY INVESTIGATION - SECOND~~	
~~(HCA) Attendance Occurrence - Clinical Information Group (Treatment Occurrence).~~ ~~To carry the details of the coded Treatment Activities undertaken. Up to 2 occurrences of this Group are permitted.~~		
M	~~PROCEDURE SCHEME IN USE~~	
M	~~ACCIDENT AND EMERGENCY TREATMENT - FIRST~~	
M	~~ACCIDENT AND EMERGENCY TREATMENT - SECOND~~	
~~(HCA) Healthcare Resource Group Activity - Activity Characteristics.~~ ~~To carry the details of the Healthcare Resource Group and will be mandatory from 01/10/2001. Each CDS may contain only a single occurrence of this Group.~~		
M	~~HEALTHCARE RESOURCE GROUP CODE~~	
M	~~HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER~~	

~~**Note:**~~
~~In addition, Accident and Emergency reference costs are mandated and collected via a direct, non-NWCS data flow between Providers and the Department of Health.~~

~~(HCA) Healthcare Resource Group Activity - Clinical Activity Group.~~ ~~To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified~~		
O	~~PROCEDURE SCHEME IN USE~~	
O	~~HRG DOMINANT GROUPING VARIABLE-PROCEDURE~~	

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE (RETIRED)

Change to Data Set: Changed Description

~~ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE~~

~~**The Admitted Patient Care Birth Episode Commissioning Data Set Type carries the data for a finished or unfinished Birth Episode. A Birth Episode record is required when there has been a delivery resulting in a registrable birth. This may take place in either NHS hospitals or in non-NHS hospitals funded by the NHS. The**~~

information is taken from the birth notification for each baby born and added to the baby's record.

The column headed Opt (Optionality) shows whether the data element is Mandatory (M) or Optional (O) in this specific CDS.

The column headed U/A (Unfinished Episode / Annual Census) indicates whether the data element is required to be recorded on an unfinished Birth Episode record and on an End of Year Census record, which is required for all unfinished Birth Episodes at midnight on 31 March.

An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS Data Element	U/A	HES
Person Group (Patient): To carry the personal details of the Patient (the baby). One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER	R	•
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	R	
M	ORGANISATION CODE TYPE	R	
O	NHS NUMBER	R	•
M	PERSON BIRTH DATE	R	•
M	BIRTH WEIGHT	R	•
M	LIVE OR STILL BIRTH	R	•
O	ETHNIC CATEGORY	R	
M	NHS NUMBER STATUS INDICATOR	R	•
M	SEX	R	•
O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
	Note: For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present. Birth Episodes do not carry address details for a baby. By local agreement, it may be assumed that the baby's address details are identical to that of the mother whose details may be carried in the Person Group (Mother) of the Birth Occurrence Group.		
(HCA) Hospital Provider Spell - Activity Characteristics: To carry the details of the Spell containing the Birth Episode. One occurrence of this Group is permitted.			
M	HOSPITAL PROVIDER SPELL NUMBER	R	•
M	ADMINISTRATIVE CATEGORY (on admission)	R	•
M	PATIENT CLASSIFICATION	R	•
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	•
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		•
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		•
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	•
M	START DATE (HOSPITAL PROVIDER SPELL)	R	•
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		•
(HCA) Consultant Episode - Activity Characteristics: To carry the details of the Birth Episode undergone by the Patient. One occurrence of this Group is permitted.			
M	EPISODE NUMBER	R	•
M	LAST EPISODE IN SPELL INDICATOR	R	•
M	NEONATAL LEVEL OF CARE	R	•

M	OPERATION STATUS (per episode)	R	←
M	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE	R	←
M	START DATE (EPISODE)	R	←
M	END DATE (EPISODE)		←
(HCA) Consultant Episode - Service Agreement Details: To carry the details of the Service Agreement for the Birth Episode.			
M	COMMISSIONING SERIAL NUMBER	R	←
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	←
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	←
M	ORGANISATION CODE TYPE		
(HCA) Consultant Episode - Person Group (Consultant): To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.			
M	CONSULTANT CODE	R	←
M	MAIN SPECIALTY CODE	R	←
M	TREATMENT FUNCTION CODE	R	←
(HCA) Consultant Episode - Clinical Information Group (ICD): To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.			
M	DIAGNOSIS SCHEME IN USE	R	
M	PRIMARY DIAGNOSIS (ICD)	R	←
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)	R	←
(HCA) Consultant Episode - Clinical Information Group (READ): To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.			
O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		
(HCA) Consultant Episode - Clinical Activity Group (OPCS): To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.			
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		←
M	PROCEDURE DATE		←
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		←
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		←
(HCA) Consultant Episode - Clinical Activity Group (READ): To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	PRIMARY PROCEDURE (READ)		
O	PROCEDURE DATE		
O	PROCEDURE (READ)		

		(2nd to 12th, there may be up to 11 repetitions)		
	O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		

(HCA) Consultant Episode - Location Group - Start of Episode:

To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode (eg the ward). One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.

M	LOCATION CLASS		R	
M	SITE CODE (OF TREATMENT) (at start of episode)		R	←
M	ORGANISATION CODE TYPE		R	
O	INTENDED CLINICAL CARE INTENSITY		R	←
O	AGE GROUP INTENDED		R	←
O	SEX OF PATIENTS		R	←
O	WARD DAY PERIOD AVAILABILITY		R	←
O	WARD NIGHT PERIOD AVAILABILITY		R	←

(HCA) Consultant Episode - Location Group - Ward Stay:

To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.

M	LOCATION CLASS			
M	SITE CODE (OF TREATMENT)			
M	ORGANISATION CODE TYPE			
O	INTENDED CLINICAL CARE INTENSITY			
O	AGE GROUP INTENDED			
O	SEX OF PATIENTS			
O	WARD DAY PERIOD AVAILABILITY			
O	WARD NIGHT PERIOD AVAILABILITY			
O	START DATE (at start of stay)			
O	END DATE (at end of stay)			

(HCA) Consultant Episode - Location Group - End of Episode:

To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode (eg the ward). One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.

M	LOCATION CLASS			
M	SITE CODE (OF TREATMENT) (at end of episode)			
M	ORGANISATION CODE TYPE			
O	INTENDED CLINICAL CARE INTENSITY			
O	AGE GROUP INTENDED			
O	SEX OF PATIENTS			
O	WARD DAY PERIOD AVAILABILITY			
O	WARD NIGHT PERIOD AVAILABILITY			

(HCA) Critical Care Period:

To carry the details of the Critical Care undergone by the Patient. Where there are multiple Critical Care Periods within the Consultant Episode then only the first 9 Critical Care Periods should be included. NB the Critical Care Period may overlap Consultant/ Midwife/ Nurse Episodes ie the CRITICAL CARE START DATE may precede the start of the Consultant/ Midwife/ Nurse Episode; similarly the Critical Care Period may not have ended by the end of the Consultant/ Midwife/ Nurse Episode. CRITICAL CARE START DATE, CRITICAL CARE LOCAL IDENTIFIER and CRITICAL CARE UNIT FUNCTION should be present in each Consultant/ Midwife/ Nurse Episode which contains all or part of a Critical Care Period. Support Days and Critical Care Level Days should only be entered when the CRITICAL CARE DISCHARGE DATE is entered ie not in any Consultant/ Midwife/ Nurse Episodes where the Critical Care Period is unfinished. The CRITICAL CARE DISCHARGE DATE must be on or before the discharge date for the Hospital Provider Spell.

M	CRITICAL CARE LOCAL IDENTIFIER	R	←
M	CRITICAL CARE START DATE	R	←
M	CRITICAL CARE UNIT FUNCTION	R	←
M	ADVANCED RESPIRATORY SUPPORT DAYS		←
M	BASIC RESPIRATORY SUPPORT DAYS		←
M	ADVANCED CARDIOVASCULAR SUPPORT DAYS		←
M	BASIC CARDIOVASCULAR SUPPORT DAYS		←
M	RENAL SUPPORT DAYS		←
M	NEUROLOGICAL SUPPORT DAYS		←
M	DERMATOLOGICAL SUPPORT DAYS		←
M	LIVER SUPPORT DAYS		←
M	CRITICAL CARE LEVEL 2 DAYS		←
M	CRITICAL CARE LEVEL 3 DAYS		←
M	CRITICAL CARE DISCHARGE DATE		←
(HCA) GP Registration. To carry the details of the baby's mother's Registered GMP. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	R	←
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	R	←
O	ORGANISATION CODE TYPE		
(HCA) Referral. To carry the details of the referrer. This will be the referral that led to the mother's Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted.			
M	REFERRER CODE	R	←
M	REFERRING ORGANISATION CODE	R	←
M	ORGANISATION CODE TYPE		
(HCA) Pregnancy Activity Characteristics. To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.			
M	NUMBER OF BABIES	R	←
(HCA) Antenatal Care Activity Characteristics. To carry details of the start of the antenatal care. One occurrence of this Group is permitted.			
M	FIRST ANTENATAL ASSESSMENT DATE	R	←
(HCA) Antenatal Care Person Group (Responsible Clinician). To carry details of the responsible clinician. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (ANTENATAL CARE)	R	
O	GENERAL MEDICAL PRACTITIONER PRACTICE (ANTENATAL CARE)	R	
O	ORGANISATION CODE TYPE		
(HCA) Antenatal Care Location Group (Delivery Place Intended). To carry details of the intended delivery place. One occurrence of this Group is permitted.			
M	LOCATION CLASS	R	
M	DELIVERY PLACE CHANGE REASON	R	←
M	DELIVERY PLACE TYPE (INTENDED)	R	←
(HCA) Hospital Labour/Delivery Activity Characteristics. To carry details of the Labour/Delivery. One occurrence of this Group is permitted.			
M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY	R	←
M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY	R	←
O	GESTATION LENGTH (LABOUR ONSET)	R	
M	LABOUR OR DELIVERY ONSET METHOD	R	←
M	DELIVERY DATE	R	

	(HCA) Birth Occurrence Activity Characteristics:		
	To carry details of the birth occurrence. One occurrence of this Group is permitted.		
M	BIRTH ORDER	R	←
M	DELIVERY METHOD	R	←
M	GESTATION LENGTH (ASSESSMENT)	R	←
M	RESUSCITATION METHOD	R	←
M	STATUS OF PERSON CONDUCTING DELIVERY	R	←
	(HCA) Birth Occurrence Person Group (Mother):		
	To carry the personal details of the baby's mother. One occurrence of this Group is permitted.		
O	LOCAL PATIENT IDENTIFIER (MOTHER)	R	
O	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (MOTHER))	R	
O	ORGANISATION CODE TYPE (MOTHER)		
O	NHS NUMBER (MOTHER)	R	
O	NHS NUMBER STATUS INDICATOR (MOTHER)	R	
M	BIRTH DATE (MOTHER)	R	←
O	ADDRESS FORMAT CODE (MOTHER)		
O	PATIENT USUAL ADDRESS (MOTHER)		
M	POSTCODE OF USUAL ADDRESS	R	←
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	←
M	ORGANISATION CODE TYPE		
	(HCA) Birth Occurrence Location - Delivery Place Actual:		
	To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.		
M	LOCATION CLASS		
M	DELIVERY PLACE TYPE (ACTUAL)	R	←
	(HCA) Healthcare Resource Group Activity - Activity Characteristics:		
	To carry the details of the Healthcare Resource Group and will be mandatory from 01/10/2001. Each CDS may contain only a single occurrence of this Group.		
M	HEALTHCARE RESOURCE GROUP CODE		←
M	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		←
	(HCA) Healthcare Resource Group Activity - Clinical Activity Group:		
	To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified		
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		←

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE (RETIRED)

Change to Data Set: Changed Description

ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE

The Admitted Patient Care Delivery Episode Commissioning Data Set Type carries the data for a finished or unfinished General Consultant/ Midwife/ Nurse Delivery Episode. A Delivery Episode record is required when there has been a delivery resulting in a registrable birth. This may take place in either NHS hospitals or in non-

NHS hospitals funded by the NHS. The information is taken from the birth notification for each baby born and added to the mother's record.

The column headed Opt (Optionality) shows whether the Data element is Mandatory (M) or Optional (O) in this specific CDS.

The column headed U/A (Unfinished Episode / Annual Census) indicates whether the Data element is required to be recorded on an unfinished Consultant/ Midwife/ Nurse Delivery Episode record and on an End of Year Census record. The census requires that an Unfinished Delivery Episode record for all unfinished Delivery Episodes at midnight on 31 March is sent. An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS Data element	U/A	HES
	**Person Group (Patient):** To carry the personal details of the Patient. One occurrence of this Group is permitted.		
M	LOCAL PATIENT IDENTIFIER	R	●
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	R	
M	ORGANISATION CODE TYPE		
M	NHS NUMBER	R	●
M	PERSON BIRTH DATE	R	●
O	CARER SUPPORT INDICATOR	R	●
M	LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION) (psychiatric patients only)	R	●
M	ETHNIC CATEGORY	R	●
M	MARITAL STATUS (psychiatric patients only)	R	●
M	NHS NUMBER STATUS INDICATOR	R	●
M	SEX	R	●
M	PREGNANCY TOTAL PREVIOUS PREGNANCIES		●
O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS	R	
M	POSTCODE OF USUAL ADDRESS	R	●
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	●
M	ORGANISATION CODE TYPE	R	

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

Opt	CDS Data element	U/A	HES
	**(HCA) Hospital Provider Spell - Activity Characteristics:** To carry the details of the Spell containing the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted.		
M	HOSPITAL PROVIDER SPELL NUMBER	R	●
M	ADMINISTRATIVE CATEGORY (on admission)	R	●
M	PATIENT CLASSIFICATION	R	●
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	●
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		●
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		●
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	●
M	START DATE (HOSPITAL PROVIDER SPELL)	R	●
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		●

(HCA) Consultant Episode - Activity Characteristics. To carry the details of the Consultant/ Midwife/ Nurse Episode undergone by the Patient. One occurrence of this Group is permitted.			
M	EPISODE NUMBER	R	←
M	LAST EPISODE IN SPELL INDICATOR	R	←
M	OPERATION STATUS (per episode)	R	←
M	PSYCHIATRIC PATIENT STATUS	R	←
M	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE	R	←
M	START DATE (EPISODE)	R	←
M	END DATE (EPISODE)		←
(HCA) Consultant Episode - Service Agreement Details. To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.			
M	COMMISSIONING SERIAL NUMBER	R	←
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	←
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	←
M	ORGANISATION CODE TYPE		
(HCA) Consultant Episode - Person Group (Consultant). To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.			
M	CONSULTANT CODE	R	←
M	MAIN SPECIALTY CODE	R	←
M	TREATMENT FUNCTION CODE	R	←
(HCA) Consultant Episode - Clinical Information Group (ICD). To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.			
M	DIAGNOSIS SCHEME IN USE		
M	PRIMARY DIAGNOSIS (ICD)		←
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)		←
(HCA) Consultant Episode - Clinical Information Group (READ). To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.			
O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		
(HCA) Consultant Episode - Clinical Activity Group (OPCS). To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.			
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		←
M	PROCEDURE DATE		←
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		←
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		←
(HCA) Consultant Episode - Clinical Activity Group (READ).			

To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.				
O	PROCEDURE SCHEME IN USE			
O	PRIMARY PROCEDURE (READ)			
O	PROCEDURE DATE			
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)			
O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)			
(HCA) Consultant Episode - Location Group - Start of Episode. To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.				
M	LOCATION CLASS		R	
M	SITE CODE (OF TREATMENT) (at start of episode)		R	◄
M	ORGANISATION CODE TYPE		R	
O	INTENDED CLINICAL CARE INTENSITY		R	◄
O	AGE GROUP INTENDED		R	◄
O	SEX OF PATIENTS		R	◄
O	WARD DAY PERIOD AVAILABILITY		R	◄
O	WARD NIGHT PERIOD AVAILABILITY		R	◄
(HCA) Consultant Episode - Location Group - Ward Stay. To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.				
O	LOCATION CLASS			
O	SITE CODE (OF TREATMENT)			
O	ORGANISATION CODE TYPE			
O	INTENDED CLINICAL CARE INTENSITY			
O	AGE GROUP INTENDED			
O	SEX OF PATIENTS			
O	WARD DAY PERIOD AVAILABILITY			
O	WARD NIGHT PERIOD AVAILABILITY			
O	START DATE (at start of stay)			
O	END DATE (at end of stay)			
(HCA) Consultant Episode - Location Group - End of Episode. To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.				
O	LOCATION CLASS			
O	SITE CODE (OF TREATMENT) (at end of episode)			
O	ORGANISATION CODE TYPE			
O	INTENDED CLINICAL CARE INTENSITY			
O	AGE GROUP INTENDED			
O	SEX OF PATIENTS			
O	WARD DAY PERIOD AVAILABILITY			
O	WARD NIGHT PERIOD AVAILABILITY			
(HCA) Critical Care Period. To carry the details of the Critical Care undergone by the Patient. Where there are multiple Critical Care Periods within the Consultant Episode then only the first 9 Critical Care Periods should be included. NB the Critical Care Period may overlap Consultant/ Midwife/ Nurse Episodes ie the CRITICAL CARE START DATE may precede the start of the Consultant/ Midwife/ Nurse Episode; similarly the Critical Care Period may not have				

ended by the end of the Consultant/ Midwife/ Nurse Episode. CRITICAL CARE START DATE, CRITICAL CARE LOCAL IDENTIFIER and CRITICAL CARE UNIT FUNCTION should be present in each Consultant/ Midwife/ Nurse Episode which contains all or part of a Critical Care Period. Support Days and Critical Care Level Days should only be entered when the CRITICAL CARE DISCHARGE DATE is entered ie not in any Consultant/ Midwife/ Nurse Episodes where the Critical Care Period is unfinished. The CRITICAL CARE DISCHARGE DATE must be on or before the discharge date for the Hospital Provider Spell.

M	CRITICAL CARE LOCAL IDENTIFIER	R	←
M	CRITICAL CARE START DATE	R	←
M	CRITICAL CARE UNIT FUNCTION	R	←
M	ADVANCED RESPIRATORY SUPPORT DAYS		←
M	BASIC RESPIRATORY SUPPORT DAYS		←
M	ADVANCED CARDIOVASCULAR SUPPORT DAYS		←
M	BASIC CARDIOVASCULAR SUPPORT DAYS		←
M	RENAL SUPPORT DAYS		←
M	NEUROLOGICAL SUPPORT DAYS		←
M	DERMATOLOGICAL SUPPORT DAYS		←
M	LIVER SUPPORT DAYS		←
M	CRITICAL CARE LEVEL 2 DAYS		←
M	CRITICAL CARE LEVEL 3 DAYS		←
M	CRITICAL CARE DISCHARGE DATE		←

(HCA) GP Registration.

To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.

M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	R	←
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	R	←
O	ORGANISATION CODE TYPE		

(HCA) Referral.

To carry the details of the referrer. One occurrence of this Group is permitted.

M	REFERRER CODE	R	←
M	REFERRING ORGANISATION CODE	R	←
M	ORGANISATION CODE TYPE		

(HCA) Pregnancy Activity Characteristics.

To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.

M	NUMBER OF BABIES	R	←

(HCA) Antenatal Care Activity Characteristics.

To carry details of the start of the antenatal care. One occurrence of this Group is permitted.

M	FIRST ANTENATAL ASSESSMENT DATE	R	←

(HCA) Antenatal Care Person Group (Responsible Clinician).

To carry details of the responsible clinician. One occurrence of this Group is permitted.

M	GENERAL MEDICAL PRACTITIONER (ANTENATAL CARE)	R	
O	GENERAL MEDICAL PRACTITIONER PRACTICE (ANTENATAL CARE)		
O	ORGANISATION CODE TYPE		

(HCA) Antenatal Care Location Group (Delivery Place Intended).

To carry details of the intended delivery place. One occurrence of this Group is permitted.

M	LOCATION CLASS	R	
M	DELIVERY PLACE CHANGE REASON	R	←
M	DELIVERY PLACE TYPE (INTENDED)	R	←

(HCA) Hospital Labour/Delivery Activity Characteristics.

To carry details of the Labour/Delivery. One occurrence of this Group is permitted.

M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY	R	←

M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY	R	←
O	GESTATION LENGTH (LABOUR ONSET)	R	
M	LABOUR OR DELIVERY ONSET METHOD	R	←
M	DELIVERY DATE	R	

(HCA) Birth Occurrence Activity Characteristics:

To carry details of the birth occurrence(s). Up to nine occurrences of the Birth Group are permitted.

M	BIRTH ORDER	R	←
M	DELIVERY METHOD	R	←
M	GESTATION LENGTH (ASSESSMENT)	R	←
M	RESUSCITATION METHOD	R	←
M	STATUS OF PERSON CONDUCTING DELIVERY	R	←

(HCA) Birth Occurrence Person Group (Baby):

To carry the personal details of the birth occurrence(s). One occurrence of this Group within each Birth Group is permitted.

O	LOCAL PATIENT IDENTIFIER (BABY)	R	
O	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (BABY))	R	
O	ORGANISATION CODE TYPE (BABY)		
O	NHS NUMBER (BABY)	R	
O	NHS NUMBER STATUS INDICATOR (BABY)	R	
M	BIRTH DATE (BABY)	R	←
M	BIRTH WEIGHT	R	←
M	LIVE OR STILL BIRTH	R	←
M	SEX (BABY)	R	←

(HCA) Birth Occurrence Location - Delivery Place Actual:

To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.

M	LOCATION CLASS	R	
M	DELIVERY PLACE TYPE (ACTUAL)	R	←

(HCA) Healthcare Resource Group Activity - Activity Characteristics:

To carry the details of the Healthcare Resource Group and will be mandatory from 01/10/2001. Each CDS may contain only a single occurrence of this Group.

M	HEALTHCARE RESOURCE GROUP CODE		←
M	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		←

(HCA) Healthcare Resource Group Activity - Clinical Activity Group:

To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified

O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		←

This item has been retired from the NHS Data Model and Dictionary.

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ADMITTED PATIENT CARE CDS TYPE - DETAINED AND - OR LONG TERM PSYCHIATRIC CENSUS (RETIRED)

Change to Data Set: Changed Description

ADMITTED PATIENT CARE CDS TYPE - DETAINED AND - OR LONG TERM PSYCHIATRIC CENSUS

The Admitted Patient Care Detained and/or Long Term Psychiatric Census Commissioning Data Set Type carries the data for a Detained and/or Long Term Psychiatric Census.

The Health and Social Care Information Centre require a snapshot of a general episode, unfinished as at 31 March, for which either the patient is detained or the episode is part of a Hospital Provider Spell which has lasted longer than one year and for which the majority of time has been spent under the care of a consultant in one of the psychiatric specialties.

In the case of Trust mergers and demergers occurring, where the Hospital Provider Spell would have lasted longer than one year except for the merger/demerger, patients should be included. The ORGANISATION CODE (CODE OF PROVIDER) will be that of the organisation in existence as at the 31st March Census Date.

Organisations may, by local agreement, make other submissions of the Psychiatric Census. Care must then be taken to ensure that the CDS CENSUS DATE chosen is compatible with the Commissioning Data Set Submission Protocol used.

The column headed Opt (Optionality) shows whether the data element is Mandatory (M) or Optional (O) in the Commissioning Data Set.

The column headed HES indicates whether the data element is extracted for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the Hospital Episode Statistics Cross Reference Tables will show the derivation.

Opt	CDS data element	U/A	HES
Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER		•
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		
M	NHS NUMBER		•
M	BIRTH DATE		•
O	CARER SUPPORT INDICATOR		•
M	LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION)		•
M	LEGAL STATUS CLASSIFICATION CODE (AT CENSUS DATE)		•
M	ETHNIC CATEGORY		•
M	MARITAL STATUS		•
M	NHS NUMBER STATUS INDICATOR		•
M	SEX		•
M	DATE DETENTION COMMENCED		•
M	AGE AT CENSUS		•
M	DURATION OF CARE TO PSYCHIATRIC CENSUS DATE		•
M	DURATION OF DETENTION		•
M	MENTAL CATEGORY		•
M	STATUS OF PATIENT INCLUDED IN THE PSYCHIATRIC CENSUS		•
O	NAME FORMAT CODE		
O	PATIENT NAME		
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS		
M	POSTCODE OF USUAL ADDRESS		•
M	ORGANISATION CODE (PCT OF RESIDENCE)		•
M	ORGANISATION CODE TYPE		

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

(HCA) Hospital Provider Spell - Activity Characteristics.

To carry the details of the Spell containing the Consultant Episode on the Psychiatric Census Date. One occurrence of this Group is permitted.

M	HOSPITAL PROVIDER SPELL NUMBER		-
M	ADMINISTRATIVE CATEGORY (on admission)		-
M	PATIENT CLASSIFICATION		-
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)		-
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)		-
⊥	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL) (Must not be used)		-
⊥	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL) (Must not be used)		-
M	START DATE (HOSPITAL PROVIDER SPELL)		-

(HCA) Consultant Episode - Activity Characteristics.

To carry the details of the Consultant Episode on the Psychiatric Census Date. One occurrence of this Group is permitted.

M	EPISODE NUMBER		-
M	PSYCHIATRIC PATIENT STATUS		-
M	START DATE (CONSULTANT EPISODE)		-

(HCA) Consultant Episode - Service Agreement Details.

To carry the details of the Service Agreement for the Consultant Episode on the Psychiatric Census Date.

M	COMMISSIONING SERIAL NUMBER		-
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		-
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		-
M	ORGANISATION CODE TYPE		

(HCA) Consultant Episode - Person Group (Consultant).

To carry the details of the responsible Consultant on the Psychiatric Census Date. One occurrence of this Group is permitted.

M	CONSULTANT CODE		-
M	MAIN SPECIALTY CODE		-
M	TREATMENT FUNCTION CODE		-

(HCA) Consultant Episode - Clinical Information Group (ICD).

To carry the details of the ICD Diagnosis Scheme and the Diagnoses on the Psychiatric Census Date. Up to 13 occurrences of this Group are permitted.

M	DIAGNOSIS SCHEME IN USE		
M	PRIMARY DIAGNOSIS (ICD)		-
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)		-

(HCA) Consultant Episode - Clinical Information Group (READ).

To carry the details of the READ Diagnosis Scheme and the Diagnoses on the Psychiatric Census Date. Up to 13 occurrences of this Group are permitted.

O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		

(HCA) Consultant Episode - Location Group - Start of Episode.

To carry the details of the Ward Type at the start of the Consultant Episode. One occurrence of this Group is permitted.

M	LOCATION CLASS		

M	SITE CODE (OF TREATMENT) (at start of episode)		←
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		←
O	AGE GROUP INTENDED		←
O	SEX OF PATIENTS		←
O	WARD DAY PERIOD AVAILABILITY		←
O	WARD NIGHT PERIOD AVAILABILITY		←
(HCA) Consultant Episode - Location Group - Ward Stay at Psychiatric Census Date. To carry the details of the Ward Type at Psychiatric Census Date. One occurrence of this Group is permitted.			
M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT)		←
M	ORGANISATION CODE TYPE		
M	INTENDED CLINICAL CARE INTENSITY		←
M	AGE GROUP INTENDED		←
M	SEX OF PATIENTS		←
M	WARD DAY PERIOD AVAILABILITY		←
M	WARD NIGHT PERIOD AVAILABILITY		←
M	DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE		←
(HCA) GP Registration. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.			
O	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		←
M	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		←
O	ORGANISATION CODE TYPE		
(HCA) Referral. To carry the details of the referrer. One occurrence of this Group is permitted.			
M	REFERRER CODE		←
M	REFERRING ORGANISATION CODE		←
M	ORGANISATION CODE TYPE		
(HCA) Elective Admission List Entry. To carry the details of the Elective Admission List Entry. One occurrence of this Group is permitted.			
M	DURATION OF ELECTIVE WAIT		←
M	INTENDED MANAGEMENT		←
M	DECIDED TO ADMIT DATE (for this provider)		←
(HCA) Healthcare Resource Group Activity - Activity Characteristics. To carry the details of the Healthcare Resource Group where required. If users do not want to send HRGs, the segments may be omitted. Each CDS may contain only a single occurrence of this Group.			
O	HEALTHCARE RESOURCE GROUP CODE		←
O	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		←
(HCA) Healthcare Resource Group Activity - Clinical Activity Group. To carry the details of the HRG Dominant Grouping Variable - Procedure. Only one Procedure either OPCS or READ may be specified			
O	PROCEDURE SCHEME IN USE		←
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		←

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE (RETIRED)

Change to Data Set: Changed Description

ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE

The Admitted Patient Care General Episode Commissioning Data Set Type carries the data for a finished or unfinished General Consultant/ Midwife/ Nurse Episode. It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any acute, community, psychiatric NHS Trust or Primary Care Trust or other NHS hospital under the care of a consultant, midwife or nurse. Additionally, NHS funded Admitted Patient Care taking place in non-NHS hospitals and institutions is required.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

The column headed U/A (Unfinished Episode / Annual Census) indicates whether the data element is required to be recorded on an unfinished Consultant/ Midwife/ Nurse Episode record and on an End of Year Census record. An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.

An Unfinished General Episode record is required for all unfinished general episodes at midnight on 31 March. Unfinished General Episode records are also required for short-stay informal psychiatric patients who are resident in hospital or on leave of absence (home leave) on 31 March and who have been in hospital for less than 12 months.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicate the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS data element	U/A	HES
Person Group (Patient):			
To carry the personal details of the Patient. One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER	R	•
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	R	
M	ORGANISATION CODE TYPE	R	
M	NHS NUMBER	R	•
M	PERSON BIRTH DATE	R	•
O	CARER SUPPORT INDICATOR	R	•
M	LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION) (psychiatric patients only)	R	•
M	ETHNIC CATEGORY	R	•
M	MARITAL STATUS (psychiatric patients only)	R	•
M	NHS NUMBER STATUS INDICATOR	R	•
M	SEX	R	•
O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS	R	
M	POSTCODE OF USUAL ADDRESS	R	•
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	•
M	ORGANISATION CODE TYPE	R	

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

(HCA) Hospital Provider Spell - Activity Characteristics:

To carry the details of the Spell containing the Consultant/ Midwife/ Nurse Episode. One occurrence of this

Group is permitted.			
M	HOSPITAL PROVIDER SPELL NUMBER	R	‑
M	ADMINISTRATIVE CATEGORY (on admission)	R	‑
M	PATIENT CLASSIFICATION	R	‑
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	‑
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		‑
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		‑
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	‑
M	START DATE (HOSPITAL PROVIDER SPELL)	R	‑
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		‑

(HCA) Consultant Episode - Activity Characteristics.

To carry the details of the Consultant/ Midwife/ Nurse Episode undergone by the Patient. One occurrence of this Group is permitted.

M	EPISODE NUMBER	R	‑
M	FIRST REGULAR DAY OR NIGHT ADMISSION	R	‑
M	LAST EPISODE IN SPELL INDICATOR	R	‑
M	NEONATAL LEVEL OF CARE	R	‑
M	OPERATION STATUS (per episode)	R	‑
M	PSYCHIATRIC PATIENT STATUS	R	‑
M	START DATE (EPISODE)	R	‑
M	END DATE (EPISODE)		‑

(HCA) Consultant Episode - Service Agreement Details.

To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.

M	COMMISSIONING SERIAL NUMBER	R	‑
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	‑
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	‑
M	ORGANISATION CODE TYPE		

(HCA) Consultant Episode - Person Group (Consultant).

To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.

M	CONSULTANT CODE	R	‑
M	MAIN SPECIALTY CODE	R	‑
M	TREATMENT FUNCTION CODE	R	‑

(HCA) Consultant Episode - Clinical Information Group (ICD).

To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.

M	DIAGNOSIS SCHEME IN USE		
M	PRIMARY DIAGNOSIS (ICD)		‑
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)		‑

(HCA) Consultant Episode - Clinical Information Group (READ).

To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.

O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ)		

	(1st to 12th, there may be up to 12 repetitions)		
(HCA) Consultant Episode - Clinical Activity Group (OPCS).			
To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.			
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		←
M	PROCEDURE DATE		←
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		←
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		←
(HCA) Consultant Episode - Clinical Activity Group (READ).			
To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	PRIMARY PROCEDURE (READ)		
O	PROCEDURE DATE		
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)		
O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		
(HCA) Consultant Episode - Location Group - Start of Episode.			
To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.			
M	LOCATION CLASS	R	
M	SITE CODE (OF TREATMENT) (at start of episode)	R	←
M	ORGANISATION CODE TYPE	R	
O	INTENDED CLINICAL CARE INTENSITY	R	←
O	AGE GROUP INTENDED	R	←
O	SEX OF PATIENTS	R	←
O	WARD DAY PERIOD AVAILABILITY	R	←
O	WARD NIGHT PERIOD AVAILABILITY	R	←
(HCA) Consultant Episode - Location Group - Ward Stay.			
To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.			
M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		
O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		
O	START DATE (at start of ward stay)		
O	END DATE (at end of ward stay)		
(HCA) Consultant Episode - Location Group - End of Episode.			
To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.			
M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT)		

	(at end of episode)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		
O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		

(HCA) Critical Care Period.

To carry the details of the Critical Care undergone by the Patient. Where there are multiple Critical Care Periods within the Consultant Episode then only the first 9 Critical Care Periods should be included. NB the Critical Care Period may overlap Consultant/ Midwife/ Nurse Episodes ie the CRITICAL CARE START DATE may precede the start of the Consultant/ Midwife/ Nurse Episode; similarly the Critical Care Period may not have ended by the end of the Consultant/ Midwife/ Nurse Episode. CRITICAL CARE START DATE, CRITICAL CARE LOCAL IDENTIFIER and CRITICAL CARE UNIT FUNCTION should be present in each Consultant/ Midwife/ Nurse Episode which contains all or part of a Critical Care Period. Support Days and Critical Care Level Days should only be entered when the CRITICAL CARE DISCHARGE DATE is entered ie not in any Consultant/ Midwife/ Nurse Episodes where the Critical Care Period is unfinished. The CRITICAL CARE DISCHARGE DATE must be on or before the discharge date for the Hospital Provider Spell.

M	CRITICAL CARE LOCAL IDENTIFIER	R	←
M	CRITICAL CARE START DATE	R	←
M	CRITICAL CARE UNIT FUNCTION	R	←
M	ADVANCED RESPIRATORY SUPPORT DAYS		←
M	BASIC RESPIRATORY SUPPORT DAYS		←
M	ADVANCED CARDIOVASCULAR SUPPORT DAYS		←
M	BASIC CARDIOVASCULAR SUPPORT DAYS		←
M	RENAL SUPPORT DAYS		←
M	NEUROLOGICAL SUPPORT DAYS		←
M	DERMATOLOGICAL SUPPORT DAYS		←
M	LIVER SUPPORT DAYS		←
M	CRITICAL CARE LEVEL 2 DAYS		←
M	CRITICAL CARE LEVEL 3 DAYS		←
M	CRITICAL CARE DISCHARGE DATE		←

(HCA) GP Registration.

To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.

M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	R	←
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	R	←
O	ORGANISATION CODE TYPE	R	

(HCA) Referral.

To carry the details of the referrer. One occurrence of this Group is permitted.

M	REFERRER CODE	R	←
M	REFERRING ORGANISATION CODE	R	←
M	ORGANISATION CODE TYPE	R	

(HCA) Elective Admission List Entry.

To carry the details of the Elective Admission List Entry. One occurrence of this Group is permitted.

M	DURATION OF ELECTIVE WAIT	R	←
M	INTENDED MANAGEMENT	R	←
M	DECIDED TO ADMIT DATE (for this provider)	R	←

(HCA) Healthcare Resource Group Activity - Activity Characteristics.

To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001. One occurrence of this Group is permitted.

M	HEALTHCARE RESOURCE GROUP CODE		←

Opt			HES
M	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		⚫
(HCA) Healthcare Resource Group Activity - Clinical Activity Group. To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified			
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		⚫

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ADMITTED PATIENT CARE CDS TYPE - OTHER BIRTH EVENT (RETIRED)

Change to Data Set: Changed Description

ADMITTED PATIENT CARE CDS TYPE - OTHER BIRTH EVENT

The Admitted Patient Care Other Birth Commissioning Data Set Type carries the data for an Other Birth. This CDS Type applies to:
(i) NHS funded home births, and
(ii) all other birth events which are not NHS-funded, either directly or under an NHS service agreement.

Maternity events, taking place in either NHS hospitals or in non-NHS hospitals funded by the NHS, will be recorded as ordinary Delivery and Birth episodes.

The data in these records come from birth notification records and require only a limited data set to be completed.

The column headed Opt (Optionality) shows whether the data element is Mandatory (M) or Optional (O) for this specific CDS.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS data element	U/A	HES
Person Group (Patient). To carry the personal details of the Patient (the baby). One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER		⚫
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE-TYPE		
O	NHS NUMBER		⚫
M	BIRTH DATE		⚫
M	BIRTH WEIGHT		⚫
M	LIVE OR STILL BIRTH		⚫
O	ETHNIC CATEGORY		
M	NHS NUMBER STATUS INDICATOR		⚫
M	SEX		⚫
O	NAME FORMAT CODE		
O	PATIENT NAME		

Note:
Birth Episodes need not carry an address of the baby. By local agreement, it may be assumed that the baby's address details are identical to that of the mother whose details may be carried in the Person Group (Mother) of the Birth Occurrence Group.

(HCA) GP Registration.

To carry the details of the baby's mother's Registered GMP. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		←
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		←
O	ORGANISATION CODE TYPE		
(HCA) Pregnancy Activity Characteristics: To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.			
M	NUMBER OF BABIES		←
(HCA) Antenatal Care Activity Characteristics: To carry details of the start of the antenatal care. One occurrence of this Group is permitted.			
M	FIRST ANTENATAL ASSESSMENT DATE		←
(HCA) Antenatal Care Person Group (Responsible Clinician): To carry details of the responsible clinician. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (ANTENATAL CARE)		
O	GENERAL MEDICAL PRACTITIONER PRACTICE (ANTENATAL CARE)		
O	ORGANISATION CODE TYPE		
(HCA) Antenatal Care Location Group (Delivery Place Intended): To carry details of the intended delivery place. One occurrence of this Group is permitted.			
M	LOCATION CLASS		
M	DELIVERY PLACE CHANGE REASON		←
M	DELIVERY PLACE TYPE (INTENDED)		←
(HCA) Hospital Labour/Delivery Activity Characteristics: To carry details of the Labour/Delivery. One occurrence of this Group is permitted.			
M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY		←
M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY		←
O	GESTATION LENGTH (LABOUR ONSET)		
M	LABOUR OR DELIVERY ONSET METHOD		←
M	DELIVERY DATE		
(HCA) Home Labour/Delivery - Service Agreement Details: To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.			
M	COMMISSIONING SERIAL NUMBER		←
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
O	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		←
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		←
M	ORGANISATION CODE TYPE		
(HCA) Birth Occurrence Activity Characteristics: To carry details of the birth occurrence. One occurrence of this Group is permitted.			
M	BIRTH ORDER		←
M	DELIVERY METHOD		←
M	GESTATION LENGTH (ASSESSMENT)		←
M	RESUSCITATION METHOD		←
M	STATUS OF PERSON CONDUCTING DELIVERY		←
(HCA) Birth Occurrence Person Group (Mother): To carry the personal details of the baby's mother. One occurrence of this Group is permitted.			
O	LOCAL PATIENT IDENTIFIER (MOTHER)		
O	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (MOTHER))		

Opt	CDS data element		HES
	ORGANISATION CODE TYPE (MOTHER)		
O	NHS NUMBER (MOTHER)		
O	NHS NUMBER STATUS INDICATOR (MOTHER)		
M	BIRTH DATE (MOTHER)		●
O	ADDRESS FORMAT CODE (MOTHER)		
O	PATIENT USUAL ADDRESS (MOTHER)		
M	POSTCODE OF USUAL ADDRESS		●
M	ORGANISATION CODE (PCT OF RESIDENCE)		●
M	ORGANISATION CODE TYPE		

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

	(HCA) Birth Occurrence Location - Delivery Place Actual. To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.		
M	LOCATION CLASS		
M	DELIVERY PLACE TYPE (ACTUAL)		●

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ADMITTED PATIENT CARE CDS TYPE - OTHER DELIVERY (RETIRED)

Change to Data Set: Changed Description

ADMITTED PATIENT CARE CDS TYPE - OTHER DELIVERY

The Admitted Patient Care Other Delivery Commissioning Data Set Type carries the data for an Other Delivery. This CDS Type applies to:
(i) NHS funded home deliveries, and
(ii) all other delivery events which are not NHS-funded, either directly or under an NHS service agreement.

Maternity events, taking place in either NHS hospitals or in non-NHS hospitals funded by the NHS, will be recorded as ordinary Delivery and Birth episodes.

The data in these records come from birth notification records and require only a limited data set to be completed.

The column headed Opt (Optionality) shows whether the data element is Mandatory (M) or Optional (O) in this specific CDS.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS data element	U/A	HES
	Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.		
M	LOCAL PATIENT IDENTIFIER		●
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		
M	NHS NUMBER		●
M	BIRTH DATE		●
O	CARER SUPPORT INDICATOR		●

M	ETHNIC CATEGORY		▾
M	MARITAL STATUS (psychiatric patients only)		▾
M	NHS NUMBER STATUS INDICATOR		▾
M	SEX		▾
M	PREGNANCY TOTAL PREVIOUS PREGNANCIES		▾
O	NAME FORMAT CODE		
O	PATIENT NAME		
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS		
M	POSTCODE OF USUAL ADDRESS		▾
M	ORGANISATION CODE (PCT OF RESIDENCE)		▾
M	ORGANISATION CODE TYPE		

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

(HCA) GP Registration.

To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.

M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		▾
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		▾
O	ORGANISATION CODE TYPE		

(HCA) Pregnancy Activity Characteristics.

To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.

M	NUMBER OF BABIES		▾

(HCA) Antenatal Care Activity Characteristics.

To carry details of the start of the antenatal care. One occurrence of this Group is permitted.

M	FIRST ANTENATAL ASSESSMENT DATE		▾

(HCA) Antenatal Care Person Group (Responsible Clinician).

To carry details of the responsible clinician. One occurrence of this Group is permitted.

M	GENERAL MEDICAL PRACTITIONER (ANTENATAL CARE)		
O	GENERAL MEDICAL PRACTITIONER PRACTICE (ANTENATAL CARE)		
O	ORGANISATION CODE TYPE		

(HCA) Antenatal Care Location Group (Delivery Place Intended).

To carry details of the intended delivery place. One occurrence of this Group is permitted.

M	LOCATION CLASS		
M	DELIVERY PLACE CHANGE REASON		▾
M	DELIVERY PLACE TYPE (INTENDED)		▾

(HCA) Home Labour/Delivery Activity Characteristics.

To carry details of the Labour/Delivery. One occurrence of this Group is permitted.

M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY		▾
M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY		▾
O	GESTATION LENGTH (LABOUR ONSET)		
M	LABOUR OR DELIVERY ONSET METHOD		▾
M	DELIVERY DATE		

(HCA) Home Labour/Delivery Service Agreement Details.

To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.

M	COMMISSIONING SERIAL NUMBER		▾
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
O	COMMISSIONER REFERENCE NUMBER		

M	~~ORGANISATION CODE (CODE OF PROVIDER)~~		~~⌐~~
M	~~ORGANISATION CODE TYPE~~		
M	~~ORGANISATION CODE (CODE OF COMMISSIONER)~~		~~⌐~~
M	~~ORGANISATION CODE TYPE~~		
~~(HCA) Birth Occurrence Activity Characteristics.~~ ~~To carry details of the birth occurrence(s). Up to nine occurrences of the Birth Group are permitted.~~			
M	~~BIRTH ORDER~~		~~⌐~~
M	~~DELIVERY METHOD~~		~~⌐~~
M	~~GESTATION LENGTH (ASSESSMENT)~~		~~⌐~~
M	~~RESUSCITATION METHOD~~		~~⌐~~
M	~~STATUS OF PERSON CONDUCTING DELIVERY~~		~~⌐~~
~~(HCA) Birth Occurrence Person Group (Baby).~~ ~~To carry the personal details of the birth occurrence(s). One occurrence of this Group within each Birth Group is permitted.~~			
O	~~LOCAL PATIENT IDENTIFIER (BABY)~~		
O	~~ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (BABY))~~		
O	~~ORGANISATION CODE TYPE (BABY)~~		
O	~~NHS NUMBER (BABY)~~		
O	~~NHS NUMBER STATUS INDICATOR (BABY)~~		
M	~~BIRTH DATE (BABY)~~		~~⌐~~
M	~~BIRTH WEIGHT~~		~~⌐~~
M	~~LIVE OR STILL BIRTH~~		~~⌐~~
M	~~SEX (BABY)~~		~~⌐~~
~~(HCA) Birth Occurrence Location - Delivery Place Actual.~~ ~~To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.~~			
M	~~LOCATION CLASS~~		
M	~~DELIVERY PLACE TYPE (ACTUAL)~~		~~⌐~~

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CDS INTERCHANGE HEADER (RETIRED)

Change to Data Set: Changed Description

~~CDS Interchanges submitted or received must use the correct CDS Header and Trailer Controls to provide Interchange and Message addressing and identification.~~

~~Every CDS Interchange must consist of:~~
~~CDS INTERCHANGE HEADER - Mandatory - One per CDS Interchange~~
~~CDS MESSAGE HEADER - Mandatory - One per CDS Message~~
~~CDS MESSAGE DATA - As defined for the specific CDS Type~~
~~CDS MESSAGE TRAILER - Mandatory - One per CDS Message~~
~~CDS INTERCHANGE TRAILER - Mandatory - One per CDS Interchange~~

~~Multiple CDS messages are usually sent in a single CDS Interchange~~
~~Multiple CDS Interchanges may be sent in a single network transport session.~~

~~The CDS Interchange Header defines identity and addressing information for the CDS.~~

~~Opt~~	~~CDS Data Element~~	~~Note~~
M	~~CDS INTERCHANGE SENDER IDENTITY~~	

M	CDS INTERCHANGE RECEIVER IDENTITY	
M	CDS INTERCHANGE CONTROL REFERENCE	
M	CDS INTERCHANGE DATE OF PREPARATION	
M	CDS INTERCHANGE TIME OF PREPARATION	
M	CDS INTERCHANGE APPLICATION REFERENCE	
O	CDS INTERCHANGE TEST INDICATOR	

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CDS INTERCHANGE TRAILER (RETIRED)

Change to Data Set: Changed Description

CDS Interchanges submitted or received must use the correct CDS Header and Trailer Controls to provide Interchange and Message addressing and identification.

Every CDS Interchange must consist of:
CDS INTERCHANGE HEADER - Mandatory - One per CDS Interchange
CDS MESSAGE HEADER - Mandatory - One per CDS Message
CDS MESSAGE DATA - As defined for the specific CDS Type
CDS MESSAGE TRAILER - Mandatory - One per CDS Message
CDS INTERCHANGE TRAILER - Mandatory - One per CDS Interchange

Multiple CDS messages are usually sent in a single CDS Interchange.
Multiple CDS nterchanges may be sent in a single network transport session.

The CDS Interchange Trailer signifies the end of a CDS Interchange and contains control information for the Interchange.

Opt	CDS Data Element	Note
M	CDS INTERCHANGE CONTROL REFERENCE	
M	CDS INTERCHANGE CONTROL COUNT	
O	CDS INTERCHANGE SENDER IDENTITY	
O	CDS INTERCHANGE RECEIVER IDENTITY	

This item has been retired from the NHS Data Model and Dictionary.

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CDS MESSAGE HEADER (RETIRED)

Change to Data Set: Changed Description

CDS Interchanges submitted or received must use the correct CDS Header and Trailer Controls to provide Interchange and Message addressing and identification.

Every CDS Interchange must consist of:
CDS INTERCHANGE HEADER - Mandatory - One per CDS Interchange
CDS MESSAGE HEADER - Mandatory - One per CDS Message
CDS MESSAGE DATA - As defined for the specific CDS Type
CDS MESSAGE TRAILER - Mandatory - One per CDS Message
CDS INTERCHANGE TRAILER - Mandatory - One per CDS Interchange

Multiple CDS messages are usually sent in a single CDS Interchange. Multiple CDS Interchanges may be sent in a single network transport session.

The CDS MESSAGE HEADER signifies the start of each CDS Message and contains control information for the Message.

Opt	CDS Data Element	Note
M	CDS MESSAGE TYPE	
M	CDS MESSAGE VERSION NUMBER	
M	CDS MESSAGE REFERENCE	

This item has been retired from the NHS Data Model and Dictionary.

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CDS MESSAGE TRAILER (RETIRED)

Change to Data Set: Changed Description

CDS Interchanges submitted or received must use the correct CDS Header and Trailer Controls to provide Interchange and Message addressing and identification.

Every CDS Interchange must consist of:
CDS INTERCHANGE HEADER - Mandatory - One per CDS Interchange
CDS MESSAGE HEADER - Mandatory - One per CDS Message
CDS MESSAGE DATA - As defined for the specific CDS Type
CDS MESSAGE TRAILER - Mandatory - One per CDS Message
CDS INTERCHANGE TRAILER - Mandatory - One per CDS Interchange

Multiple CDS messages are usually sent in a single CDS Interchange.
Multiple CDS Interchanges may be sent in a single network transport session.

The CDS Message Trailer signifies the end of a CDS Message and contains control information for the Message.

Opt	CDS Data Element	Note
M	NO OF SEGMENTS IN MESSAGE	
M	CDS MESSAGE REFERENCE	

This item has been retired from the NHS Data Model and Dictionary.

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CDS TRANSACTION HEADER GROUP BULK UPDATE (RETIRED)

Change to Data Set: Changed Description

Every CDS submitted or received must include a CDS Transaction Header Group which is used to carry CDS identification and addressing data and the data indicating the specific use of one of the Update Mechanisms of the CDS Exchange Protocol.

All CDS Types using the CDS Bulk Replacement Update Mechanism of the CDS Exchange Protocol must begin with this mandatory Data Group.

Note:
1. The CDS UNIQUE IDENTIFIER may be provided as an optional data item when using the Bulk Update Protocol.

In all cases, care must be taken to ensure that the value generated for the CDS UNIQUE IDENTIFIER is unique across all NHS organisations by prefixing the locally maintained value with an NHS Organisation Code, usually that of the originator of the data.
2. For CDS Type 170, the Detained and/or Long Term Psychiatric Census, the CDS CENSUS DATE is mandatory and contains the DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS DATE.
3. For the following CDS Types, the CDS CENSUS DATE is mandatory and must contain the DATE OF ELECTIVE ADMISSION LIST CENSUS.
CDS Type 030 Elective Admission List End of Period Census (Standard)
CDS Type 040 Elective Admission List End of Period Census (Old)
CDS Type 050 Elective Admission List End of Period Census (New)
4. There may be up to 7 CDS COPY RECIPIENT IDENTITY occurrences specified

Opt	CDS Data Element	Note
M	CDS TYPE	
M	CDS PROTOCOL IDENTIFIER	
M	CDS UNIQUE IDENTIFIER	1
M	CDS BULK REPLACEMENT GROUP	
O	CDS TEST INDICATOR	
M	CDS CENSUS DATE	2,3
M	CDS EXTRACT DATE	
M	CDS EXTRACT TIME	
M	CDS REPORT PERIOD START DATE	
M	CDS REPORT PERIOD END DATE	
M	CDS SENDER IDENTITY	2,3
M	ORGANISATION CODE TYPE	
M	CDS PRIME RECIPIENT IDENTITY	
M	ORGANISATION CODE TYPE	
O	CDS COPY RECIPIENT IDENTITY	4
O	ORGANISATION CODE TYPE	

This item has been retired from the NHS Data Model and Dictionary.

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CDS TRANSACTION HEADER GROUP NET CHANGE (RETIRED)

Change to Data Set: Changed Description

Every CDS submitted or received must include a CDS Transaction Header Group which is used to carry CDS identification and addressing data and the data indicating the specific use of one of the Update Mechanisms of the CDS Exchange Protocol.

All CDS Types using the CDS Net Change Update Mechanism of the CDS Exchange Protocol must begin with this mandatory Data Group.

Note:
1. The CDS UNIQUE IDENTIFIER must be provided as a mandatory data item when using the Net Change Protocol.
In all cases, care must be taken to ensure that the value generated for the CDS UNIQUE IDENTIFIER is unique across all NHS organisations by prefixing the locally maintained value with an NHS Organisation Code, usually that of the originator of the data.
2. For CDS Type 170, the Detained and/or Long Term Psychiatric Census, the CDS CENSUS DATE is mandatory and contains the DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS DATE.
3. For the following CDS Types, the CDS CENSUS DATE is mandatory and must contain the DATE OF ELECTIVE ADMISSION LIST CENSUS.
CDS Type 030 Elective Admission List End of Period Census (Standard)
CDS Type 040 Elective Admission List End of Period Census (Old)
CDS Type 050 Elective Admission List End of Period Census (New)
4. There may be up to 7 CDS COPY RECIPIENT IDENTITY occurrences specified.

Opt	CDS Data Element	Note
M	CDS TYPE	
M	CDS PROTOCOL IDENTIFIER	
M	CDS UNIQUE IDENTIFIER	1
M	CDS UPDATE TYPE	
O	CDS TEST INDICATOR	
M	CDS APPLICABLE DATE	
M	CDS APPLICABLE TIME	
M	CDS CENSUS DATE	2,3
M	CDS SENDER IDENTITY	
M	ORGANISATION CODE TYPE	
M	CDS PRIME RECIPIENT IDENTITY	
M	ORGANISATION CODE TYPE	
O	CDS COPY RECIPIENT IDENTITY	4
O	ORGANISATION CODE TYPE	

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 030 - END OF PERIOD CENSUS (STANDARD) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and

EAL - Event During Period CDS Types.

The End Of Period Census CDSs carry details for all booked, planned and waiting list admissions consisting of records of patients waiting for elective admission at a specified date.

These should be sent within one month of the end of the period to which they relate unless a shorter time-scale has been agreed with the recipient.

Three derivations are permitted:
1) CDS Type 030 - The End Of Period Census (STANDARD)
2) CDS Type 040 - The End Of Period Census (OLD)
3) CDS Type 050 - The End Of Period Census (NEW)

This derivation, CDS Type = 030 - The End Of Period Census (STANDARD), is the simplest variation and, with one exception detailed below, all Providers must be able to create it as defined and all Commissioners must be able to process it.

The exception as identified above is for an Elective Admission List Removal. Some providers send a final EAL - End Of Period Census CDS after the patient has been removed from the list to identify when and why this took place. Commissioners who do not wish to receive such final EAL - End Of Period Census CDSs should ignore them.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER		
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		

M	NHS NUMBER		
M	BIRTH DATE		
O	CARER SUPPORT INDICATOR		
M	NHS NUMBER STATUS INDICATOR		
M	SEX		
O	NAME FORMAT CODE		
O	PATIENT NAME		
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS		
M	POSTCODE OF USUAL ADDRESS		
M	ORGANISATION CODE (PCT OF RESIDENCE)		
M	ORGANISATION CODE TYPE		

Note:
For reasons of confidentiality, the patient's preferred name and address
(not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is
present.

(HCA) Commissioning Occurrence - Service Agreement Details. To carry the details of the Service Agreement. One occurrence of this Group is permitted.			
O	NHS SERVICE AGREEMENT CHANGE DATE		
M	COMMISSIONING SERIAL NUMBER		
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		
M	ORGANISATION CODE TYPE		
(HCA) Elective Admission List Entry - Activity Characteristics. To carry the details of the EAL Entry Occurrence. One occurrence of this Group is permitted.			
M	ELECTIVE ADMISSION LIST ENTRY NUMBER		
M	ADMINISTRATIVE CATEGORY		
M	COUNT OF DAYS SUSPENDED		
M	ELECTIVE ADMISSION LIST STATUS		
M	ELECTIVE ADMISSION TYPE		
M	INTENDED MANAGEMENT		
M	INTENDED PROCEDURE STATUS		
M	PRIORITY TYPE **(new patients)**		
M	DECIDED TO ADMIT DATE **(for this provider)**		
O	GUARANTEED ADMISSION DATE		
M	LAST DNA OR PATIENT CANCELLED DATE		
O	WAITING LIST ENTRY LAST REVIEWED DATE		
(HCA) Elective Admission List Entry - Person Group (Consultant). To carry the details of the responsible Consultant. One occurrence of this Group is permitted.			
M	CONSULTANT CODE		
M	MAIN SPECIALTY CODE		
M	TREATMENT FUNCTION CODE		
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (OPCS). To carry the details of the procedures intended, coded in OPCS. Up to 3 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		

O	INTENDED PROCEDURE (OPCS)		
O	INTENDED PROCEDURE (OPCS)		
O	INTENDED PROCEDURE (OPCS)		
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (READ). To carry the details of the procedures intended, coded in READ. Up to 3 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
(HCA) Elective Admission List Entry - Location Group - Intended Site Code Of Treatment. To carry the details of the location planned for the intended treatment. One occurrence of this Group is permitted.			
O	LOCATION CLASS		
O	INTENDED SITE CODE (OF TREATMENT)		
O	ORGANISATION CODE TYPE		
(HCA) GP Registration. Person Group. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		
O	ORGANISATION CODE TYPE		
(HCA) Offer Of Admission. To carry the details of the Offer of Admission and the outcome. One occurrence of this Group is permitted.			
O	ADMISSION OFFER OUTCOME		
M	OFFERED FOR ADMISSION DATE		
(HCA) Original EAL Entry. To carry the date on which a decision to admit was made. One occurrence of this Group is permitted.			
M	ORIGINAL DECIDED TO ADMIT DATE		
(HCA) Referral. To carry the details of the referrer. One occurrence of this Group is permitted.			
M	REFERRER CODE		
M	REFERRING ORGANISATION CODE		
M	ORGANISATION CODE TYPE		
(HCA) EAL Entry Removal. To carry the details of the removal from the EAL. One occurrence of this Group is permitted.			
O	ELECTIVE ADMISSION LIST REMOVAL REASON		
O	ELECTIVE ADMISSION LIST REMOVAL DATE		
(HCA) Healthcare Resource Group Activity - Activity Characteristics. To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001. One occurrence of this Group is permitted.			
O	HEALTHCARE RESOURCE GROUP CODE		
O	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		
(HCA) Healthcare Resource Group Activity - Clinical Activity Group. To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure, either OPCS or READ, may be specified.			
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		

This item has been retired from the NHS Data Model and Dictionary.

ELECTIVE ADMISSION LIST CDS TYPE 040 - END OF PERIOD CENSUS (OLD) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The End Of Period Census CDSs carry details for all booked, planned and waiting list admissions consisting of records of patients waiting for elective admission at a specified date.

These should be sent within one month of the end of the period to which they relate unless a shorter time-scale has been agreed with the recipient.

Three derivations are permitted:
1) CDS Type 030 - The End Of Period Census (Standard)
2) CDS Type 040 - The End Of Period Census (Old)
3) CDS Type 050 - The End Of Period Census (New)

This derivation, CDS Type = 040 - The End Of Period Census (Old), is used to report to the previous (old) Commissioner that the EAL entry is now the responsibility of another Commissioner.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
(HCA) Commissioning Occurrence - Service Agreement Details: To carry the details of the Service Agreement. One occurrence of this Group is permitted.			
O	NHS SERVICE AGREEMENT CHANGE DATE		
M	COMMISSIONING SERIAL NUMBER		
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		
M	ORGANISATION CODE TYPE		

ELECTIVE ADMISSION LIST CDS TYPE 050 - END OF PERIOD CENSUS (NEW) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The End Of Period Census CDSs carry details for all booked, planned and waiting list admissions consisting of records of patients waiting for elective admission at a specified date.

These should be sent within one month of the end of the period to which they relate unless a shorter time-scale has been agreed with the recipient.

Three derivations are permitted.
1) CDS Type 030 - The End Of Period Census (Standard)
2) CDS Type 040 - The End Of Period Census (Old)
3) CDS Type 050 - The End Of Period Census (New)

This derivation, CDS Type = 050 - The End Of Period Census (New), may be used to report to a new Commissioner an EAL entry that had previously been the responsibility of another Commissioner.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
Person Group (Patient). **To carry the personal details of the Patient.** **One occurrence of this Group is permitted.**			
M	LOCAL PATIENT IDENTIFIER		
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		
M	NHS NUMBER		
M	BIRTH DATE		
O	CARER SUPPORT INDICATOR		
M	NHS NUMBER STATUS INDICATOR		
M	SEX		
O	NAME FORMAT CODE		
O	PATIENT NAME		
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS		
M	POSTCODE OF USUAL ADDRESS		
M	ORGANISATION CODE (PCT OF RESIDENCE)		
M	ORGANISATION CODE TYPE		

Note.
For reasons of confidentiality, the patient's preferred name and address
(not including POSTCODE OF USUAL ADDRESS)
must **not** be carried where a valid NHS Number is present.

Opt	CDS data element		
(HCA) Commissioning Occurrence - Service Agreement Details. **To carry the details of the Service Agreement.** **One occurrence of this Group is permitted.**			
O	NHS SERVICE AGREEMENT CHANGE DATE		
M	COMMISSIONING SERIAL NUMBER		
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		
M	ORGANISATION CODE TYPE		
(HCA) Elective Admission List Entry - Activity Characteristics. **To carry the details of the EAL Entry Occurrence.** **One occurrence of this Group is permitted.**			
M	ELECTIVE ADMISSION LIST ENTRY NUMBER		
M	ADMINISTRATIVE CATEGORY		
M	COUNT OF DAYS SUSPENDED		
M	ELECTIVE ADMISSION LIST STATUS		
M	ELECTIVE ADMISSION TYPE		
M	INTENDED MANAGEMENT		

M	INTENDED PROCEDURE STATUS		
M	PRIORITY TYPE **(new patients)**		
M	DECIDED TO ADMIT DATE **(for this provider)**		
O	GUARANTEED ADMISSION DATE		
M	LAST DNA OR PATIENT CANCELLED DATE		
O	WAITING LIST ENTRY LAST REVIEWED DATE		
(HCA) Elective Admission List Entry - Person Group (Consultant). To carry the details of the responsible Consultant. One occurrence of this Group is permitted.			
M	CONSULTANT CODE		
M	MAIN SPECIALTY CODE		
M	TREATMENT FUNCTION CODE		
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (OPCS). To carry the details of the procedures intended, coded in OPCS. Up to 3 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	INTENDED PROCEDURE (OPCS)		
O	INTENDED PROCEDURE (OPCS)		
O	INTENDED PROCEDURE (OPCS)		
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (READ). To carry the details of the procedures intended, coded in READ. Up to 3 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
(HCA) Elective Admission List Entry - Location Group - Intended Site Code Of Treatment. To carry the details of the location planned for the intended treatment. One occurrence of this Group is permitted.			
O	LOCATION CLASS		
O	INTENDED SITE CODE (OF TREATMENT)		
O	ORGANISATION CODE TYPE		
(HCA) GP Registration. Person Group. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		
O	ORGANISATION CODE TYPE		
(HCA) Offer Of Admission. To carry the details of the Offer of Admission and the outcome. One occurrence of this Group is permitted.			
O	ADMISSION OFFER OUTCOME		
M	OFFERED FOR ADMISSION DATE		
(HCA) Original EAL Entry. To carry the date on which a decision to admit was made. One occurrence of this Group is permitted.			
M	ORIGINAL DECIDED TO ADMIT DATE		
(HCA) Referral. To carry the details of the referrer. One occurrence of this Group is permitted.			
M	REFERRER CODE		
M	REFERRING ORGANISATION CODE		
M	ORGANISATION CODE TYPE		
(HCA) EAL Entry Removal.			

To carry the details of the removal from the EAL. One occurrence of this Group is permitted.			
O	ELECTIVE ADMISSION LIST REMOVAL REASON		
O	ELECTIVE ADMISSION LIST REMOVAL DATE		
(HCA) Healthcare Resource Group Activity - Activity Characteristics. To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001. One occurrence of this Group is permitted.			
O	HEALTHCARE RESOURCE GROUP CODE		
O	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		
(HCA) Healthcare Resource Group Activity - Clinical Activity Group. To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure, either OPCS or READ, may be specified.			
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 060 - EVENT DURING PERIOD (ADD) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted.
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 060, is the Event During Period (ADD) and is used to make an initial report to a Commissioner of an EAL entry.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER		
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		
M	NHS NUMBER		

M	~~BIRTH DATE~~		
O	~~CARER SUPPORT INDICATOR~~		
M	~~NHS NUMBER STATUS INDICATOR~~		
M	~~SEX~~		
O	~~NAME FORMAT CODE~~		
O	~~PATIENT NAME~~		
O	~~ADDRESS FORMAT CODE~~		
O	~~PATIENT USUAL ADDRESS~~		
M	~~POSTCODE OF USUAL ADDRESS~~		
M	~~ORGANISATION CODE (PCT OF RESIDENCE)~~		
M	~~ORGANISATION CODE TYPE~~		

~~Note:~~
~~For reasons of confidentiality, the patient's preferred name and address~~
~~(not including~~ ~~POSTCODE OF USUAL ADDRESS~~~~) must~~ **~~not~~** ~~be carried where a valid NHS Number is~~
~~present.~~

~~(HCA) Commissioning Occurrence - Service Agreement Details.~~ ~~To carry the details of the Service Agreement.~~ ~~One occurrence of this Group is permitted.~~			
O	~~NHS SERVICE AGREEMENT CHANGE DATE~~		
M	~~COMMISSIONING SERIAL NUMBER~~		
O	~~NHS SERVICE AGREEMENT LINE NUMBER~~		
O	~~PROVIDER REFERENCE NUMBER~~		
M	~~COMMISSIONER REFERENCE NUMBER~~		
M	~~ORGANISATION CODE (CODE OF PROVIDER)~~		
M	~~ORGANISATION CODE TYPE~~		
M	~~ORGANISATION CODE (CODE OF COMMISSIONER)~~		
M	~~ORGANISATION CODE TYPE~~		
~~(HCA) Elective Admission List Entry - Activity Characteristics.~~ ~~To carry the details of the EAL Entry Occurrence.~~ ~~One occurrence of this Group is permitted.~~			
M	~~ELECTIVE ADMISSION LIST ENTRY NUMBER~~		
M	~~ADMINISTRATIVE CATEGORY~~		
M	~~COUNT OF DAYS SUSPENDED~~		
M	~~ELECTIVE ADMISSION LIST STATUS~~		
M	~~ELECTIVE ADMISSION TYPE~~		
M	~~INTENDED MANAGEMENT~~		
M	~~INTENDED PROCEDURE STATUS~~		
M	~~PRIORITY TYPE~~ **(new patients)**		
M	~~DECIDED TO ADMIT DATE~~ **(for this provider)**		
O	~~GUARANTEED ADMISSION DATE~~		
M	~~LAST DNA OR PATIENT CANCELLED DATE~~		
O	~~WAITING LIST ENTRY LAST REVIEWED DATE~~		
~~(HCA) Elective Admission List Entry - Person Group (Consultant).~~ ~~To carry the details of the responsible Consultant.~~ ~~One occurrence of this Group is permitted.~~			
M	~~CONSULTANT CODE~~		
M	~~MAIN SPECIALTY CODE~~		
M	~~TREATMENT FUNCTION CODE~~		
~~(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (OPCS).~~ ~~To carry the details of the procedures intended, coded in OPCS.~~ ~~Up to 3 occurrences of this Group are permitted.~~			
O	~~PROCEDURE SCHEME IN USE~~		
O	~~INTENDED PROCEDURE (OPCS)~~		

O	INTENDED PROCEDURE (OPCS)		
O	INTENDED PROCEDURE (OPCS)		
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (READ): To carry the details of the procedures intended, coded in READ. Up to 3 occurrences of this Group are permitted.			
O	PROCEDURE SCHEME IN USE		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
O	INTENDED PROCEDURE (READ)		
(HCA) Elective Admission List Entry - Location Group - Intended Site Code Of Treatment: To carry the details of the location planned for the intended treatment. One occurrence of this Group is permitted.			
O	LOCATION CLASS		
O	INTENDED SITE CODE (OF TREATMENT)		
O	ORGANISATION CODE TYPE		
(HCA) GP Registration: Person Group: To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.			
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)		
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)		
O	ORGANISATION CODE TYPE		
(HCA) Offer Of Admission: To carry the details of the Offer of Admission and the outcome. One occurrence of this Group is permitted.			
O	ADMISSION OFFER OUTCOME		
M	OFFERED FOR ADMISSION DATE		
(HCA) Original EAL Entry: To carry the date on which a decision to admit was made. One occurrence of this Group is permitted.			
M	ORIGINAL DECIDED TO ADMIT DATE		
(HCA) Referral: To carry the details of the referrer.			
M	REFERRER CODE		
M	REFERRING ORGANISATION CODE		
M	ORGANISATION CODE TYPE		
(HCA) Healthcare Resource Group Activity - Activity Characteristics: To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001. One occurrence of this Group is permitted.			
O	HEALTHCARE RESOURCE GROUP CODE		
O	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		
(HCA) Healthcare Resource Group Activity - Clinical Activity Group: To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure, either OPCS or READ, may be specified.			
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 070 - EVENT DURING PERIOD (REMOVE) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted:
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 070, is the Event During Period (REMOVE) and is used to report that the EAL entry has been removed from the Provider's Elective Admission List.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
(HCA) EAL Entry Removal: To carry the details of the removal from the EAL. One occurrence of this Group is permitted.			
M	ELECTIVE ADMISSION LIST REMOVAL REASON		
M	ELECTIVE ADMISSION LIST REMOVAL DATE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 080 - EVENT DURING PERIOD (OFFER) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted:
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 080, is the Event During Period (OFFER) and is used to report to the Commissioner that an offer of admission has been made to the patient.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
(HCA) EAL Offer Of Admission. To carry the details of the Offer Of Admission and the outcome. One occurrence of this Group is permitted.			
O	ADMISSION OFFER OUTCOME		
M	OFFERED FOR ADMISSION DATE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 090 - EVENT DURING PERIOD (AVAILABLE/UNAVAILABLE) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted:
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 090, is the Event During Period (AVAILABLE / UNAVAILABLE) and is used to report changes in the patient's availability for treatment.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
(HCA) EAL Patient Suspension. To carry the details of the patients unavailability for treatment (suspension). One occurrence of this Group is permitted.			
M	SUSPENSION START DATE		
M	SUSPENSION END DATE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 100 - EVENT DURING PERIOD (OLD SERVICE AGREEMENT) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted:
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 100, is the Event During Period (OLD SERVICE AGREEMENT) and is used to report to the previous (OLD) Commissioner that the EAL entry is now the responsibility of another Commissioner.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
(HCA) Commissioning Occurrence - Service Agreement Details: To carry the details of the (OLD) Service Agreement. One occurrence of this Group is permitted.			
O	NHS SERVICE AGREEMENT CHANGE DATE		
M	COMMISSIONING SERIAL NUMBER		
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		
M	ORGANISATION CODE TYPE		

This item has been retired from the NHS Data Model and Dictionary.

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ELECTIVE ADMISSION LIST CDS TYPE 110 - EVENT DURING PERIOD (NEW SERVICE AGREEMENT) (RETIRED)

Change to Data Set: Changed Description

The Elective Admission List CDSs consist of two distinct types of data sets:
EAL - End Of Period Census CDS Types, and
EAL - Event During Period CDS Types.

The Event During Period CDS Types carry details for all events - patients added or removed from the Elective Admission List - that have taken place during the period.

These CDSs are intended for those Providers and Commissioners who have the capability to implement transaction-based processing. They should be supplemented where required by an annual EAL End Of Period Census.

Six EAL Event During Period derivations are permitted:
1) CDS Type 060 - The Event During Period (ADD)
2) CDS Type 070 - The Event During Period (REMOVE)
3) CDS Type 080 - The Event During Period (OFFER)
4) CDS Type 090 - The Event During Period (AVAILABLE / UNAVAILABLE)
5) CDS Type 100 - The Event During Period (OLD SERVICE AGREEMENT)
6) CDS Type 110 - The Event During Period (NEW SERVICE AGREEMENT)

This derivation, CDS Type = 110, is the Event During Period (NEW SERVICE AGREEMENT) and is used to make an initial report to a new Commissioner of an EAL entry that had previously been the responsibility of another Commissioner.

Note that for EAL Event During Period CDS Types, the Unique CDS Identifier, as held in the CDS Transaction Header Group, must be completed in order to provide the EAL identity.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

Opt	CDS data element		
Person Group (Patient): **To carry the personal details of the Patient.** **One occurrence of this Group is permitted.**			
M	LOCAL PATIENT IDENTIFIER		
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)		
M	ORGANISATION CODE TYPE		
M	NHS NUMBER		
M	BIRTH DATE		
O	CARER SUPPORT INDICATOR		
M	NHS NUMBER STATUS INDICATOR		
M	SEX		
O	NAME FORMAT CODE		
O	PATIENT NAME		
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS		
M	POSTCODE OF USUAL ADDRESS		
M	ORGANISATION CODE (PCT OF RESIDENCE)		
M	ORGANISATION CODE TYPE		

Note:
For reasons of confidentiality, the patient's preferred name and address
(not including POSTCODE OF USUAL ADDRESS)
must **not** be carried where a valid NHS Number is present.

(HCA) Commissioning Occurrence - Service Agreement Details: **To carry the details of the Service Agreement.** **One occurrence of this group is permitted.**			
O	NHS SERVICE AGREEMENT CHANGE DATE		
M	COMMISSIONING SERIAL NUMBER		
O	NHS SERVICE AGREEMENT LINE NUMBER		
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER		
M	ORGANISATION CODE (CODE OF PROVIDER)		
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)		
M	ORGANISATION CODE TYPE		
(HCA) Elective Admission List Entry - Activity Characteristics:			

To carry the details of the EAL Entry Occurrence. One occurrence of this Group is permitted.				
M	ELECTIVE ADMISSION LIST ENTRY NUMBER			
M	ADMINISTRATIVE CATEGORY			
M	COUNT OF DAYS SUSPENDED			
M	ELECTIVE ADMISSION LIST STATUS			
M	ELECTIVE ADMISSION TYPE			
M	INTENDED MANAGEMENT			
M	INTENDED PROCEDURE STATUS			
M	PRIORITY TYPE **(new patients)**			
M	DECIDED TO ADMIT DATE **(for this provider)**			
O	GUARANTEED ADMISSION DATE			
M	LAST DNA OR PATIENT CANCELLED DATE			
O	WAITING LIST ENTRY LAST REVIEWED DATE			
(HCA) Elective Admission List Entry - Person Group (Consultant). To carry the details of the responsible Consultant. One occurrence of this Group is permitted.				
M	CONSULTANT CODE			
M	MAIN SPECIALTY CODE			
M	TREATMENT FUNCTION CODE			
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (OPCS). To carry the details of the procedures intended, coded in OPCS. Up to 3 occurrences of this Group are permitted.				
O	PROCEDURE SCHEME IN USE			
O	INTENDED PROCEDURE (OPCS)			
O	INTENDED PROCEDURE (OPCS)			
O	INTENDED PROCEDURE (OPCS)			
(HCA) Elective Admission List Entry - Clinical Activity Group - Intended Procedures (READ). To carry the details of the procedures intended, coded in READ. Up to 3 occurrences of this Group are permitted.				
O	PROCEDURE SCHEME IN USE			
O	INTENDED PROCEDURE (READ)			
O	INTENDED PROCEDURE (READ)			
O	INTENDED PROCEDURE (READ)			
(HCA) Elective Admission List Entry - Location Group - Intended Site Code Of Treatment. To carry the details of the location planned for the intended treatment. One occurrence of this Group is permitted.				
O	LOCATION CLASS			
O	INTENDED SITE CODE (OF TREATMENT)			
O	ORGANISATION CODE TYPE			
(HCA) GP Registration. Person Group. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.				
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)			
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)			
O	ORGANISATION CODE TYPE			
(HCA) Offer Of Admission. To carry the details of the Offer of Admission and the outcome. One occurrence of this Group is permitted.				
O	ADMISSION OFFER OUTCOME			
M	OFFERED FOR ADMISSION DATE			
(HCA) Original EAL Entry. To carry the date on which a decision to admit was made. One occurrence of this Group is permitted.				

M	ORIGINAL DECIDED TO ADMIT DATE		
(HCA) Referral. **To carry the details of the referrer.**			
M	REFERRER CODE		
M	REFERRING ORGANISATION CODE		
M	ORGANISATION CODE TYPE		
(HCA) Healthcare Resource Group Activity - Activity Characteristics. **To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001.** **One occurrence of this Group is permitted.**			
O	HEALTHCARE RESOURCE GROUP CODE		
O	HEALTHCARE RESOURCE GROUP CODE VERSION NUMBER		
(HCA) Healthcare Resource Group Activity - Clinical Activity Group. **To carry the details of the HRG Dominant Grouping Variable - Procedure.** **Note that this will not apply when no operation was carried out.** **In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted.** **Only one Procedure, either OPCS or READ, may be specified.**			
O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE PROCEDURE		

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OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE (RETIRED)

Change to Data Set: Changed Description

Old Version 3 ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE

The Admitted Patient Care Birth Episode Commissioning Data Set Type carries the data for a finished or unfinished Birth Episode. A Birth Episode record is required when there has been a delivery resulting in a registrable birth. This may take place in either NHS hospitals or in non-NHS hospitals funded by the NHS. The information is taken from the birth notification for each baby born and added to the baby's record.

The column headed Opt (Optionality) shows whether the data element is Mandatory (M) or Optional (O) in this specific CDS.

The column headed U/A (Unfinished Episode / Annual Census) indicates whether the data element is required to be recorded on an unfinished Birth Episode record and on an End of Year Census record, which is required for all unfinished Birth Episodes at midnight on 31 March.

An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS Data Element	U/A	HES
Person Group (Patient). **To carry the personal details of the Patient (the baby). One occurrence of this Group is permitted.**			
M	LOCAL PATIENT IDENTIFIER	R	•
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	R	
M	ORGANISATION CODE TYPE	R	
O	NHS NUMBER	R	•
M	BIRTH DATE	R	•

M	BIRTH WEIGHT	R	-
M	LIVE OR STILL BIRTH	R	-
O	ETHNIC CATEGORY	R	
M	NHS NUMBER STATUS INDICATOR	R	-
M	SEX	R	-
O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
	Note: For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present. Birth Episodes do not carry address details for a baby. By local agreement, it may be assumed that the baby's address details are identical to that of the mother whose details may be carried in the Person Group (Mother) of the Birth Occurrence Group.		

(HCA) Hospital Provider Spell - Activity Characteristics:

To carry the details of the Spell containing the Birth Episode. One occurrence of this Group is permitted.

M	HOSPITAL PROVIDER SPELL NUMBER	R	-
M	ADMINISTRATIVE CATEGORY (on admission)	R	-
M	PATIENT CLASSIFICATION	R	-
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	-
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		-
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		-
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	-
M	START DATE (HOSPITAL PROVIDER SPELL)	R	-
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		-

(HCA) Consultant Episode - Activity Characteristics:

To carry the details of the Birth Episode undergone by the Patient. One occurrence of this Group is permitted.

M	EPISODE NUMBER	R	-
M	LAST EPISODE IN SPELL INDICATOR	R	-
M	NEONATAL LEVEL OF CARE	R	-
M	OPERATION STATUS (per episode)	R	-
M	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE	R	-
M	START DATE (EPISODE)	R	-
M	END DATE (EPISODE)		-

(HCA) Consultant Episode - Service Agreement Details:

To carry the details of the Service Agreement for the Birth Episode.

M	COMMISSIONING SERIAL NUMBER	R	-
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	-
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	-
M	ORGANISATION CODE TYPE		

(HCA) Consultant Episode - Person Group (Consultant):

To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.

M	CONSULTANT CODE	R	-
M	MAIN SPECIALTY CODE	R	-
M	TREATMENT FUNCTION CODE	R	-

(HCA) Consultant Episode - Clinical Information Group (ICD):

	To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
M	DIAGNOSIS SCHEME IN USE	R	
M	PRIMARY DIAGNOSIS (ICD)	R	←
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)	R	←
	(HCA) Consultant Episode - Clinical Information Group (READ):		
	To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		
	(HCA) Consultant Episode - Clinical Activity Group (OPCS):		
	To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		←
M	PROCEDURE DATE		←
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		←
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		←
	(HCA) Consultant Episode - Clinical Activity Group (READ):		
	To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE		
O	PRIMARY PROCEDURE (READ)		
O	PROCEDURE DATE		
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)		
O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		
	(HCA) Consultant Episode - Location Group - Start of Episode:		
	To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode (eg the ward). One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
M	LOCATION CLASS	R	
M	SITE CODE (OF TREATMENT) (at start of episode)	R	←
M	ORGANISATION CODE TYPE	R	
O	INTENDED CLINICAL CARE INTENSITY	R	←
O	AGE GROUP INTENDED	R	←
O	SEX OF PATIENTS	R	←
O	WARD DAY PERIOD AVAILABILITY	R	←
O	WARD NIGHT PERIOD AVAILABILITY	R	←
	(HCA) Consultant Episode - Location Group - Ward Stay:		
	To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		

O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		
O	START DATE (at start of stay)		
O	END DATE (at end of stay)		

(HCA) Consultant Episode - Location Group - End of Episode:

To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode (eg the ward). One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.

M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT) (at end of episode)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		
O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		

(HCA) Augmented Care Period:

To carry the details of the Augmented Care undergone by the Patient. Up to the 9 most recent Augmented Care Periods that occur during a Consultant/ Midwife/ Nurse Episode may be included.

M	AUGMENTED CARE PERIOD NUMBER	R	←
O	AUGMENTED CARE PERIOD LOCAL IDENTIFIER	R	←
M	START DATE (AUGMENTED CARE PERIOD)	R	←
M	AUGMENTED CARE PERIOD SOURCE	R	←
M	INTENSIVE CARE LEVEL DAYS	R	←
M	HIGH DEPENDENCY CARE LEVEL DAYS	R	←
M	NUMBER OF ORGAN SYSTEMS SUPPORTED for intensive care level only)	R	←
M	AUGMENTED CARE PLANNED INDICATOR	R	←
M	AUGMENTED CARE OUTCOME INDICATOR		←
M	AUGMENTED CARE PERIOD DISPOSAL		←
M	END DATE (AUGMENTED CARE PERIOD)		←
M	MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD)	R	←
M	LOCATION CLASS	R	
M	AUGMENTED CARE LOCATION	R	←

(HCA) GP Registration:

To carry the details of the baby's mother's Registered GMP. One occurrence of this Group is permitted.

M	GMP (CODE OF REGISTERED OR REFERRING GMP)	R	←
O	CODE OF GP PRACTICE (REGISTERED GMP)	R	←
O	ORGANISATION CODE TYPE		

(HCA) Referral:

To carry the details of the referrer. This will be the referral that led to the mother's Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted.

M	REFERRER CODE	R	←
M	REFERRING ORGANISATION CODE	R	←
M	ORGANISATION CODE TYPE		

(HCA) Pregnancy Activity Characteristics:

To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.			
M	NUMBER OF BABIES	R	-
(HCA) Antenatal Care Activity Characteristics.			
To carry details of the start of the antenatal care. One occurrence of this Group is permitted.			
M	FIRST ANTENATAL ASSESSMENT DATE	R	-
(HCA) Antenatal Care Person Group (Responsible Clinician).			
To carry details of the responsible clinician. One occurrence of this Group is permitted.			
M	GMP (CODE OF GMP RESPONSIBLE FOR ANTENATAL CARE)	R	
O	CODE OF GP PRACTICE (REGISTERED GMP - ANTENATAL CARE)	R	
O	ORGANISATION CODE TYPE		
(HCA) Antenatal Care Location Group (Delivery Place Intended).			
To carry details of the intended delivery place. One occurrence of this Group is permitted.			
M	LOCATION CLASS	R	
M	DELIVERY PLACE CHANGE REASON	R	-
M	DELIVERY PLACE TYPE (INTENDED)	R	-
(HCA) Hospital Labour/Delivery Activity Characteristics.			
To carry details of the Labour/Delivery. One occurrence of this Group is permitted.			
M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY	R	-
M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY	R	-
O	GESTATION LENGTH (LABOUR ONSET)	R	
M	LABOUR OR DELIVERY ONSET METHOD	R	-
M	DELIVERY DATE	R	
(HCA) Birth Occurrence Activity Characteristics.			
To carry details of the birth occurrence. One occurrence of this Group is permitted.			
M	BIRTH ORDER	R	-
M	DELIVERY METHOD	R	-
M	GESTATION LENGTH (ASSESSMENT)	R	-
M	RESUSCITATION METHOD	R	-
M	STATUS OF PERSON CONDUCTING DELIVERY	R	-
(HCA) Birth Occurrence Person Group (Mother).			
To carry the personal details of the baby's mother. One occurrence of this Group is permitted.			
O	LOCAL PATIENT IDENTIFIER (MOTHER)	R	
O	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (MOTHER))	R	
O	ORGANISATION CODE TYPE (MOTHER)		
O	NHS NUMBER (MOTHER)	R	
O	NHS NUMBER STATUS INDICATOR (MOTHER)	R	
M	BIRTH DATE (MOTHER)	R	-
O	ADDRESS FORMAT CODE (MOTHER)		
O	PATIENT USUAL ADDRESS (MOTHER)		
M	POSTCODE OF USUAL ADDRESS	R	-
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	-
M	ORGANISATION CODE TYPE		
(HCA) Birth Occurrence Location - Delivery Place Actual.			
To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.			
M	LOCATION CLASS		
M	DELIVERY PLACE TYPE (ACTUAL)	R	-
(HCA) Healthcare Resource Group Activity - Activity Characteristics.			

~~To carry the details of the Healthcare Resource Group and will be mandatory from 01/10/2001. Each CDS may contain only a single occurrence of this Group.~~			
~~M~~	~~HEALTHCARE RESOURCE GROUP CODE~~		~~●~~
~~M~~	~~HEALTHCARE RESOURCE GROUP CODE VERSION NUMBER~~		~~●~~
~~(HCA) Healthcare Resource Group Activity - Clinical Activity Group:~~ ~~To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified~~			
~~O~~	~~PROCEDURE SCHEME IN USE~~		
~~O~~	~~HRG DOMINANT GROUPING VARIABLE PROCEDURE~~		~~●~~

This item has been retired from the NHS Data Model and Dictionary.

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OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE (RETIRED)

Change to Data Set: Changed Description

Old Version 3 ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE

~~The Admitted Patient Care Delivery Episode Commissioning Data Set Type carries the data for a finished or unfinished General Consultant/ Midwife/ Nurse Delivery Episode. A Delivery Episode record is required when there has been a delivery resulting in a registrable birth. This may take place in either NHS hospitals or in non-NHS hospitals funded by the NHS. The information is taken from the birth notification for each baby born and added to the mother's record.~~

~~The column headed Opt (Optionality) shows whether the Data element is Mandatory (M) or Optional (O) in this specific CDS.~~

~~The column headed U/A (Unfinished Episode / Annual Census) indicates whether the Data element is required to be recorded on an unfinished Consultant/ Midwife/ Nurse Delivery Episode record and on an End of Year Census record. The census requires that an Unfinished Delivery Episode record for all unfinished Delivery Episodes at midnight on 31 March is sent. An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.~~

~~The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicates the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.~~

~~Opt~~	~~CDS Data element~~	~~U/A~~	~~HES~~
~~Person Group (Patient):~~ ~~To carry the personal details of the Patient. One occurrence of this Group is permitted.~~			
~~M~~	~~LOCAL PATIENT IDENTIFIER~~	~~R~~	~~●~~
~~M~~	~~ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)~~	~~R~~	
~~M~~	~~ORGANISATION CODE TYPE~~		
~~M~~	~~NHS NUMBER~~	~~R~~	~~●~~
~~M~~	~~BIRTH DATE~~	~~R~~	~~●~~
~~O~~	~~CARER SUPPORT INDICATOR~~	~~R~~	~~●~~
~~M~~	~~LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION)~~ ~~(psychiatric patients only)~~	~~R~~	~~●~~
~~M~~	~~ETHNIC CATEGORY~~	~~R~~	~~●~~
~~M~~	~~MARITAL STATUS~~ ~~(psychiatric patients only)~~	~~R~~	~~●~~
~~M~~	~~NHS NUMBER STATUS INDICATOR~~	~~R~~	~~●~~

M	SEX	R	←
M	PREGNANCY TOTAL PREVIOUS PREGNANCIES		←
O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS	R	
M	POSTCODE OF USUAL ADDRESS	R	←
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	←
M	ORGANISATION CODE TYPE	R	

Note:
For reasons of confidentiality, the patient's preferred name and address must **not** be carried where a valid NHS Number is present.

	(HCA) Hospital Provider Spell - Activity Characteristics: To carry the details of the Spell containing the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted.		
M	HOSPITAL PROVIDER SPELL NUMBER	R	←
M	ADMINISTRATIVE CATEGORY (on admission)	R	←
M	PATIENT CLASSIFICATION	R	←
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	←
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		←
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		←
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	←
M	START DATE (HOSPITAL PROVIDER SPELL)	R	←
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		←

	(HCA) Consultant Episode - Activity Characteristics: To carry the details of the Consultant/ Midwife/ Nurse Episode undergone by the Patient. One occurrence of this Group is permitted.		
M	EPISODE NUMBER	R	←
M	LAST EPISODE IN SPELL INDICATOR	R	←
M	OPERATION STATUS (per episode)	R	←
M	PSYCHIATRIC PATIENT STATUS	R	←
M	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE	R	←
M	START DATE (EPISODE)	R	←
M	END DATE (EPISODE)		←

	(HCA) Consultant Episode - Service Agreement Details: To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.		
M	COMMISSIONING SERIAL NUMBER	R	←
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	←
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	←
M	ORGANISATION CODE TYPE		

	(HCA) Consultant Episode - Person Group (Consultant): To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.		
M	CONSULTANT CODE	R	←
M	MAIN SPECIALTY CODE	R	←
M	TREATMENT FUNCTION CODE	R	←

	(HCA) Consultant Episode - Clinical Information Group (ICD). To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
M	DIAGNOSIS SCHEME IN USE		
M	PRIMARY DIAGNOSIS (ICD)		←
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)		←
	(HCA) Consultant Episode - Clinical Information Group (READ). To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		
	(HCA) Consultant Episode - Clinical Activity Group (OPCS). To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		←
M	PROCEDURE DATE		←
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		←
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		←
	(HCA) Consultant Episode - Clinical Activity Group (READ). To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE		
O	PRIMARY PROCEDURE (READ)		
O	PROCEDURE DATE		
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)		
O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		
	(HCA) Consultant Episode - Location Group - Start of Episode. To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
M	LOCATION CLASS	R	
M	SITE CODE (OF TREATMENT) (at start of episode)	R	←
M	ORGANISATION CODE TYPE	R	
O	INTENDED CLINICAL CARE INTENSITY	R	←
O	AGE GROUP INTENDED	R	←
O	SEX OF PATIENTS	R	←
O	WARD DAY PERIOD AVAILABILITY	R	←
O	WARD NIGHT PERIOD AVAILABILITY	R	←
	(HCA) Consultant Episode - Location Group - Ward Stay. To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
O	LOCATION CLASS		
O	SITE CODE (OF TREATMENT)		
O	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		

O	~~AGE GROUP INTENDED~~		
O	~~SEX OF PATIENTS~~		
O	~~WARD DAY PERIOD AVAILABILITY~~		
O	~~WARD NIGHT PERIOD AVAILABILITY~~		
O	~~START DATE~~ ~~(at start of stay)~~		
O	~~END DATE~~ ~~(at end of stay)~~		
~~(HCA) Consultant Episode - Location Group - End of Episode.~~ ~~To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.~~			
O	~~LOCATION CLASS~~		
O	~~SITE CODE (OF TREATMENT)~~ ~~(at end of episode)~~		
O	~~ORGANISATION CODE TYPE~~		
O	~~INTENDED CLINICAL CARE INTENSITY~~		
O	~~AGE GROUP INTENDED~~		
O	~~SEX OF PATIENTS~~		
O	~~WARD DAY PERIOD AVAILABILITY~~		
O	~~WARD NIGHT PERIOD AVAILABILITY~~		
~~(HCA) Augmented Care Period.~~ ~~To carry the details of the Augmented Care undergone by the Patient. Up to the 9 most recent Augmented Care Periods that occur during a Consultant/ Midwife/ Nurse Episode may be included.~~			
M	~~AUGMENTED CARE PERIOD NUMBER~~	R	~~←~~
O	~~AUGMENTED CARE PERIOD LOCAL IDENTIFIER~~	R	~~←~~
M	~~START DATE (AUGMENTED CARE PERIOD)~~	R	~~←~~
M	~~AUGMENTED CARE PERIOD SOURCE~~	R	~~←~~
M	~~INTENSIVE CARE LEVEL DAYS~~	R	~~←~~
M	~~HIGH DEPENDENCY CARE LEVEL DAYS~~	R	~~←~~
M	~~NUMBER OF ORGAN SYSTEMS SUPPORTED~~ ~~for intensive care level only)~~	R	~~←~~
M	~~AUGMENTED CARE PLANNED INDICATOR~~	R	~~←~~
M	~~AUGMENTED CARE OUTCOME INDICATOR~~		~~←~~
M	~~AUGMENTED CARE PERIOD DISPOSAL~~		~~←~~
M	~~END DATE (AUGMENTED CARE PERIOD)~~		~~←~~
M	~~MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD)~~	R	~~←~~
M	~~LOCATION CLASS~~	R	
M	~~AUGMENTED CARE LOCATION~~	R	~~←~~
~~(HCA) GP Registration.~~ ~~To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.~~			
M	~~GMP (CODE OF REGISTERED OR REFERRING GMP)~~	R	~~←~~
O	~~CODE OF GP PRACTICE (REGISTERED GMP)~~	R	~~←~~
O	~~ORGANISATION CODE TYPE~~		
~~(HCA) Referral.~~ ~~To carry the details of the referrer. One occurrence of this Group is permitted.~~			
M	~~REFERRER CODE~~	R	~~←~~
M	~~REFERRING ORGANISATION CODE~~	R	~~←~~
M	~~ORGANISATION CODE TYPE~~		
~~(HCA) Pregnancy Activity Characteristics.~~ ~~To carry the number of babies resulting from this pregnancy. One occurrence of this Group is permitted.~~			
M	~~NUMBER OF BABIES~~	R	~~←~~

	(HCA) Antenatal Care Activity Characteristics:		
	To carry details of the start of the antenatal care. One occurrence of this Group is permitted.		
M	FIRST ANTENATAL ASSESSMENT DATE	R	‑
	(HCA) Antenatal Care Person Group (Responsible Clinician):		
	To carry details of the responsible clinician. One occurrence of this Group is permitted.		
M	GMP (CODE OF GMP RESPONSIBLE FOR ANTENATAL CARE)	R	
O	CODE OF GP PRACTICE (REGISTERED GMP ‑ ANTENATAL CARE)		
O	ORGANISATION CODE TYPE		
	(HCA) Antenatal Care Location Group (Delivery Place Intended):		
	To carry details of the intended delivery place. One occurrence of this Group is permitted.		
M	LOCATION CLASS	R	
M	DELIVERY PLACE CHANGE REASON	R	‑
M	DELIVERY PLACE TYPE (INTENDED)	R	‑
	(HCA) Hospital Labour/Delivery Activity Characteristics:		
	To carry details of the Labour/Delivery. One occurrence of this Group is permitted.		
M	ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY	R	‑
M	ANAESTHETIC GIVEN POST LABOUR OR DELIVERY	R	‑
O	GESTATION LENGTH (LABOUR ONSET)	R	
M	LABOUR OR DELIVERY ONSET METHOD	R	‑
M	DELIVERY DATE	R	
	(HCA) Birth Occurrence Activity Characteristics:		
	To carry details of the birth occurrence(s). Up to nine occurrences of the Birth Group are permitted.		
M	BIRTH ORDER	R	‑
M	DELIVERY METHOD	R	‑
M	GESTATION LENGTH (ASSESSMENT)	R	‑
M	RESUSCITATION METHOD	R	‑
M	STATUS OF PERSON CONDUCTING DELIVERY	R	‑
	(HCA) Birth Occurrence Person Group (Baby):		
	To carry the personal details of the birth occurrence(s). One occurrence of this Group within each Birth Group is permitted.		
O	LOCAL PATIENT IDENTIFIER (BABY)	R	
O	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER (BABY))	R	
O	ORGANISATION CODE TYPE (BABY)		
O	NHS NUMBER (BABY)	R	
O	NHS NUMBER STATUS INDICATOR (BABY)	R	
M	BIRTH DATE (BABY)	R	‑
M	BIRTH WEIGHT	R	‑
M	LIVE OR STILL BIRTH	R	‑
M	SEX (BABY)	R	‑
	(HCA) Birth Occurrence Location ‑ Delivery Place Actual:		
	To carry the type of place where delivery actually occurred. One occurrence of this Group within each Birth Group is permitted.		
M	LOCATION CLASS	R	
M	DELIVERY PLACE TYPE (ACTUAL)	R	‑
	(HCA) Healthcare Resource Group Activity ‑ Activity Characteristics:		
	To carry the details of the Healthcare Resource Group and will be mandatory from 01/10/2001. Each CDS may contain only a single occurrence of this Group.		
M	HEALTHCARE RESOURCE GROUP CODE		‑

M	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER		●

(HCA) Healthcare Resource Group Activity - Clinical Activity Group.		
To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified		

O	PROCEDURE SCHEME IN USE		
O	HRG DOMINANT GROUPING VARIABLE-PROCEDURE		●

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OLD VERSION 3 ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE (RETIRED)

Change to Data Set: Changed Description

Old Version 3 ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE

The Admitted Patient Care General Episode Commissioning Data Set Type carries the data for a finished or unfinished General Consultant/ Midwife/ Nurse Episode. It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any acute, community, psychiatric NHS Trust or Primary Care Trust or other NHS hospital under the care of a consultant, midwife or nurse. Additionally, NHS funded Admitted Patient Care taking place in non-NHS hospitals and institutions is required.

The column headed Opt (Optionality) shows whether the data element is Mandatory M or Optional O.

The column headed U/A (Unfinished Episode / Annual Census) indicates whether the data element is required to be recorded on an unfinished Consultant/ Midwife/ Nurse Episode record and on an End of Year Census record. An R in the U/A column indicates that it is required to be present, a blank indicates that it is not required to be present.

An Unfinished General Episode record is required for all unfinished general episodes at midnight on 31 March. Unfinished General Episode records are also required for short-stay informal psychiatric patients who are resident in hospital or on leave of absence (home leave) on 31 March and who have been in hospital for less than 12 months.

The column headed HES indicates whether the data element is extracted from the NWCS database for Hospital Episode Statistics. A filled circle in the column indicates that it is extracted if present, a blank indicates that it is not extracted. Note that Hospital Episode Statistics records contain derived items. The table below indicate the base data from which these items are derived, and the CDS/HES cross reference table will show the derivation.

Opt	CDS data element	U/A	HES
Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.			
M	LOCAL PATIENT IDENTIFIER	R	
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER	R	
M	ORGANISATION CODE TYPE	R	
M	NHS NUMBER	R	●
M	BIRTH DATE	R	●
O	CARER SUPPORT INDICATOR	R	●
M	LEGAL STATUS CLASSIFICATION CODE (ON ADMISSION) (psychiatric patients only)	R	●
M	ETHNIC CATEGORY	R	●
M	MARITAL STATUS (psychiatric patients only)	R	●
M	NHS NUMBER STATUS INDICATOR	R	●
M	SEX	R	●

O	NAME FORMAT CODE	R	
O	PATIENT NAME	R	
O	ADDRESS FORMAT CODE		
O	PATIENT USUAL ADDRESS	R	
M	POSTCODE OF USUAL ADDRESS	R	▬
M	ORGANISATION CODE (PCT OF RESIDENCE)	R	▬
M	ORGANISATION CODE TYPE	R	

Note:
For reasons of confidentiality, the patient's preferred name and address must **not** be carried where a valid NHS Number is present.

(HCA) Hospital Provider Spell - Activity Characteristics:

To carry the details of the Spell containing the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted.

M	HOSPITAL PROVIDER SPELL NUMBER	R	▬
M	ADMINISTRATIVE CATEGORY (on admission)	R	▬
M	PATIENT CLASSIFICATION	R	▬
M	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	R	▬
M	DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)		▬
M	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)		▬
M	SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)	R	▬
M	START DATE (HOSPITAL PROVIDER SPELL)	R	▬
M	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)		▬

(HCA) Consultant Episode - Activity Characteristics:

To carry the details of the Consultant/ Midwife/ Nurse Episode undergone by the Patient. One occurrence of this Group is permitted.

M	EPISODE NUMBER	R	▬
M	FIRST REGULAR DAY OR NIGHT ADMISSION	R	▬
M	LAST EPISODE IN SPELL INDICATOR	R	▬
M	NEONATAL LEVEL OF CARE	R	▬
M	OPERATION STATUS (per episode)	R	▬
M	PSYCHIATRIC PATIENT STATUS	R	▬
M	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE	R	▬
M	START DATE (EPISODE)	R	▬
M	END DATE (EPISODE)		▬

(HCA) Consultant Episode - Service Agreement Details:

To carry the details of the Service Agreement for the Consultant/ Midwife/ Nurse Episode.

M	COMMISSIONING SERIAL NUMBER	R	▬
O	NHS SERVICE AGREEMENT LINE NUMBER	R	
O	PROVIDER REFERENCE NUMBER		
M	COMMISSIONER REFERENCE NUMBER	R	
M	ORGANISATION CODE (CODE OF PROVIDER)	R	▬
M	ORGANISATION CODE TYPE		
M	ORGANISATION CODE (CODE OF COMMISSIONER)	R	▬
M	ORGANISATION CODE TYPE		

(HCA) Consultant Episode - Person Group (Consultant):

To carry the details of the responsible Consultant, Midwife or Nurse. One occurrence of this Group is permitted.

M	CONSULTANT CODE	R	▬
M	MAIN SPECIALTY CODE	R	▬
M	TREATMENT FUNCTION CODE	R	▬

	(HCA) Consultant Episode - Clinical Information Group (ICD). To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
M	DIAGNOSIS SCHEME IN USE		
M	PRIMARY DIAGNOSIS (ICD)		-
M	SECONDARY DIAGNOSIS (ICD) (1st to 12th, there may be up to 12 repetitions)		-
	(HCA) Consultant Episode - Clinical Information Group (READ). To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 13 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE		
O	PRIMARY DIAGNOSIS (READ)		
O	SECONDARY DIAGNOSIS (READ) (1st to 12th, there may be up to 12 repetitions)		
	(HCA) Consultant Episode - Clinical Activity Group (OPCS). To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
M	PROCEDURE SCHEME IN USE		
M	PRIMARY PROCEDURE (OPCS)		-
M	PROCEDURE DATE		-
M	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)		-
M	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		-
	(HCA) Consultant Episode - Clinical Activity Group (READ). To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE		
O	PRIMARY PROCEDURE (READ)		
O	PROCEDURE DATE		
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)		
O	PROCEDURE DATE (2nd to 12th, there may be up to 11 repetitions)		
	(HCA) Consultant Episode - Location Group - Start of Episode. To carry the details of the location at the start of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
M	LOCATION CLASS	R	
M	SITE CODE (OF TREATMENT) (at start of episode)	R	-
M	ORGANISATION CODE TYPE	R	
O	INTENDED CLINICAL CARE INTENSITY	R	-
O	AGE GROUP INTENDED	R	-
O	SEX OF PATIENTS	R	-
O	WARD DAY PERIOD AVAILABILITY	R	-
O	WARD NIGHT PERIOD AVAILABILITY	R	-
	(HCA) Consultant Episode - Location Group - Ward Stay. To carry the details of one or more Ward Stays. Up to 99 occurrences of Location Groups (in total - all types) are permitted.		
M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		

O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		
O	START DATE (at start of ward stay)		
O	END DATE (at end of ward stay)		

(HCA) Consultant Episode - Location Group - End of Episode:

To carry the details of the location at the end of the Consultant/ Midwife/ Nurse Episode. One occurrence of this Group is permitted. Up to 99 occurrences of Location Groups (in total - all types) are permitted.

M	LOCATION CLASS		
M	SITE CODE (OF TREATMENT) (at end of episode)		
M	ORGANISATION CODE TYPE		
O	INTENDED CLINICAL CARE INTENSITY		
O	AGE GROUP INTENDED		
O	SEX OF PATIENTS		
O	WARD DAY PERIOD AVAILABILITY		
O	WARD NIGHT PERIOD AVAILABILITY		

(HCA) Augmented Care Period:

To carry the details of the Augmented Care undergone by the Patient. Up to the 9 most recent Augmented Care Periods that occur during a Consultant/ Midwife/ Nurse Episode may be included.

M	AUGMENTED CARE PERIOD NUMBER	R	←
O	AUGMENTED CARE PERIOD LOCAL IDENTIFIER	R	←
M	START DATE (AUGMENTED CARE PERIOD)	R	←
M	AUGMENTED CARE PERIOD SOURCE	R	←
M	INTENSIVE CARE LEVEL DAYS	R	←
M	HIGH DEPENDENCY CARE LEVEL DAYS	R	←
M	NUMBER OF ORGAN SYSTEMS SUPPORTED for intensive care level only)	R	←
M	AUGMENTED CARE PLANNED INDICATOR	R	←
M	AUGMENTED CARE OUTCOME INDICATOR		←
M	AUGMENTED CARE PERIOD DISPOSAL		←
M	END DATE (AUGMENTED CARE PERIOD)		←
M	MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD)	R	←
M	LOCATION CLASS	R	
M	AUGMENTED CARE LOCATION	R	←

(HCA) GP Registration:

To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.

M	GMP (CODE OF REGISTERED OR REFERRING GMP)	R	←
O	CODE OF GP PRACTICE (REGISTERED GMP)	R	←
O	ORGANISATION CODE TYPE	R	

(HCA) Referral:

To carry the details of the referrer. One occurrence of this Group is permitted.

M	REFERRER CODE	R	←
M	REFERRING ORGANISATION CODE	R	←
M	ORGANISATION CODE TYPE	R	

(HCA) Elective Admission List Entry:

To carry the details of the Elective Admission List Entry. One occurrence of this Group is permitted.

M	DURATION OF ELECTIVE WAIT	R	←

M	~~INTENDED MANAGEMENT~~	R	~~-~~
M	~~DECIDED TO ADMIT DATE~~ ~~(for this provider)~~	R	~~-~~
~~(HCA) Healthcare Resource Group Activity - Activity Characteristics:~~ ~~To carry the details of the Healthcare Resource Group. This is mandatory from 01/10/2001. One occurrence of this Group is permitted.~~			
M	~~HEALTHCARE RESOURCE GROUP CODE~~		~~-~~
M	~~HEALTHCARE RESOURCE GROUP CODE VERSION NUMBER~~		~~-~~
~~(HCA) Healthcare Resource Group Activity - Clinical Activity Group:~~ ~~To carry the details of the HRG Dominant Grouping Variable - Procedure. Note that this will not apply when no operation was carried out. In this case, the segment referring to HRG Dominant Grouping Variable - Procedure should be omitted. Only one Procedure either OPCS or READ may be specified~~			
~~O~~	~~PROCEDURE SCHEME IN USE~~		
~~O~~	~~HRG DOMINANT GROUPING VARIABLE PROCEDURE~~		~~-~~

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

OUT-PATIENT ATTENDANCE CDS TYPE (RETIRED)

Change to Data Set: Changed Description

~~OUT-PATIENT ATTENDANCE CDS TYPE~~

~~The Out-Patient Attendance Commissioning Data Set Type carries the data for an Out-Patient Attendance or a missed appointment. The data set applies for Consultant, Nurse and Midwife attendances and appointments including Ward Attendances for nursing care.~~

~~The column headed Opt (Optionality) shows whether the Data Element is Mandatory M, Optional O or Must Not Be Used *.~~

~~Opt~~	~~CDS Data Element~~	~~U/A~~
~~Person Group (Patient):~~ ~~To carry the personal details of the Patient. One occurrence of this Group is permitted.~~		
~~M~~	~~LOCAL PATIENT IDENTIFIER~~	
~~M~~	~~ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)~~	
~~M~~	~~ORGANISATION CODE TYPE~~	
~~M~~	~~NHS NUMBER~~	
~~M~~	~~BIRTH DATE~~	
~~O~~	~~CARER SUPPORT INDICATOR~~	
~~*~~	~~ETHNIC CATEGORY~~	
~~*~~	~~MARITAL STATUS~~ ~~(psychiatric patients only)~~	
~~M~~	~~NHS NUMBER STATUS INDICATOR~~	
~~M~~	~~SEX~~	
~~O~~	~~NAME FORMAT CODE~~	
~~O~~	~~PATIENT NAME~~	
~~O~~	~~ADDRESS FORMAT CODE~~	
~~O~~	~~PATIENT USUAL ADDRESS~~	
~~M~~	~~POSTCODE OF USUAL ADDRESS~~	
~~M~~	~~ORGANISATION CODE (PCT OF RESIDENCE)~~	
~~M~~	~~ORGANISATION CODE TYPE~~	

Note:

For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

(HCA) Consultant Out-Patient Episode - Person Group (Consultant). To carry the details of the responsible Consultant. One occurrence of this Group is permitted.		
M	CONSULTANT CODE	
M	MAIN SPECIALTY CODE	
M	TREATMENT FUNCTION CODE	
(HCA) Consultant Out-Patient Episode - Clinical Information Group (ICD). To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 2 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE	
O	PRIMARY DIAGNOSIS (ICD)	
O	SECONDARY DIAGNOSIS (ICD) (1st Secondary)	
(HCA) Consultant Out-Patient Episode - Clinical Information Group (READ). To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 2 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE	
O	PRIMARY DIAGNOSIS (READ)	
O	SECONDARY DIAGNOSIS (READ) (1st Secondary)	
(HCA) Attendance Occurrence Activity Characteristics. To carry the details of the Out-Patient Attendance or missed appointment.		
M	ATTENDANCE IDENTIFIER	
M	ADMINISTRATIVE CATEGORY	
M	ATTENDED OR DID NOT ATTEND	
M	FIRST ATTENDANCE	
M	MEDICAL STAFF TYPE SEEING PATIENT	
M	OPERATION STATUS (per attendance)	
M	OUTCOME OF ATTENDANCE	
M	APPOINTMENT DATE	
(HCA) Attendance Occurrence - Service Agreement Details. To carry the details of the Service Agreement for the Out-Patient Attendance.		
M	COMMISSIONING SERIAL NUMBER	
O	NHS SERVICE AGREEMENT LINE NUMBER	
O	PROVIDER REFERENCE NUMBER	
M	COMMISSIONER REFERENCE NUMBER	
M	ORGANISATION CODE (CODE OF PROVIDER)	
M	ORGANISATION CODE TYPE	
M	ORGANISATION CODE (CODE OF COMMISSIONER)	
M	ORGANISATION CODE TYPE	
(HCA) Attendance Occurrence - Clinical Activity Group (OPCS). To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE	
O	PRIMARY PROCEDURE (OPCS)	
O	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)	
(HCA) Attendance Occurrence - Clinical Activity Group (READ). To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are		

permitted.		
O	PROCEDURE SCHEME IN USE	
O	PRIMARY PROCEDURE (READ)	
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)	
(HCA) Attendance Occurrence - Location Group - Out-Patient Attendance: To carry the details of the location for the Out-Patient Attendance - Site Code of Treatment. One occurrence of this Group is permitted. One occurrence of this Group is permitted.		
M	LOCATION CLASS	
M	SITE CODE (OF TREATMENT)	
M	ORGANISATION CODE TYPE	
(HCA) GP Registration: To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.		
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	
O	ORGANISATION CODE TYPE	
(HCA) Referral Activity Characteristics: To carry the details of the referral. One occurrence of this Group is permitted.		
M	PRIORITY TYPE	
M	SERVICE TYPE REQUESTED	
M	SOURCE OF REFERRAL FOR OUT-PATIENTS	
M	REFERRAL REQUEST RECEIVED DATE	
(HCA) Referral Person Group: To carry the details of the referrer. One occurrence of this Group is permitted.		
M	REFERRER CODE	
M	REFERRING ORGANISATION CODE	
M	ORGANISATION CODE TYPE	
(HCA) Missed Appointment Occurrence: To carry the details of the missed appointment. One occurrence of this Group is permitted.		
M	LAST DNA OR PATIENT CANCELLED DATE	
(HCA) Healthcare Resource Group Activity - Activity Characteristics: To carry the details of the Healthcare Resource Group from 01/10/2001. Each CDS may contain only a single occurrence of this Group.		
O	HEALTHCARE RESOURCE GROUP CODE	
O	HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER	

Note:
If there is no HRG agreed for the Specialty, or samples only are required for the specialty which does not include this particular out-patient attendance, the segments relating to HRGs need not be sent. HRG Dominant Grouping Variable does not apply to out-patient attendances.

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

WARD ATTENDANCE CDS TYPE (RETIRED)

Change to Data Set: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

WARD ATTENDANCE CDS TYPE

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

The Ward Attender Commissioning Data Set Type carries the data for a Ward Attender.

The Ward Attender CDS Type should not be used on or after 1 April 2005. Attendances by patients for nursing care on a ward should be transmitted using the Out-Patient Attendance CDS Type.

The column headed Opt (Optionality) shows whether the Data Element is Mandatory M, Optional O or Must Not Be Used *.

Opt	CDS Data Element	U/A
Person Group (Patient). To carry the personal details of the Patient. One occurrence of this Group is permitted.		
M	LOCAL PATIENT IDENTIFIER	
M	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	
M	ORGANISATION CODE TYPE	
M	NHS NUMBER	
M	BIRTH DATE	
O	CARER SUPPORT INDICATOR	
M	NHS NUMBER STATUS INDICATOR	
M	SEX	
O	NAME FORMAT CODE	
O	PATIENT NAME	
O	ADDRESS FORMAT CODE	
O	PATIENT USUAL ADDRESS	
M	POSTCODE OF USUAL ADDRESS	
M	ORGANISATION CODE (PCT OF RESIDENCE)	
M	ORGANISATION CODE TYPE	

Note:
For reasons of confidentiality, the patient's preferred name and address (not including POSTCODE OF USUAL ADDRESS) must **not** be carried where a valid NHS Number is present.

	(HCA) Ward Attendance Occurrence Activity Characteristics. To carry the details of the Ward Attender.	
M	ATTENDANCE IDENTIFIER	
M	ADMINISTRATIVE CATEGORY	
*	MEDICAL STAFF TYPE SEEING PATIENT	
M	OPERATION STATUS (per attendance)	
M	ATTENDANCE DATE	
	(HCA) Ward Attendance Occurrence - Service Agreement Details. To carry the details of the Service Agreement for the Ward Attender.	
M	COMMISSIONING SERIAL NUMBER	
O	NHS SERVICE AGREEMENT LINE NUMBER	
O	PROVIDER REFERENCE NUMBER	
*	COMMISSIONER REFERENCE NUMBER	
M	ORGANISATION CODE (CODE OF PROVIDER)	
M	ORGANISATION CODE TYPE	
M	ORGANISATION CODE (CODE OF COMMISSIONER)	
M	ORGANISATION CODE TYPE	
	(HCA) Ward Attendance Occurrence - Clinical Information Group (ICD).	

To carry the details of the ICD Diagnosis Scheme and the Diagnoses. Up to 2 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE	
O	PRIMARY DIAGNOSIS (ICD)	
O	SECONDARY DIAGNOSIS (ICD) (1st Secondary)	
(HCA) Ward Attendance Occurrence - Clinical Information Group (READ). To carry the details of the READ Diagnosis Scheme and the Diagnoses. Up to 2 occurrences of this Group are permitted.		
O	DIAGNOSIS SCHEME IN USE	
O	PRIMARY DIAGNOSIS (READ)	
O	SECONDARY DIAGNOSIS (READ) (1st Secondary)	
(HCA) Ward Attendance Occurrence - Clinical Activity Group (OPCS). To carry the details of the OPCS coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE	
O	PRIMARY PROCEDURE (OPCS)	
O	PROCEDURE (OPCS) (2nd to 12th, there may be up to 11 repetitions)	
(HCA) Ward Attendance Occurrence - Clinical Activity Group (READ). To carry the details of the READ coded Clinical Activities undertaken. Up to 12 occurrences of this Group are permitted.		
O	PROCEDURE SCHEME IN USE	
O	PRIMARY PROCEDURE (READ)	
O	PROCEDURE (READ) (2nd to 12th, there may be up to 11 repetitions)	
(HCA) Attendance Occurrence - Location Group - Ward Attendance. To carry the details of the location for the Out-Patient Attendance - Site Code of Treatment. One occurrence of this Group is permitted. One occurrence of this Group is permitted.		
M	LOCATION CLASS	
M	SITE CODE (OF TREATMENT)	
M	ORGANISATION CODE TYPE	
M	INTENDED CLINICAL CARE INTENSITY	
M	AGE GROUP INTENDED	
M	SEX OF PATIENTS	
(HCA) GP Registration. To carry the details of the Patient's Registered GMP. One occurrence of this Group is permitted.		
M	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	
O	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	
O	ORGANISATION CODE TYPE	

AUGMENTED CARE PERIOD (RETIRED)

Change to Supporting Information: Changed Description

Augmented Care Period is a ACTIVITY GROUP. **This item has been retired from the NHS Data Model and Dictionary.**

A period of time within a Consultant Episode (Hospital Provider) during which a PATIENT requires close observation and intervention by additional, specially trained staff using medical equipment not routinely available on general hospital

wards. **The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

Excluded from this is care provided to neonates, which is recorded elsewhere. Also excluded from this is care provided on general wards, A&E, Radiology Departments, labour wards and special care baby units. **Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.**

A PATIENT may receive both intensive and high dependency levels of care within one Augmented Care Period. For intensive care levels of care only the NUMBER OF ORGAN SYSTEMS SUPPORTED must be recorded.

An Augmented Care Period must have only one AUGMENTED CARE LOCATION CODE; if the location changes a new Augmented Care Period begins.

If the responsibility for the PATIENT's Consultant Episode (Hospital Provider) transfers from one CONSULTANT to another while the PATIENT is receiving augmented care, the Augmented Care Period ends and another one starts under the new Augmented Care Period.

The CONSULTANT clinically managing the PATIENT during the Augmented Care Period is not necessarily the same as the CONSULTANT responsible for the Consultant Episode (Hospital Provider). The MAIN SPECIALTY of the CONSULTANT clinically managing the PATIENT during the Augmented Care Period should be recorded.

In the event of multiple specialty involvement in an Augmented Care Period where no single specialty is identified as being responsible the MAIN SPECIALTY of the CONSULTANT admitting the PATIENT to the Augmented Care Period is recorded.

Within an Augmented Care Period, where a PATIENT is cared for by a team of specialists within an intensive care rota the MAIN SPECIALTY of the clinical director of the team is recorded.

An Augmented Care Period does not include the following:

a. Surgical and anaesthetic intra-operative care
b. Post-operative care within an operating department
c. Cardiac (coronary) care
d. Imaging procedures
e. Endoscopy procedures

Information recorded for an Augmented Care Period includes:

AUGMENTED CARE PERIOD NUMBER
AUGMENTED CARE LOCATION
AUGMENTED CARE OUTCOME INDICATOR
AUGMENTED CARE PERIOD DISPOSAL   O
AUGMENTED CARE PERIOD SOURCE
AUGMENTED CARE PLANNED INDICATOR
End Date   O
HIGH DEPENDENCY CARE LEVEL DAYS   O
INTENSIVE CARE LEVEL DAYS
NUMBER OF ORGAN SYSTEMS SUPPORTED   O (for Intensive Care level only)
Start Date

This object was Used by the following when it was retired:

Class	MAIN SPECIALTY
WebPage	Start Date
DataElement	END DATE (AUGMENTED CARE PERIOD)
DataElement	START DATE (AUGMENTED CARE PERIOD)
DataElement	AUGMENTED CARE LOCATION
Attribute	AUGMENTED CARE OUTCOME INDICATOR
Attribute	AUGMENTED CARE PERIOD DISPOSAL
Class	PATIENT
Attribute	AUGMENTED CARE PERIOD SOURCE

Attribute	HIGH DEPENDENCY CARE LEVEL DAYS
WebPage	Consultant Episode (Hospital Provider)
WebPage	Radiology Department
Attribute	AUGMENTED CARE PLANNED INDICATOR
Class	CONSULTANT
WebPage	End Date
Attribute	INTENSIVE CARE LEVEL DAYS
DataElement	NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE
DataElement	AUGMENTED CARE PERIOD NUMBER
Attribute	AUGMENTED CARE LOCATION CODE
Attribute	NUMBER OF ORGAN SYSTEMS SUPPORTED
Class	ACTIVITY GROUP
DataElement	MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD)

CANCER DATA SET TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

National Cancer Waiting Times Monitoring Data Set**This item has been retired from the NHS Data Model and Dictionary.**

National Cancer Data Set**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

Including the following Site Specific Cancers:

> Breast Cancer
> Colorectal Cancer
> Lung Cancer
> Head and Neck Cancer
> Urological Cancer
> Upper GI Cancer
> Gynaecological Cancer

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CDS MESSAGE VERSIONS (RETIRED)

Change to Supporting Information: Changed Description

In October 2004 Data Set Change Notice (DSCN 24/2004) was published providing information detailing the requirement for Commissioning Data Set messages to be submitted in XML format for use by the Secondary Uses Service (SUS). XML will therefore replace the existing EDIFACT messages currently used by the NHS-Wide Clearing Service (NWCS).**This item has been retired from the NHS Data Model and Dictionary.**

XML is a markup language for data flows containing structured information and will meet Government standards in line with the e-Government Interoperability Framework (e-gif) requirements.**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

The schemas are published as .xsd files in zipped format. These are best viewed using XMLSPY or an equivalent XML viewer. Schema documentation as generated by XMLSPY is also available for download, this documentation may be viewed in most browsers. A Schema Version Release Note file (in MS Word) is also included in the documentation.**Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.**

The following table sets out the authorised versions of the Commissioning Data Set Message.
To download a schema and its associated documentation, follow the hyperlink for the specific Message Version.

CDS Version	Message Format	Message Version	Available From	Mandated From	Usable To
NHS005	XML Schema	V-5-0	01/04/2006	01/10/2006	Ongoing

This Version introduces support in the CDS for the Critical Care MDS and will enable Trusts to submit the CCMDS data to the Secondary Uses Service from October 2006.

CDS Version	Message Format	Message Version	Available From	Mandated From	Usable To
NHS004	XML Schema	V-4-2-a	01/10/2005	Only for NWCS-SUS migration	Only for NWCS-SUS migration

Version 4-2-a was the schema released to support the initial development of the CDS-XML processes for submitting data to the SUS. Following the authorisation of Version 5-0, this version must only be used for NWCS-SUS migration.

CDS Version	Message Format	Message Version	Available From	Mandated From	Usable To
NHS003	UN/EDIFACT	CDS MIG V4	01/04/2001	01/09/2001	31 March 2007

This is the final CDS EDIFACT Message version to be issued, all subsequent CDS Message versions will use XML formats.

CDS EDIFACT Message specifications are documented in the NHS CDS Manual available from the NHS Data Standards website.

CDS TYPE LIST NAVIGATION MENU (RETIRED)

Change to Supporting Information: Changed Description

Accident and Emergency CDS Type List:
ACCIDENT AND EMERGENCY ATTENDANCE**This item has been retired from the NHS Data Model and Dictionary.**

Admitted Patient Care CDS Type List:
GENERAL EPISODE
DELIVERY EPISODE
BIRTH EPISODE
DETAINED AND - OR LONG TERM PSYCHIATRIC CENSUS
OTHER BIRTH EVENT
OTHER DELIVERY**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

CDS Interchange and Message Controls:
CDS INTERCHANGE HEADER
CDS MESSAGE HEADER
CDS MESSAGE TRAILER
CDS INTERCHANGE TRAILER**Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.**

CDS Transaction Header Group:
CDS TRANSACTION HEADER GROUP NET CHANGE
CDS TRANSACTION HEADER GROUP BULK UPDATE

Elective Admission List CDS Type
ELECTIVE ADMISSION LIST CDS TYPE 030 - END OF PERIOD CENSUS (STANDARD)
ELECTIVE ADMISSION LIST CDS TYPE 040 - END OF PERIOD CENSUS (OLD)
ELECTIVE ADMISSION LIST CDS TYPE 050 - END OF PERIOD CENSUS (NEW)
ELECTIVE ADMISSION LIST CDS TYPE 060 - EVENT DURING PERIOD (ADD)
ELECTIVE ADMISSION LIST CDS TYPE 070 - EVENT DURING PERIOD (REMOVE)
ELECTIVE ADMISSION LIST CDS TYPE 080 - EVENT DURING PERIOD (OFFER)
ELECTIVE ADMISSION LIST CDS TYPE 090 - EVENT DURING PERIOD (AVAILABLE/UNAVAILABLE)
ELECTIVE ADMISSION LIST CDS TYPE 100 - EVENT DURING PERIOD (OLD SERVICE AGREEMENT)
ELECTIVE ADMISSION LIST CDS TYPE 110 - EVENT DURING PERIOD (NEW SERVICE AGREEMENT)

Out-patient Attendance CDS Type List:
OUT-PATIENT ATTENDANCE

Ward Attendance CDS Type List (Retired 31st March 2005):

WARD ATTENDANCE

CDS VERSION NHS003 AND 4 TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

COMMISSIONING DATA SET VERSIONS NHS003 / NHS004 - CDS TYPE LISTThis item has been retired from the NHS Data Model and Dictionary.

CDS VERSION NHS003:
The CDS Version NHS003 is the final CDS specification supporting the use of the NHSCDS EDIFACT Message and is documented in the NHS CDS Manual Version 1.7 which is available from the NHS Data Standards website.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

CDS VERSION NHS004:
CDS Version NHS004 (CDS-XML Schema V-4-2-a) was released to support the initial development of the XML messaging processes required for submitting CDS to the Secondary Uses Service (SUS). Following authorisation of CDS Version NHS005 (CDS-XML Schema V-5-0), the version NHS004 has been withdrawn.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CDS data items previously specified in the NHS CDS Manual were repositioned into the NHS Data Dictionary (DSCN 29/2004 - issued in January 2005) and no structural data changes were made to the CDS specifications which remain as per CDS Version NHS003.

The NHS CDS Manual:
This may be found at : NHS CDS Manual V1.7

CDS VERSION NHS005 TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

COMMISSIONING DATA SET VERSION NHS005 - CDS TYPE LISTThis item has been retired from the NHS Data Model and Dictionary.

Accident and Emergency CDS Type
ACCIDENT AND EMERGENCY ATTENDANCE CDS TYPEThe last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Admitted Patient Care CDS Type
ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE
ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE
ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE
ADMITTED PATIENT CARE CDS TYPE - DETAINED AND - OR LONG TERM PSYCHIATRIC CENSUS
ADMITTED PATIENT CARE CDS TYPE - OTHER DELIVERY
ADMITTED PATIENT CARE CDS TYPE - OTHER BIRTH EVENTAccess to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CDS Interchange and Message Controls:
CDS INTERCHANGE HEADER
CDS MESSAGE HEADER
CDS INTERCHANGE TRAILER
CDS MESSAGE TRAILER

CDS Transaction Header Group:
CDS TRANSACTION HEADER GROUP NET CHANGE
CDS TRANSACTION HEADER GROUP BULK UPDATE

Elective Admission List CDS Type

CENTRAL RETURNS - WAITING TIME CALCULATIONS FOR KH07 & QF01 (RETIRED)

Change to Supporting Information: Changed Description

Waiting Time Calculations for KH07 and QF01

The following table provides a comparison of the waiting time calculations for Central Returns KH07 and QF01. This item has been retired from the NHS Data Model and Dictionary.

The collection of the PATIENT's Original DECISION TO ADMIT continues to be an important performance management tool. The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Waiting List Event	Calculation needed for KH07 and QF01
Original Decision To Admit	Record ORIGINAL DECIDED TO ADMIT DATE as start date. On the first ELECTIVE ADMISSION LIST ENTRY the ORIGINAL DECIDED TO ADMIT DATE will be the same as the DECIDED TO ADMIT DATE.
Patient on waiting list	
Two providers agree to the transfer of a PATIENT (e.g. to speed up treatment, ensure continuity of care, etc..)	Count from ORIGINAL DECIDED TO ADMIT DATE. (Note: the waiting time continues at the receiving provider and becomes their responsibility). If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregate suspended and/or self-deferred periods) will be carried with them. This should be carried forward as a rolling total, if the PATIENT is transferred more than once.
PATIENT removes him/herself from the waiting list of one provider and is subsequently added to the waiting list at another provider.	Count from the DECIDED TO ADMIT DATE for the new provider. In such cases the WAITING PERIOD EXCLUSION for the previous provider (their aggregated suspended and/or self-deferred periods) will not be carried with them.
The provider that the PATIENT is waiting to be admitted to undergoes a merger with another organisation.	Count from the ORIGINAL DECIDED TO ADMIT DATE. (Note: the waiting time must continue and not be reset.)
PATIENT is unavailable for treatment (suspended) and offer of admission cannot be made for that period.	Omit from KH07/QF01 (but include on KH07A and KH07AR). Count from the ORIGINAL DECIDED TO ADMIT DATE and deduct period of suspension from waiting time. PATIENT can be 'suspended' from the active waiting list for short periods of time when they are unavailable for admission for social or medical reasons. However, the position of 'suspended' PATIENTS must be reviewed regularly and if there is no prospect for them becoming available in the medium term consideration should be given to referring the PATIENT back to the GP.
Patient offered admission	
PATIENT offered a reasonable date for admission but refuses this for personal reasons in advance of the date (self-deferred).	Provided the date was a reasonable one, this is described as a 'self-deferral'.

For a verbal admission date to be deemed reasonable, the PATIENT is to be offered a **minimum** of two admission dates, with at least three weeks notice before the first of these admission dates. For a written offer to be deemed reasonable, the PATIENT is to be offered an admission date with a **minimum** of three weeks notice before the first of these admission dates.	For verbal offers, a self deferral is made if all dates offered are refused. In this case the waiting time is reset to zero from the earliest of the dates offered. For written offers the waiting time is reset to zero from the date of the earliest admission the patient refused.
PATIENT offered a date for admission but does not turn up and gives no advance warning (self-deferred).	The waiting time is reset to zero from the admission date which the PATIENT failed to attend. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.
PATIENT offered a date for admission but this is subsequently cancelled by the hospital.	Count from ORIGINAL DECIDED TO ADMIT DATE. The waiting time must continue until the PATIENT is admitted. However, any previous self-deferral(s) and periods of suspension must be taken into account.
PATIENT admitted but treatment deferred. PATIENT sent home and a new DECISION TO ADMIT made.	Count from ORIGINAL DECIDED TO ADMIT DATE. The waiting time must continue until the PATIENT is admitted. However, any previous self-deferral(s) and periods of suspension must be taken into account. The Cancelled Operations guarantee of 28 days must be followed.
PATIENT admitted and treatment completed.	Remove from waiting list on admission date.
PATIENT removed from waiting list (emergency admission for same condition, death, other reasons).	Remove from waiting list.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CENTRAL RETURNS - WAITING TIME CALCULATIONS FOR QM08 & QM08R (RETIRED)

Change to Supporting Information: Changed Description

Waiting Time Calculations for QM08 and QM08R

The following table provides a comparison of the waiting time calculations for Central Returns QM08 and QM08R. The coverage of the returns is for PATIENTS waiting for a first APPOINTMENT. Key parts of the central returns focus on the sub-set of these PATIENTS that were referred by GENERAL MEDICAL PRACTITIONERS. **This item has been retired from the NHS Data Model and Dictionary.**

Waiting Time Event	Calculation needed for QM08 and QM08R
Start of waiting time.	The waiting time starts from the date on which the original provider received the referral request, the REFERRAL REQUEST RECEIVED DATE on a referral to which this referral is related.
PATIENT offered an APPOINTMENT DATE but refuses.	As with the inpatient returns, so long as the offer was a reasonable one (sufficient amount of notice and taking into account personal circumstances) this counts as a 'self-deferral'. The out-patient waiting time is reset to zero, and starts again from the APPOINTMENT DATE the PATIENT refused.
PATIENT offered an APPOINTMENT DATE but does not attend.	Once again this is a 'self-deferral'. The out-patient waiting time is reset to zero, and starts again from the APPOINTMENT DATE the PATIENT refused.
PATIENT offered an APPOINTMENT DATE, but the provider cancels this.	This has no affect on the waiting time - i.e. it should continue from the REFERRAL REQUEST RECEIVED DATE on a referral to which this referral is related.
Organisational change (e.g. Trusts merge)	The waiting time is unaffected - i.e. it should continue from the date the REFERRAL REQUEST RECEIVED DATE on a referral to which this referral is related.
End of waiting time.	The PATIENT is removed from out-patient Waiting list on the ACTIVITY TIME when the PATIENT was seen.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CHANGE MENU (RETIRED)

Change to Supporting Information: Changed Description

- Change Request Log
- Data Set Change Notice Website

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CHANGES INTRODUCTION (RETIRED)

Change to Supporting Information: Changed Description

This area contains the Change Request log and the Deleted Items log. These two sections list the changes that have been made to the NHS Data Model and Dictionary since December 2002.This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

COMMISSIONING DATA SETS MIDDLE PANE (RETIRED)

Change to Supporting Information: Changed Description

CDS Version NHS005 Type ListThis item has been retired from the NHS Data Model and Dictionary.

CDS Version NHS003 and 4 Type ListThe last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Data Sets Contextual OverviewAccess to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

Security Issues and Patient Confidentiality

Hospital Episode Statistics Cross Reference Tables

COVER 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

COVER 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

COVER - Request Parameters for Hepatitis B Vaccination data

12 month cohort
1. Total number of children for whom the PCT is responsible on yy/yy/yy with maternal Hepatitis B status positive and reaching their first birthday during the evaluation quarter.

2. A count of the number of PERSONS relevant to a particular Primary Care Trust (either registered with a GP Practice within the PCT or, if not registered with a GP Practice, residing within the geographical boundaries of the PCT) who reached the age of one year during the evaluation period who have a MATERNAL HEP B STATUS with a National Code 2 'Maternal Hepatitis B status positive'.

2. Total number included in line 1 and receiving a third dose of Hepatitis B vaccine before their 1st birthday.

3. A count of the number of children in an Immunisation Programme For Person within the above cohort who reached the age of one year during the evaluation period who have had 3 Immunisation Doses Given for VACCINE PREVENTABLE DISEASE of Hepatitis B before the child's first birthday. Immunisation Programme For Person is a PERSON IN PROGRAMME. Immunisation Dose Given is a CLINICAL INTERVENTION with a National Code 17 'Immunisation Dose Given'.

24 month cohort
3. Total number of children for whom the PCT is responsible on yy/yy/yy with maternal Hepatitis B status positive and reaching their second birthday during the evaluation quarter.

4. A count of the number of PERSONS relevant to a particular Primary Care Trust (either registered with a GP Practice within the PCT or, if not registered with a GP Practice, residing within the geographical boundaries of the PCT) who reached their second birthday during the evaluation period who have a MATERNAL HEP B STATUS with a National Code 2 'Maternal Hepatitis B status positive'

4. Total number included in line 3 and receiving a fourth dose of vaccine for Hepatitis B before their 2nd birthday

5. A count of the number of children in an Immunisation Programme For Person within the above cohort who have had a fourth Immunisation Dose Given for VACCINE PREVENTABLE DISEASE of Hepatitis B before the child's second birthday. Immunisation Programme For Person is a PERSON IN PROGRAMME. Immunisation Dose Given is a CLINICAL INTERVENTION with a National Code 17 'Immunisation Dose Given'.

CRITICAL CARE PERIOD (RETIRED)

Change to Supporting Information: Changed Description

Critical Care Period is an ACTIVITY GROUP.

A period of time within a Hospital Provider Spell during which a PATIENT receives care in a designated critical care bed.**This item has been retired from the NHS Data Model and Dictionary.**

Excluded from this is care provided to neonates, which is recorded elsewhere. Outreach activity and resuscitation conducted outside designated critical care areas should not be recorded as a Critical Care Period. Also excluded from this is care provided on general wards (except as an occasional non-standard location), A&E, Radiology Departments, labour wards and

special care baby units.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

A new Critical Care Period starts when the PATIENT is admitted to a critical care location regardless of CRITICAL CARE LEVEL. Repeated admissions to the same unit, transfers to a different critical care location and transfers from a non-standard location to a critical care unit within the same Hospital Provider Spell trigger a new Critical Care Period. A change of Consultant Episode (Hospital Provider) or brief transfers for investigation or treatment do not end the Critical Care Period.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

A Critical Care Period ends when the PATIENT is discharged from the critical care location or dies.

Critical care locations are described by CRITICAL CARE UNIT FUNCTION and UNIT BED CONFIGURATION. Critical Care beds may include occasional non-standard locations using a ward area or operating department when conventional critical care beds are not available. Non standard locations may only be recorded if the CRITICAL CARE LEVEL is National Code 02 'Level 2' or 03 'Level 3' and the delivery of care is greater than four hours.

The type of ORGAN SYSTEM SUPPORTED is recorded and the duration of each organ system support is calculated from the ACTIVITY PROPERTY EFFECTIVE DATE and the ACTIVITY PROPERTY END DATE. The ORGAN SUPPORT MAXIMUM is the maximum number of different ORGAN SYSTEMS SUPPORTED on any one day in the Critical Care Period. Each organ system can only be counted once on any calendar day. Both basic and advanced categories cannot be counted at the same time. The range of values for ORGAN SUPPORT MAXIMUM is from 0 to 7.

CRITICAL CARE DISCHARGE READY DATE and CRITICAL CARE DISCHARGE READY TIME are recorded to identify and quantify significant problems in discharging patients from critical care units.

A subset of the Critical Care Minimum Data Set is used to derive Adult Critical Care HRGs. The subset is sent in the following Commissioning Data Set messages:
ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE
ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE
ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE

A Critical Care Period does not include the following:
a. Surgical and anaesthetic intra-operative care
b. Post-operative care within an operating department except where level 2 or level 3 care are provided for more than 4 hours
c. Cardiac (coronary) Care
d. Imaging procedures
e. Endoscopy procedures

Information recorded for a Critical Care Period includes:

CRITICAL CARE ADMISSION SOURCE
CRITICAL CARE ADMISSION TYPE
CRITICAL CARE DISCHARGE DESTINATION   o
CRITICAL CARE DISCHARGE LOCATION   o
CRITICAL CARE DISCHARGE STATUS   o
CRITICAL CARE SOURCE LOCATION

DATA SETS CONTEXTUAL OVERVIEW (RETIRED)

Change to Supporting Information: Changed Description

Contextual Overview

The primary purpose of national data sets is to enable the same health information to be generated across the country independent of the ORGANISATION or system that captures it.

In achieving this the Health and Social Care Information Centre will be enabling healthcare professionals to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals.This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

DATA SETS INTRODUCTION (RETIRED)

Change to Supporting Information: Changed Description

~~The primary purpose of national data sets is to enable the same health information to be generated across the country independent of the~~ ~~ORGANISATION~~ ~~or system that captures it.~~**This item has been retired from the NHS Data Model and Dictionary.**

~~In achieving this, the~~ ~~Health and Social Care Information Centre~~ ~~will be enabling healthcare professionals to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals.~~**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

DATA SETS MENU (RETIRED)

Change to Supporting Information: Changed Description

~~**Commissioning Data Sets:**~~
- ~~Commissioning Data Set Versions~~
- ~~Commissioning Data Sets Overview~~
- ~~Security Issues and Patient Confidentiality~~
- ~~Hospital Episode Statistics Cross Reference Tables~~

~~**Supporting Data Sets:**~~
- ~~Critical Care Minimum Data Set~~
- ~~Neonatal Critical Care Minimum Data Set~~

~~**Clinical Data Sets:**~~
- ~~Acute Myocardial Infarction Data Set~~
- ~~Cancer Registration Data Set~~
- ~~Diabetes Data Set (Summary Core)~~
- ~~Mental Health Minimum Data Set~~
- ~~National Cancer Data Set~~
- ~~National Cancer Waiting Times Monitoring Data Set~~
- ~~National Joint Registry Data Set~~

~~**Central Return Data Sets:**~~
- ~~Admitted Patient Flows Data Set~~
- ~~Admitted Patient Stocks Data Set~~
- ~~Bookings Admitted Patient and Out-Patient Provider Data Set~~
- ~~Choose and Book Utilisation Commissioner Data Set~~
- ~~Out-Patient Flows Data Set~~
- ~~Out-Patient Stocks Data Set~~
- ~~Referral To Treatment Data Set~~
- ~~Summarised Activity Flows Data Set~~
- ~~Summarised Stocks Data Set~~

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

DEFINITIONS INTRODUCTION (RETIRED)

Change to Supporting Information: Changed Description

~~Class Definitions~~

~~All the classes that appear within the NHS data standards logical data model. Each class contains its nationally agreed definition, all of its attributes and all the relationships it has with other classes.~~**This item has been retired from the NHS Data Model and Dictionary.**

~~Attribute Definitions~~**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

~~All the attributes of the classes that appear within the NHS data standards logical data model. Each attribute contains its nationally agreed definition which may also include its agreed National Codes or classifications and a clickable 'data' tab, if a data element also exists for it.~~**Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.**

~~Data Elements~~

~~Data elements which may be supported by an attribute definition i.e. the data element has the same name as an attribute, be a derived item which is derivable from attributes or only exists as a data element.~~

~~Where a data element is supported by an attribute definition, such as the national codes to be used in that data element exist in an attribute, then there will be a link to that attribute through a 'definition' tab.~~

~~Data elements are used in the completion of Datasets, CDS, Hospital Episode Statistics and Central Returns. The data element information comprises format and field length, Hospital Episode Statistics name if applicable, National Codes or classifications and useful notes clarifying the selected data element.~~

~~NHS Business Definitions~~

~~These contain the business rules for recording NHS activity and will be of particular relevance to NHS Information Professionals.~~

DEVELOPMENT MESSAGES (RETIRED)

Change to Supporting Information: Changed Description

~~The NHS DMDS Team have a continuous program of message development and several "Draft" mesages are available.~~

~~For further information please contact the DMDS Helpdesk.~~**This item has been retired from the NHS Data Model and Dictionary.**

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

DIABETES DATA SET TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

~~Diabetes Data Set (Summary Core)~~

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

DOSE GIVEN DATE (RETIRED)

Change to Supporting Information: Changed Description

~~Dose Given Date~~ ~~is an~~ ~~ACTIVITY DATE TIME.~~**This item has been retired from the NHS Data Model and Dictionary.**

~~The date an immunisation dose is given.~~**The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.**

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

EXPECTED DELIVERY DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

FULL POSTNATAL EXAMINATION DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

GENERIC DATA SET TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic. uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

HOSPITAL EPISODE STATISTICS (RETIRED)

Change to Supporting Information: Changed Description

~~HOSPITAL EPISODE STATISTICS (HES)~~

~~Introduction~~

~~The data for the Department of Health Hospital Episode Statistics data warehouse are extracted from the Commissioning Data Set at the NHS-Wide Clearing Service (NWCS).~~ **This item has been retired from the NHS Data Model and Dictionary.**

~~Hospital Episode Statistics and what they are used for~~

~~The Hospital Episode Statistics required by the Department of Health cover every finished CONSULTANT, NURSE and MIDWIFE episode in England (including regular day and night admissions) within the financial year, from 1 April to 31 March. Finished episodes must contain all the relevant clinical data. Hospital Episode Statistics also includes an Annual Census of episodes unfinished at midnight on 31 March, and the Psychiatric Census, a subset of the Annual Census, which contains additional data items. Hospital Episode Statistics will also cover out-patient and accident and emergency data backdated to 1 April 2003, extracted from the Out-Patent Attendance and Accident and Emergency Attendance Commissioning Data Set Types. The data warehouse represents an invaluable national source of information about patterns of treatment in hospitals throughout England as well as providing epidemiological data about diseases and operative procedures.~~ **The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

~~Hospital Episode Statistics data are published annually and are also used to feed into other published statistics including the Compendium of Clinical and Health Indicators (formerly the Public Health Common Dataset) and the Performance Indicators. Within the Department of Health, the main uses of the data include policy development, resource allocation, performance management, accountability to public and parliament and monitoring of health and healthcare variations. In addition, Hospital Episode Statistics data are widely used by clinical and other researchers, both within and outside the Department of Health. There is pressure to increase both the timeliness and completeness of the Hospital Episode Statistics data set.~~

~~Further information can be obtained from the Hospital Episode Statistics website: http://www.dh.~~**Access to this version can be obtained by emailing information.standards@hscic.**~~gov.uk/PublicationsAndStatistics/Statistics/HospitalEpisodeStatistics/fs/en~~

~~How Hospital Episode Statistics data are processed~~

~~Data records must be lodged with the NHS-Wide Clearing Service regularly and routinely, preferably on a monthly basis.~~

~~Extracts for the Hospital Episode Statistics data warehouse are taken at prearranged times each quarter and these dates are published on the ClearNET website and elsewhere. http://clearnet.mhapp.nhs.uk/iclearnet.html~~

~~These quarterly extracts are generally taken one month apart in order to reduce the burden on the NHS. A&E data will be extracted to a similar timetable, initially six months in arrears but moving to quarterly extracts.~~

~~Data is extracted as cumulative quarters throughout the period 1 April - 31 March and the entire year's data is taken again - as an 'annual refresh' - approximately eight weeks after the end of the year for admitted patient data and 12 weeks after the end of the year for out-patient data.~~

~~It is expected that at each of the extract dates the records are as complete as possible both in terms of the overall activity and the completion of the relevant data items. Unfinished and psychiatric census episodes for the whole year, which form part of the admitted patient data, are taken at the same time as the annual refresh.~~

~~Before being incorporated into the main Hospital Episode Statistics data warehouse, all data are subject to a complex sequence of checks, as follows:~~

INTRAUTERINE DEVICE APPLICATION DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

INTRAUTERINE DEVICE FITTED DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KA34 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KA34 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KA34: Ambulance Services

Contextual Overview

- The Department of Health requires summary details from NHS Health Care Providers on ambulance activity. The return provides performance management measures of response time; these are also required by trusts for ambulance service internal monitoring and for defining service agreements.

- The information originally monitored: '*Your guide to the NHS*' targets and the standards introduced following a review of ambulance performance standards in 1996-97. The standards required that, by 2001, all ambulance services would be expected to reach 75% of immediately life-threatening calls within 8 minutes, with further progress thereafter.

- The information is required to inform strategic policy development, to provide data to the Healthcare Commission for performance and activity assessment, to ensure that Spending Review bids reflect changes to overall demand and to inform the development of ambulance trust reference costs.

- Information based on the return is published annually in the Department of Health Statistical Bulletin '*Ambulance services, England*'.

Completing Return KA34: Ambulance Services

- The central return KA34 is completed by NHS Health Care Providers - Trusts providing an Ambulance Service.

  An Ambulance Service is a type of ORGANISATION providing organisational arrangements for provision of PATIENT transport services.

- The return KA34 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 one month of the end of the year to which it relates. For the year 2004/05 changes were introduced mid-year; the first 6 months collect information on Emergency Calls Category B & C together while the second 6 months collect information on Category B & C separately. Subsequent years collect information on Emergency Calls Category B & C separately throughout the year.

- The return requires the ~~ORGANISATION CODE~~ and ~~ORGANISATION NAME~~ of the NHS Ambulance Trust - the NHS ~~Health Care Provider~~ of the Ambulance Service.

- The return requires information on:

  a. ~~Emergency Calls:~~
     ~~The following are subdivided by Category A, B & C.~~
     i. ~~Total number of emergency calls received in the year;~~
     ii. ~~The number of calls that resulted in an emergency response arriving at the scene of the incident;~~
     iii. ~~The number of calls that resulted in an emergency response arriving at the scene of the incident within 8 minutes (from 1 October 2004 this is no longer required for Category C calls);~~
     iv. ~~The number of calls where following the arrival of an emergency response no ambulance is required;~~
     v. ~~The number of calls that resulted in an ambulance able to transport a~~ ~~PATIENT~~ ~~arriving at the scene of the incident (from 1 October 2004 this is no longer required for Category C calls);~~
     vi. ~~The number of calls that resulted in an ambulance able to transport a~~ ~~PATIENT~~ ~~arriving at the scene of the incident within specified urban or rural target response times (from 1 October 2004 this is no longer requi for Category C calls).~~
  b. ~~Patient Journeys: Emergency:~~
     i. ~~Total number of emergency~~ ~~PATIENT TRANSPORT JOURNEYS~~ ~~sub-divided by Categories A, B & C.~~
  c. ~~Patient Journeys: Urgent:~~
     i. ~~Total number of urgent~~ ~~PATIENT~~ ~~journeys~~
     ii. ~~Arrival time in relation to requested arrival time: number not more than 15 minutes late~~
  d. ~~Patient Journeys: Non-Urgent:~~
     i. ~~Total number of special or planned journeys~~

KA34 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KA34 2 (RETIRED)

Change to Supporting Information: Changed Description

~~Central Return Form Guidance (retired)~~

~~KA34 - Ambulance Services~~

~~Part 1: Emergency Calls~~

- ~~Part 1 of KA34 requires information on~~ ~~Emergency Transport Requests~~ ~~by~~ ~~RESPONSE CATEGORY~~ ~~Include any~~ ~~Urgent Transport Requests~~, ~~Special Transport Requests~~ ~~and~~ ~~Planned Transport Requests~~ ~~which, after interrogation and the agreement of the caller, are treated as~~ ~~Emergency Transport Requests~~.

- ~~An~~ ~~Emergency Transport Request~~ ~~is a~~ ~~TRANSPORT REQUEST~~ ~~where the~~ ~~TRANSPORT REQUEST TYPE~~ ~~is National Code 01 'Emergency Transport Request'.~~
  ~~Category A: Immediately Life Threatening Calls (column 4)~~

- ~~A count of the number of~~ ~~Emergency Transport Requests~~ ~~with a~~ ~~RESPONSE CATEGORY~~ ~~classification of 'Category A: immediately life threatening'.~~

  ~~Category B&C: Other Emergency Calls (column 5)~~

- ~~A count of the total number of~~ ~~Emergency Transport Requests~~ ~~with a~~ ~~RESPONSE CATEGORY~~ ~~classification~~

of 'Category B: serious but not immediately life threatening and Category C: other emergency calls which are not immediately life threatening or serious This count applies to calls from April to September 2004.

Category B. (column 6)

- A count of the number of Emergency Transport Requests with a RESPONSE CATEGORY classification of 'Category B: serious but not immediately life threatening'.

Category C. (column 7)

- A count of the number of Emergency Transport Requests with a RESPONSE CATEGORY classification of 'Category C: other emergency calls which are not immediately life threatening'.

Total number of Emergency Calls (line 01)

- This line counts the total number of Emergency Transport Requests received. If there have been multiple calls to an incident, count all calls in this line. From 1 October 2004, requests classified as Category B and Category C are recorded separately.

Number of calls resulting in an emergency response arriving at the scene of the incident (line 02)

- This line counts the number of Emergency Transport Requests for which a RESPONSE TIME - NON-AMBULANCE or RESPONSE TIME - AMBULANCE has been recorded. From 1 October 2004 Categories A, B and C are recorded separately.

Number of calls resulting in an emergency response arriving at the scene of the incident within 8 minutes (line 03)

- This line counts the number of Emergency Transport Requests for which a RESPONSE TIME - NON-AMBULANCE or RESPONSE TIMES - AMBULANCE has been recorded and the response time is less than or equal to 8 minutes and 0 seconds. From 1 October 2004 this detail is not required for Category C.

  The response time is the elapsed time from receipt of an emergency call to the time that an emergency response vehicle (ambulance or non-ambulance) arrives at the scene of the incident. The clock starts when the following details about the call have been ascertained (which may be prior to allocation of the despatch code):

  a.   caller's telephone number
  b.   exact location of the incident
  c.   nature of the chief complaint.

  The clock stops when the emergency response vehicle (ambulance or non-ambulance) arrives at the scene of the incident.

- Where both a RESPONSE TIME - NON-AMBULANCE and a RESPONSE TIMES - AMBULANCE have been recorded for the same Emergency Transport Requests, then the shortest recorded response time should be used to determine if response time is less than or equal to 8 minutes and 0 seconds.

- If there have been multiple calls to an incident, count only one call per incident in this line.

Number of calls where following the arrival of an emergency response no ambulance is required (line 04)

- This line counts the number of Emergency Transport Requests with a FIRST RESPONSE AMBULANCE CANCELLED classification of 'Yes, ambulance cancelled as no longer required'. If there have been multiple calls to an incident, count only one call per incident in this line. From 1 October 2004 the Categories A, B and C are recorded separately.

Number of calls resulting in an ambulance able to transport a patient arriving at the scene of the incident (line 05)

- This line counts the number of Emergency Transport Requests for which a RESPONSE TIMES - AMBULANCE has been recorded. If there have been multiple calls to an incident, count only one call per incident in this line. From 1 October 2004 this detail is not required for Category C.

Number of calls resulting in an ambulance able to transport a patient arriving at the scene of the incident within 14 minutes (Urban Services) and 19 minutes (Rural Services) (line 06)

- This line counts the number of Emergency Transport Requests for which a RESPONSE TIMES - AMBULANCE has been recorded and the response time is:

  a.   less than or equal to 14 minutes and 0 seconds for an Ambulance Service with an URBAN OR RURAL INDI classification of 'Urban'.

  or

  b.   less than or equal to 19 minutes and 0 seconds for an Ambulance Service with an URBAN OR RURAL INDI classification of 'Rural'.

  From 1 October 2004 this detail is not required for Category C.

  The response time is the elapsed time from receipt of an emergency call, to the time that the ambulance arrives at the scene of the incident. The clock starts when the following details about the call have been ascertained (which may be prior to allocation of the despatch code):

  a.   caller's telephone number
  b.   exact location of the incident
  c.   nature of the chief complaint.

  The clock stops when the ambulance arrives at the scene of the incident.

- If there have been multiple calls to an incident, count only one call per incident in this line.

- Note that both RESPONSE TIME - NON-AMBULANCE and RESPONSE TIMES - NON-AMBULANCE count towards the 8 minute standard, but only RESPONSE TIMES - AMBULANCE counts towards the 14/19 minute standard.

Part 2: Patient Journeys: Emergency (Categories A, B&C)
Total number of emergency patient journeys (line 07, column 7)

- This counts the total number of patient journeys made as a result of Emergency Transport Requests for all RESPONSE CATEGORIES. Each patient conveyed is counted as an individual emergency patient journey. Include any Urgent Transport Requests, Special Transport Requests and Planned Transport Requests which, after interrogation and the agreement of the caller, are treated as Emergency Transport Requests.

- Column 9 counts the total for Category A.
  Column 10 counts the total for Category B & C combined for the period April to September 2004.
  Column 11 counts the total for Category B from October 2004.
  Column 12 counts the total for Category C from October 2004.

Part 3: Patient Journeys: Urgent

- Exclude any Urgent Transport Requests which, after interrogation and the agreement of the caller, are treated as Emergency Transport Requests.

Total number of urgent patient journeys (line 08, column 14)

- This counts the total number of PATIENT TRANSPORT JOURNEYS made as a result of Urgent Transport Requests.

Arrival Time in relation to Requested Arrival Time: Number not more than 15 minutes late (line 09, column 14)

- This counts the total number of PATIENT TRANSPORT JOURNEYS made as a result of Urgent Transport Requests, where the difference between the ARRIVAL TIME REQUESTED and the actual ARRIVAL TIME recorded is 15 minutes or less.

An Urgent Transport Request is a TRANSPORT REQUEST where the TRANSPORT REQUEST TYPE is National Code 02 'Urgent Transport Request'.

- This counts the total number of PATIENT TRANSPORT JOURNEYS made as a result of Special Transport Requests and Planned Transport Requests.

  Special Transport Request and Planned Transport Request are both a TRANSPORT REQUEST where the TRANSPORT REQUEST TYPE is National Code 03 '*Special Transport Request*'.

- Exclude any Special Transport Requests and Planned Transport Requests which, after interrogation and the agreement of the caller, are treated as Emergency Transport Requests or Urgent Transport Requests

KH03A 1 (RETIRED) renamed from KH03A 1

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

This item has been retired from the NHS Data Model and Dictionary.

The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

KH03A 1 (RETIRED) renamed from KH03A 1

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

Central Return Form Guidance

KH03a - Adult Intensive Care and High Dependency Provision

Contextual Overview

- The Department of Health requires accurate information on adult intensive care beds and high dependency beds to support policy developments and to monitor provision.

- The KH03 return collects data by broad ward classification, and a ward classed as intensive care may have a mixture of intensive care, high dependency and other beds. The KH03a will provide more accurate information on the distribution, type and availability of adult intensive care and high dependency beds.

  Completing Return KH03a - Adult Intensive Care and High Dependency Provision

- The return KH03a is a census of available adult intensive care and high dependency beds carried out on 15 January and 15 July. Returns are submitted within two weeks of the census dates - by 28 January and 28 July at the latest.

- A return is required from each NHS Health Care Provider.

- The return requires the ORGANISATION CODE and ORGANISATION NAME of the NHS Health Care Provider as well as the name of the contact and the contact telephone and fax number.

- Beds should be counted as either intensive care or high dependency to avoid double counting of provision. The number of each type of bed in AUGMENTED CARE LOCATION CODE National Code 12 '*Combined High Dependency and Intensive Care Unit; the beds and staff for the two units are geographically in the same area*', should be entered in the appropriate section of the return. If beds are available but unoccupied in a combined unit that offers this flexible provision, trusts should record the highest level of care they could provide based on the staff available.

- The return requires information on the number of available adult intensive care and high dependency beds

in each trust at the date of the census. Beds are classified as available if they are either occupied or ready to take a patient. Beds not currently funded or which are closed due to staff sickness or vacancies should be excluded. However, beds not officially funded but used for IC/HD care on the census day should be counted and an explanation given on the front of the form.

- A note should be attached to the return if the number of beds has changed since the last return or if beds are funded but closed temporarily.

- Beds in the following AUGMENTED CARE LOCATION CODES are excluded from this return:

    09   *Cardiac Care Unit: otherwise referred to as a Coronary Care Unit*
    13   *Post operative Recovery Unit: this includes a theatre recovery area - (but note that longer term IC or HD recovery beds, separate to theatres, should be included in the relevant specialist or general lines)*
    16   *Renal Unit: this includes an in-patient kidney dialysis unit, but excludes general nephrology or urology war*
    17   *Not otherwise specified:*

- Adult beds are WARD AVAILABLE BED in a WARD with a CLINICAL CARE INTENSITY of National Code 11 *'for intensive therapy, including high dependency care'*, which is not a WARD assigned to an AGE GROUP INTENDED of National Code 1 *'Neonates'* or 2 *'Children and/or adolescents'*.

KH03A 1 (RETIRED) renamed from KH03A 1

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

- Changed Description
- Changed   Name   from Data_Dictionary.Messages.Central_Return_Forms.Hospital_Aggregated_Statistics.KH03A.kh03a_1   to Retired.Data_Dictionary.Messages.Central_Return_Forms.Hospital_Aggregated_Statistics.KH03A.kh03a_1
- Retired kh03a 1

KH03A 2 (RETIRED) renamed from KH03A 2

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

This item has been retired from the NHS Data Model and Dictionary.

The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

KH03A 2 (RETIRED) renamed from KH03A 2

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

Central Return Form Guidance

KH03a - Adult Intensive Care and High Dependency Provision

General Beds

- Enter the WARD BED AVAILABILITY for the following AUGMENTED CARE LOCATION CODES. The classifications of the attribute INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR of WARD BED AVAILABILITY identifies whether the total number of beds resourced and available for use is for intensive care beds or high dependency beds. This enables it to be separately reported.

General IC unit or general HD unit: Intensive Care

    01   *General Intensive Care Unit: adult intensive care, including wards labelled as surgical or medical ICU, but excluding the specialised units identified below. General Intensive Care Units may provide a mixture of HE ICU level care.*

General IC unit or general HD unit: High Dependency

05   *High Dependency Unit.*

Combined IC and HD unit: Intensive Care

12   *Combined High Dependency and Intensive Care Unit; the beds and staff for the two units are geographica the same area.*

            Enter the number of adult intensive care beds available.

Combined IC and HD unit: High Dependency

12   *Combined High Dependency and Intensive Care Unit; the beds and staff for the two units are geographica the same area.*

            Enter the number of adult high dependency beds available.

Combined IC or HD and coronary care unit: Intensive Care

11   *Combined Coronary and Intensive Care Unit; the beds and staff for the two units are geographically in the area.*

            Do not include beds being used for coronary care on the census day in this count.

Combined IC or HD and coronary care unit: High Dependency

10   *Combined High Dependency and Coronary Care Unit; the beds and staff for the two units are geographica the same area.*

            Do not include beds being used for coronary care on the census day in this count.

Other general HD beds not in a unit

17   *Not otherwise specified.*

            Record here the number of adult general beds outside of a designated unit providing high dependency car the census date. These beds may be in a separate bay in a ward, such as surgical recovery beds.

Specialist Beds

- **Enter the WARD BED AVAILABILITY for the following AUGMENTED CARE LOCATION CODES. The attribute INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR of WARD BED AVAILABILITY identifies whether the total number of beds resourced and available for use is for intensive care beds or high dependency beds. This enables it to be separately reported.**

- **In the appropriate box(es), indicate whether the unit is a combined IC/HD unit, as identified by the IC OR HD UNIT INDICATOR classification of *A combined intensive care and high dependency unit*.**

Cardiothoracic unit: Intensive Care

02   *Cardiothoracic Intensive Care Unit; this includes those units labelled as separate cardiac or thoracic units.*

            Enter the number of adult intensive care beds available.

Cardiothoracic unit: High Dependency

02   *Cardiothoracic Intensive Care Unit; this includes those units labelled as separate cardiac or thoracic units.*

            Enter the number of adult high dependency beds available.

Liver unit: Intensive Care

03   *Liver Intensive Care Unit.*

            Enter the number of adult intensive care beds available.

Liver unit: High Dependency

03   *Liver Intensive Care Unit.*

            Enter the number of adult high dependency beds available.

Neurological (neurosciences) unit: Intensive Care

04   *Neurological Intensive Care Unit.*

             Enter the number of adult intensive care beds available.

Neurological (neurosciences) unit: High Dependency

04   *Neurological Intensive Care Unit.*

             Enter the number of adult high dependency beds available.

Spinal injury unit: Intensive Care

14   *Spinal Injury Intensive Care Unit; this is a unit designated for critical care rather than a spinal injury ward*

             Enter the number of adult intensive care beds available.

Spinal injury unit: High Dependency

14   *Spinal Injury Intensive Care Unit; this is a unit designated for critical care rather than a spinal injury ward*

             Enter the number of adult high dependency beds available.

Burns unit: Intensive Care

15   *Burns Critical Care Unit; this includes all special care burns facilities other than short term post-operative areas.*

             Enter the number of adult intensive care beds available.

Burns unit: High Dependency

15   *Burns Critical Care Unit; this includes all special care burns facilities other than short term post-operative areas.*

             Enter the number of adult high dependency beds available.

Other specialist HD beds not in a unit

17   *Not otherwise specified.*

             Record here the number of adult specialist beds outside of a designated unit providing high dependency ca
             the census date. These beds may be in a separate bay in a ward, such as surgical recovery beds.

Total general and specialist beds

- Enter the total of WARD AVAILABLE BEDS for each of the AUGMENTED CARE LOCATION CODES in
  paragraphs 1 and 2, making sure that the column totals equal the sum of the column lines.

KH03A 2 (RETIRED) renamed from KH03A 2

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

- Changed Description
- Changed   Name   from
  Data_Dictionary.Messages.Central_Return_Forms.Hospital_Aggregated_Statistics.KH03A.kh03a_2   to
  Retired.Data_Dictionary.Messages.Central_Return_Forms.Hospital_Aggregated_Statistics.KH03A.kh03a_2
- Retired kh03a 2

KH06 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

KH06 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06 - Demand for Elective Admission: Events Occurring during the Quarter (Provider Based)

Contextual Overview

1. The Department requires performance management measures of waiting times by HQ and Regional Offices.

2. Information on the return is used in Public Expenditure Survey (PES) negotiations and supports, risk analysis, the production of in-patient and out-patient modelling and Departmental accountability.

3. The Department also uses this information to help monitor national waiting list trends. These are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more effectively.

4. Information based on the return is not published directly, however the details are used to confirm the provider based waiting list statistics.

Completing Return KH06 - Demand for Elective Admission: Events Occurring during the Quarter

5. The return KH06 is provider-based and is submitted by NHS Trusts and Primary Care Trusts regardless of where the PATIENTS live. The returns are for all PATIENTS waiting for admission to NHS hospitals, excluding planned admissions i.e. it includes PATIENTS who are:

- private patients
- PATIENTS from overseas

6. KH06 relates to ELECTIVE ADMISSION LIST events - that is, all the ELECTIVE ADMISSION LIST ENTRIES added as the result of a DECISION TO ADMIT, and all the removals from the ELECTIVE ADMISSION LIST during the period. The return is sub-divided into ordinary admissions and admissions that are intended to be day case admissions. Admissions are classified by TREATMENT FUNCTION CODE.

7. Note that PATIENTS waiting for tissue or organ transplants are classified as Suspended Patients and are excluded from the central return.

8. Suspended patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.

9. A table is provided with the return KH06 to help you make consistency checks with KH07 and KH07A. The difference line should be zero if all the data are consistent.

10. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data collected at TREATMENT FUNCTION CODE level. Returns must be submitted by the fifteenth working day after the end of the quarter.

KH06 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

KH06 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06 - Demand for Elective Admission: Events Occurring during the Quarter (Provider Based)

Part 1: Ordinary Admissions

2. Part 1 of KH06 should be completed for admissions intended to be treated as ordinary admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions To Admit (i.e Patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of the total PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients admitted via a full booking system

6. A count of PATIENTS admitted during the period via a full booking system. These PATIENTS are identified as having an ADMISSION BOOKING SYSTEM TYPE classification of 'Full booking system'. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients failed to attend

7. A count of PATIENTS who have not attended for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOME of National Code 4 'Patient failed to arrive'. Do not include self-deferred admissions.

Removals other than admissions

8. A count of PATIENTS removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 'Patient admitted as an emergency for the same condition', 3 'Patient died' or 4 'Patient removed for other reasons'.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06 - Demand for Elective Admission: Events Occurring during the Quarter (Provider Based)

Part 1: Ordinary Admissions - continued

2. Part 1 of KH06 should be completed for admissions intended to be treated as ordinary admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions To Admit (i.e Patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST ENTRY who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of the total PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients admitted via a full booking system

6. A count of PATIENTS admitted during the period via a full booking system. These PATIENTS are identified as having an ADMISSION BOOKING SYSTEM TYPE classification of 'Full booking system'. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients failed to attend

7. A count of PATIENTS who have not attended for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOME of National Code 4 'Patient failed to arrive'. Do not include self-deferred admissions.

Removals other than admissions

8. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an

ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 'Patient admitted as an emergency for the same condition', 3 'Patient died' or 4 'Patient removed for other reasons'.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06 4 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06 4 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06 - Demand for Elective Admission: Events Occurring during the Quarter, Provider Based

Part 2: Day Case Admissions

2. Part 2 of KH06 should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions To Admit (i.e Patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of the total PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients admitted via a full booking system

6. A count of PATIENTS admitted during the period via a full booking system. These PATIENTS are identified as having an ADMISSION BOOKING SYSTEM TYPE classification of 'Full booking system'. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 'Patient admitted - treatment deferred'.

Patients failed to attend

7. A count of PATIENTS who have not attended for admission and have failed to tell the hospital in advance

that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOME of National Code 4 *'Patient failed to arrive'*. Do not include self-deferred admissions.

Removals other than admissions

8. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 *'Patient admitted as an emergency for the same condition'*, 3 *'Patient died'* or 4 *'Patient removed for other reasons'*.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06 5 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06 5 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

Central Return Form Guidance

KH06 - Demand for Elective Admission: Events Occurring during the Quarter, Provider Based

Part 2: Day Case Admissions - continued

2. Part 2 of KH06 should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions To Admit (i.e Patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of the total PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 *'Patient admitted - treatment completed'*. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 *'Patient admitted - treatment deferred'*.

Patients admitted via a full booking system

6. A count of PATIENTS admitted during the period via a full booking system. These PATIENTS are identified as having an ADMISSION BOOKING SYSTEM TYPE classification of *'Full booking system'*. Count all

PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 *'Patient admitted - treatment completed'*. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOME of National Code 5 *'Patient admitted - treatment deferred'*.

Patients failed to attend

7. A count of PATIENTS who have not attended for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOME of National Code 4 *'Patient failed to arrive'*. Do not include self-deferred admissions.

Removals other than admissions

8. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 *'Patient admitted as an emergency for the same condition'*, 3 *'Patient died'* or 4 *'Patient removed for other reasons'*.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06 6 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06 6 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06 - Demand for Elective Admission: Events Occurring during the Quarter, Provider Based

Checking consistency with the KH07

Before submitting the returns, the data on KH06, KH07 and KH07A should be checked for consistency. PATIENTS waiting at the end of the year should be equivalent to PATIENTS waiting at the end of last year plus additions made to the list during the year less the number of PATIENTS admitted during the year less the number of removals during the year for other reasons.

To provide a complete match, account has to be taken of the number of Suspended Patients at the end of the year (e.g. due to medical suspension). The Totals table provided is to assist in making the checks. The difference line should be zero if all data is consistent. Small differences e.g. below 100 can be ignored. Check for any differences greater than 100. There is a box provided to enter explanations of the differences.

Each period of suspension for a PATIENT from an ELECTIVE ADMISSION LIST ENTRY is recorded by an ELECTIVE ADMISSION SUSPENSION DETAIL with the LIST SUSPENSION START DATE and LIST SUSPENSION END DATE recording the start and end points of the period. Where no LIST SUSPENSION END DATE is present then the period of suspension is still on going.

To calculate the number of Suspended Patients at the end of the year:

a a count of the number of PATIENTS at the year end date who had an ELECTIVE ADMISSION SUSPENSION DETAIL with a LIST SUSPENSION START DATE before or equal to the year end date and no recorded LIST SUSPENSION END DATE i.e. a current on going period of suspension as at the year end

plus

b a count of the number of PATIENTS at the year end date who had an ELECTIVE ADMISSION SUSPENSION DETAIL with a LIST SUSPENSION START DATE before or equal to the year end date and a LIST SUSPENSION END DATE after the year end date.

KH06R 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06R 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based) (deleted)

Contextual Overview

2. The Department requires performance management measures of waiting times, by HQ and Regional Offices. The Department uses this information to help monitor national waiting list trends. These are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more efficiently.

3. Information on the return is also used in Public Expenditure Survey (PES) negotiations and supports, risk analysis, the production of in-patient and out-patient modelling and Departmental accountability.

4. Information based on the return is not published directly; however, the details are used to confirm the responsible population based waiting list statistics.

Completing Return KH06R - Demand for Elective Admission: Events Occurring During the Quarter

5. The KH06R return is submitted by Primary Care Trusts and is based on the population for which the Primary Care Trust is responsible This includes all patients registered with GPs who form part of the Primary Care Trust, including those who are not resident within the Primary Care Trusts geographical area. If a PATIENT waiting for admission to hospital does not have an NHS GENERAL PRACTITIONER, the responsible Primary Care Trust is determined by the postcode of the PATIENTS home. PATIENTS treated under out of area treatments (OATs) are exceptions, who should be counted by the 'main commissioner'. This is normally the Primary Care Trust with the highest value of Service Agreements with the NHS Trust.

6. KH06R requires information only about waiting list admissions and booked admissions. Do not include planned admissions.

7. The Primary Care Trust return indicates the experience of PATIENTS for whom the Primary Care Trust is responsible in terms of their waiting times for admission to hospital, and includes NHS funded PATIENTS waiting for admission either to private or to other non-NHS establishments.

8. Note that PATIENTS waiting for tissue or organ transplants are classified as Suspended Patients and are excluded from the central return.

9. Suspended patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.

10. The return excludes:

    - private patients
    - PATIENTS from overseas.

11. HA based returns should count a PATIENT once, whether or not the PATIENT is on the waiting lists of two or more NHS Trusts for the same condition.

12. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data at TREATMENT FUNCTION CODE level. Returns must be submitted by the thirtieth working day after the end of the quarter.

KH06R 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06R 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based) (deleted)

Part 1: Ordinary Admissions

2. Part 1 of KH06R should be completed for intended ordinary admissions.

    Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

    Number of Decisions to Admit (i.e. patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

    Patients Admitted

5. A count of PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those

PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOMES of National Code 5 'Patient admitted - treatment deferred'.

Patients failed to attend

6. A count of PATIENTS who have not turned up for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOMES of National Code 4 'Patient failed to arrive'. Do not include self-deferred admissions.

Removals other than admissions

7. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 'Patient admitted as an emergency for the same condition', 3 'Patient died' or 4 'Patient removed for other reasons'.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06R 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06R 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based) (deleted)

Part 1: Ordinary Admissions - continued

2. Part 1 of KH06R should be completed for intended ordinary admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions to Admit (i.e. patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 'Patient admitted - treatment completed'. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOMES of National Code 5 'Patient admitted - treatment

deferred'.

Patients failed to attend

6. A count of PATIENTS who have not turned up for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOMES of National Code 4 *'Patient failed to arrive'.* Do not include self-deferred admissions.

Removals other than admissions

7. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 *'Patient admitted as an emergency for the same condition'*, 3 *'Patient died'* or 4 *'Patient removed for other reasons'.*

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06R 4 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH06R 4 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based) (deleted)

Part 2: Day Case Admissions

2. Part 2 of KH06R should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions to Admit (i.e patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 *'Patient admitted - treatment completed'.* Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOMES of National Code 5 *'Patient admitted - treatment deferred'.*

Patients failed to attend

6. A count of PATIENTS who have not turned up for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOMES of National Code 4 *'Patient failed to arrive'*. Do not include self-deferred admissions.

Removals other than admissions

7. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 *'Patient admitted as an emergency for the same condition'*, 3 *'Patient died'* or 4 *'Patient removed for other reasons'*.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH06R 5 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH06R 5 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based) (deleted)

Part 2: Day Case Admissions - continued

2. Part 2 of KH06R should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Number of Decisions to Admit (i.e patients added to the list)

4. A count of PATIENTS on the ELECTIVE ADMISSION LIST who are classified as booked admissions or waiting list admissions and who have been added to an ELECTIVE ADMISSION LIST with a DECIDED TO ADMIT DATE since the last CENSUS DATE.

Patients Admitted

5. A count of PATIENTS admitted during the period. Count all PATIENTS identified as having an ADMISSION OFFER OUTCOME of National Code 1 *'Patient admitted - treatment completed'*. Also include those PATIENTS who have been admitted and then are subsequently sent home without treatment. i.e. PATIENTS with an ADMISSION OFFER OUTCOMES of National Code 5 *'Patient admitted - treatment deferred'*.

Patients failed to attend

6. A count of PATIENTS who have not turned up for admission and have failed to tell the hospital in advance that they will not be coming. These PATIENTS are identified as having an ADMISSION OFFER OUTCOMES of National Code 4 'Patient failed to arrive'. Do not include self-deferred admissions.

Removals other than admissions

7. A count of ELECTIVE ADMISSION LIST ENTRIES removed from the ELECTIVE ADMISSION LIST during the period, for reasons other than admission. These are identified as entries that were removed on an ELECTIVE ADMISSION LIST REMOVAL DATE within the reporting period having an ELECTIVE ADMISSION LIST REMOVAL REASON of National Codes 2 'Patient admitted as an emergency for the same condition', 3 'Patient died' or 4 'Patient removed for other reasons'.

It does not include suspended patients as they have not been removed from the ELECTIVE ADMISSION LIST.

KH07 1 (RETIRED)

Change to Supporting Information: Changed Description

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KH07 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the End of the Quarter (Provider Based)

Contextual Overview

2. The Department requires performance management measures of waiting times by HQ and Regional Offices on a Health Care Provider basis. The information is used for monitoring Health Authorities and NHS Trusts. The resulting statistics on 'waiting times' are used to help develop policies and indicate changes that enable ELECTIVE ADMISSION LISTS to be managed more efficiently.

3. Information on the return is also used in Public Expenditure Survey (PES) negotiations and supports, risk analysis, the production of in-patient and out-patient modelling and Departmental accountability.

4. Information on the return is published in the Quarterly Review, Hospital Waiting List Statistics: England, Health and Personal Social Services, and the Annual Reports.

Completing the Return KH07 - Demand for Elective Admission: Position at the End of the Quarter

5. The return KH07 is provider-based and is submitted by NHS Trusts and Primary Care Trusts regardless of where the PATIENTS live. The returns are for all PATIENTS waiting for admission to NHS hospitals, i.e. include PATIENTS who are:

- private patients
- PATIENTS from overseas

6. KH07 gives the status of the waiting list showing the number of PATIENTS awaiting elective admission at

the end of a three month period - on 30 June, 30 September, 31 December and 31 March at 12 midnight.

7. Note that PATIENTS waiting for tissue or organ transplants are classified as Suspended Patients and are excluded from the central return.

8. Suspended patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.

9. A table is provided with the return KH06 to help you make consistency checks with KH07 and KH07A. The difference line should be zero if all the data are consistent.

10. All four quarterly returns require data collected at TREATMENT FUNCTION CODE level. Returns must be submitted by the fifteenth working day after the end of the quarter.

KH07 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the End of the Quarter (Provider Based)

Part 1: Ordinary Admissions

2. Part 1 of KH07 should be completed for intended ordinary admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are classified as Suspended Patients and should be excluded.

Patients waiting for admission by months waiting

5. The waiting time for each PATIENT on the ELECTIVE ADMISSION LIST is calculated as the time period between the ORIGINAL DECIDED TO ADMIT DATE and the date at the end of the applicable period for the return. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.

If the PATIENT has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

If the PATIENT initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an ADMISSION OFFER OUTCOME of National Codes 4 *'Patient failed to arrive'* or 2 *'Admission cancelled by, or on behalf of, the patient'* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time Periods

7. The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

KH07 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the End of the Quarter (Provider Based)

Part 1: Ordinary Admissions - continued

2. Part 1 of KH07 should be completed for intended ordinary admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are classified as Suspended Patients and should be excluded.

Patients waiting for admission by months waiting

5. The waiting time for each PATIENT on the ELECTIVE ADMISSION LIST is calculated as the time period between the ORIGINAL DECIDED TO ADMIT DATE and the date at the end of the applicable period for the return. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.

If the PATIENT has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

If the PATIENT initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an ADMISSION OFFER OUTCOME of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, the patient' (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time Periods

7. The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

KH07 4 (RETIRED)

Change to Supporting Information: Changed Description

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KH07 4 (RETIRED)

Change to Supporting Information: Changed Description

KH07 - Demand for Elective Admission: Position at the End of the Quarter (Provider Based)

Part 1: Ordinary Admissions - continued

2. Part 1 of KH07 should be completed for intended ordinary admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are classified as Suspended Patients and should be excluded.

Patients waiting for admission by months waiting

5. The waiting time for each PATIENT on the ELECTIVE ADMISSION LIST is calculated as the time period between the ORIGINAL DECIDED TO ADMIT DATE and the date at the end of the applicable period for the return. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSIONS (their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. Patients with an ADMISSION OFFER OUTCOME of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, the patient' (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSION from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time Periods

7. The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

FINAL TOTAL

9. The total by column of all ordinary admission patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES.

KH07 5 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07 5 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the end of the Quarter (Provider Based)

Part 2: Day Case Admissions

2. Part 2 of KH07 should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are classified as Suspended Patients and should be excluded.

Patients waiting for admission by months waiting

5. The waiting time for each PATIENT on the ELECTIVE ADMISSION LIST is calculated as the time period between the ORIGINAL DECIDED TO ADMIT DATE and the date at the end of the applicable period for the return. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSION from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. Patients with an ADMISSION OFFER OUTCOME of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, the patient' (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time Periods

7. The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

KH07 6 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07 6 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the end of the Quarter (Provider Based)

Part 2: Day Case Admissions - continued

2. Part 2 of KH07 should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are classified as Suspended Patients and should be excluded.

Patients waiting for admission by months waiting

5. The waiting time for each PATIENT on the ELECTIVE ADMISSION LIST is calculated as the time period between the ORIGINAL DECIDED TO ADMIT DATE and the date at the end of the applicable period for the return. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.

If the PATIENT has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

If the PATIENT initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSION from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. Patients with an ADMISSION OFFER OUTCOME of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, the patient' (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time Periods

7. The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

KH07 7 (RETIRED)

Change to Supporting Information: Changed Description

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KH07 7 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07 - Demand for Elective Admission: Position at the end of the Quarter (Provider Based)

Part 2: Day Case Admissions - continued

2. Part 2 of KH07 should be completed for admissions intended to be treated as day case admissions.

Main Specialty Function and Code

3. ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of PATIENTS with an ELECTIVE ADMISSION LIST ENTRY who have been classified as booked admissions or waiting list admissions. This count excludes planned admissions or Suspended Patients. In addition, note that PATIENTS waiting for an organ transplant or an unrelated bone marrow transplant are

classified as ~~Suspended Patients~~ ~~and should be excluded.~~

~~**Patients waiting for admission by months waiting**~~

5. ~~The waiting time for each~~ ~~PATIENT~~ ~~on the~~ ~~ELECTIVE ADMISSION LIST~~ ~~is calculated as the time period between the~~ ~~ORIGINAL DECIDED TO ADMIT DATE~~ ~~and the date at the end of the applicable period for the return. This is still the case if the~~ ~~PATIENT~~ ~~is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.), and please note that the waiting time is then made the responsibility of the receiving provider.~~

~~If the~~ ~~PATIENT~~ ~~has been suspended at all during this time, the period(s) of suspension should be subtracted from the total waiting time. If the~~ ~~PATIENT~~ ~~is transferred to another provider the~~ ~~WAITING PERIOD EXCLUSION~~ ~~(their aggregate suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the~~ ~~PATIENT.~~

~~If the~~ ~~PATIENT~~ ~~initiates a transfer between providers themselves, where there is no agreement for the transfer between the providers, the waiting time is re-set from the~~ ~~DECIDED TO ADMIT DATE~~ ~~for the new provider. Also, any~~ ~~WAITING PERIOD EXCLUSIONS~~ ~~from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.~~

6. ~~Patients with an~~ ~~ADMISSION OFFER OUTCOME~~ ~~of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, patient' (deferred admissions) are included in the count but the waiting time is calculated differently. After the~~ ~~OFFERED FOR ADMISSION DATE~~ ~~has passed, the waiting time is calculated as the difference between the date at the end of the period and the~~ ~~OFFERED FOR ADMISSION DATE~~ ~~that the~~ ~~PATIENT~~ ~~turned down or failed to keep. Therefore, the~~ ~~ORIGINAL DECIDED TO ADMIT DATE~~ ~~will no longer be used to calculate the start of the waiting time, and any~~ ~~WAITING PERIOD EXCLUSIONS~~ ~~from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.~~

~~**Time Periods**~~

7. ~~The periods listed - 3-5 months, 6-8 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.~~

~~**Page total**~~

8. ~~The total by column of all patients waiting admission and patients waiting for admission by months waiting for all the~~ ~~TREATMENT FUNCTION CODES~~ ~~appearing on the page.~~

~~**FINAL TOTAL**~~

9. ~~The total by column of all day case admission patients waiting admission and Patients waiting for admission by months waiting for all the~~ ~~TREATMENT FUNCTION CODES.~~

KH07A 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07A 1 (RETIRED)

Change to Supporting Information: Changed Description

~~Central Return Form Guidance (retired)~~

KH07A - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter (Provider Based) (deleted)

Contextual Overview

2. The Department requires performance management measures of waiting times on a Health Care Provider basis. The Department uses the information from this return to help monitor national waiting list trends. These are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more effectively.

3. Information based on the return is not published directly, however, the details are used to confirm the provider based waiting list statistics.

Completing the Return KH07A - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter

4. The return KH07A is provider-based and submitted by NHS Trust and Primary Care Trust regardless of where the PATIENTS live. The return includes all deferred and suspended patients, including those who are:

- private PATIENTS
- PATIENTS from overseas.

5. The return is sub-divided into deferred admissions and suspended patients each of which are then divided into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions. Deferred admissions and suspended patients should be counted by TREATMENT FUNCTION CODE.

Deferred admissions

6. Deferred admissions are PATIENTS with an ADMISSION OFFER OUTCOME of National Codes 4 'Patient failed to arrive' or 2 'Admission cancelled by, or on behalf of, the patient'.

7. A PATIENT can only be included in the count of deferred admissions once the offered date for admission has passed. This means that PATIENTS who have self-deferred during the period but whose offered admission dates have not passed at the CENSUS DATE are not included. Note that PATIENTS who have self-deferred a planned admission are excluded from this return.

Suspended patients

8. Suspended Patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.

9. The inclusion of suspended patients in KH07A allows the data in KH06 and KH07 to be checked for consistency. PATIENTS waiting at the end of the period should be equivalent to PATIENTS waiting at the end of the last period plus the number of additions and minus the number of PATIENTS admitted in the period or removed from the ELECTIVE ADMISSION LIST for other reasons. For the figures to balance, suspended patients must also be taken into account.

10. A table is provided with the return KH06 to help you make consistency checks with KH07 and KH07A. The difference line should be zero if all the data are consistent.

11. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data collected at TREATMENT FUNCTION CODE level. Returns must be submitted by the fifteenth working day after the end of the quarter.

KH07A 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH07A 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07A - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter (Provider Based) (deleted)

Main Specialty Function and Code

2. Deferred admissions and suspended patients should be counted by TREATMENT FUNCTION CODE.

Deferred admission

3. A count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who have had an OFFER OF ADMISSION during the period and who are still waiting for admission because they refused the offer or who failed to arrive. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Patients suspended

4. This gives a total count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who are currently a suspended patient. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Page total

5. The total by column of all Deferred admissions and PATIENTS suspended for all the TREATMENT FUNCTION CODES appearing on the page.

KH07A 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH07A 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07A - Demand for Elective Admission: Number of Patients who have deferred

admission waiting at the end of the Quarter (Provider Based) (deleted)

Main Specialty Function and Code

2. Deferred admissions and suspended patients should be counted by TREATMENT FUNCTION CODE.

Deferred admission

3. A count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who have had an OFFER OF ADMISSION during the period and who are still waiting for admission because they refused the offer or who failed to arrive. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Patients suspended

4. This gives a total count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who are currently suspended patients. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Page total

5. The total by column of all Deferred admissions and Patients suspended for all the TREATMENT FUNCTION CODES appearing on the page.

FINAL TOTAL

6. The total by column of all Deferred admissions and Patients suspended for all the TREATMENT FUNCTION CODES.

KH07AR 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

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KH07AR 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07AR - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter (Responsible Population Based) (deleted)

Contextual Overview

2. The Department requires HQ and Strategic Health Authority to manage waiting time performance. The Department uses the information from this return to help monitor national waiting list trends. These are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more effectively.

3. Information on the return is not published directly; however, the details are used to confirm the responsible population based waiting list statistics.

Completing the Return KH07AR - Demand for Elective Admission: Number of Patients who

have deferred admission waiting at the end of the Quarter

4. The return KH07AR is submitted by NHS Trust and Primary Care Trust and is based on the population for which the NHS Trust or Primary Care Trust is responsible. This includes all patients registered with GPs who form part of the Primary Care Trust including those who are not resident within the Primary Care Trust geographical area. If a patient waiting for admission to hospital does not have an NHS GP, the responsible Primary Care Trust is determined by the postcode of the PATIENT's home. PATIENTS treated under out of area treatments (OATs) are exceptions, who should be counted by the 'main commissioner'. This is normally the Primary Care Trust with the highest value of Service Agreements with the NHS Trust.

5. KH07AR requires information only about waiting list admissions and booked admissions. Planned admissions are excluded.

6. The return indicates the experience of PATIENTS for whom the Primary Care Trust is responsible in terms of their waiting times for admission to hospital, and includes NHS funded PATIENTS waiting for admission either to private or to other non-NHS establishments.

7. The return is sub-divided into deferred admissions and suspended patients each of which are then divided into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions. Deferred admissions and suspended patients should be counted by TREATMENT FUNCTION CODE.

Deferred admissions

8. Deferred admissions are patients with an ADMISSION OFFER OUTCOME of *Patient failed to arrive* or *Admission cancelled by, or on behalf of, patient*.

9. A PATIENT can only be included in the count of deferred admissions once the offered date for admission has passed. This means that PATIENTS who have self-deferred during the period but whose offered admission dates have not passed at the CENSUS DATE are not included. Note that PATIENTS who have self-deferred a planned admission are excluded from this return.

Suspended patients

10. Suspended Patients are PATIENTS who have been suspended from the ELECTIVE ADMISSION LIST for medical reasons or who are unavailable for admission for a specified period because of family commitments, holidays or other reasons. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval. The return excludes:

   - private PATIENTS
   - PATIENTS from overseas.

11. HA based returns should count a PATIENT once, whether or not the PATIENT is on the waiting lists of two or more NHS Trust for the same condition.

12. The inclusion of suspended patients in KH07AR allows the data in KH06R and QF01 to be checked for consistency. PATIENTS waiting at the end of the period should be equivalent to PATIENTS waiting at the end of the last period plus the number of additions and minus the number of PATIENTS admitted in the period or removed from the ELECTIVE ADMISSION LIST for other reasons. For the figures to balance, suspended patients must also be taken into account.

13. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data at TREATMENT FUNCTION CODE level. Returns must be submitted by the thirtieth working day after the end of the quarter.

KH07AR 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

KH07AR 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07AR - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter (Responsible Population Based) (deleted)

Main Specialty Function and Code

2. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODE.

Deferred admission

3. A count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who have had an OFFER OF ADMISSION during the period and who are still waiting for admission because they refused the offer or who failed to arrive. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Patients suspended

4. A count of PATIENTS that have an ELECTIVE ADMISSION LIST ENTRY at the CENSUS DATES who are currently a suspended patient. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Page total

5. The total by column of all Deferred admissions and Patients suspended columns for all the TREATMENT FUNCTION CODES appearing on the page.

KH07AR 3 (RETIRED)

Change to Supporting Information: Changed Description

KH07AR 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH07AR - Demand for Elective Admission: Number of Patients who have deferred admission waiting at the end of the Quarter (Responsible Population Based) (deleted)

Main Specialty Function and Code

2. The ELECTIVE ADMISSION LIST ENTRIES should be counted by TREATMENT FUNCTION CODES.

Deferred admission

3. A count of all PATIENTS on an ELECTIVE ADMISSION LIST at the CENSUS DATE who have had an OFFER OF ADMISSION during the period and who are still waiting for admission because they refused the offer or who failed to arrive. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Patients suspended

4. A count of PATIENTS that have an ELECTIVE ADMISSION LIST ENTRY at the CENSUS DATES who are currently suspended patients. The figures are split into those intended to be treated as ordinary admissions and those intended to be treated as day case admissions.

Page total

5. The total by column of all Deferred admissions and Patients suspended for all the TREATMENT FUNCTION CODES appearing on the page.

FINAL TOTAL

6. The total by column of all Deferred admissions and Patients suspended for all the TREATMENT FUNCTION CODES.

KH09 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

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KH09 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH09 - Consultant Outpatient Attendance Activity and Accident and Emergency Services Activity (deleted)

Contextual Overview

2. The Department requires data about out-patient activity, split between the various TREATMENT FUNCTION CODES. Accident and Emergency Services summary activity is also collected.

3. The return provides Performance Management information on the ratios of FIRST ATTENDANCES to subsequent attendances, and the level of PATIENTS who do not attend for their appointments (DNAs). The information on DNAs is used to monitor any progress in their reduction.

4. Information on the return is published annually in the *'Hospital Activity Statistics'* and *'Out-Patients and Ward Attenders England'* bulletins.

Completing Return KH09 - Consultant Outpatient Attendance Activity & Accident and Emergency Services Activity

5. KH09 is both a quarterly and annual return. The quarterly return relates to activity taking place during the quarter and should be submitted within 15 working days of the end of the quarter to which it relates.

   The annual return relates to activity taking place over a 12 month period, between 1 April of one year and 31 March of the following year and should be submitted within two months of the end of the year to which it relates.

6. Part 1 of the return is completed by NHS Trust and Primary Care Trust providing out-patient services on one or more sites. Part 2 of the return is completed by NHS Trust and Primary Care Trust providing accident and emergency services on one or more sites. A nil return is required where such services are not provided by the trust.

7. Part 1 of the return records information on all Out-Patient Attendances Consultant taking place within the quarter/year, whether taking place within a Consultant Clinic Session or outside a session. The only proviso is that the PATIENT must have seen a CONSULTANT (or a doctor acting for the CONSULTANT) for examination or treatment. In addition, the return records information where the PATIENTS did not attend their appointments which should have taken place within the quarter/year.

8. Domiciliary visits for which a fee is payable, however, should not be classified as Out-Patient Attendance Consultant, they are excluded from central return KH09. Other visits to the PATIENT's normal place of residence (whether home or nursing home etc.) should be counted.

9. Part 2 of the form gives a summary picture of Accident and Emergency Attendances taking place within the quarter/year.

   Each Accident and Emergency Attendance and Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is respectively National Code 01 '*Accident And Emergency Attendance*' and 27 '*Out-Patient Attendance Consultant*'.

KH09 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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KH09 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH09 - Consultant Outpatient Attendance Activity and Accident and Emergency Services Activity (deleted)

Part 1: Consultant Outpatient Attendance Activity
Specialty

2. The consultant attendances should be counted by TREATMENT FUNCTION CODE.

3. Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

First Attendances - Seen

4. ~~A count of all~~ ~~Out-Patient Attendances Consultant~~ ~~which are~~ ~~FIRST ATTENDANCE~~ ~~with an~~ ~~ATTENDANCE DATE~~ ~~within the quarter/year. The count includes private patients. The~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~records whether a~~ ~~PATIENT~~ ~~is a private or NHS patient and should be the~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~which is current at the date of the~~ ~~ATTENDANCE DATES~~~~.~~

   ~~An~~ ~~Out-Patient Attendance Consultant~~ ~~is a~~ ~~CARE CONTACT~~ ~~where~~ ~~CARE CONTACT TYPE~~ ~~is National Code 27~~ ~~'Out-Patient Attendance Consultant'.~~ ~~ATTENDANCE DATE~~ ~~is the same as attribute~~ ~~ACTIVITY DATE~~ ~~of~~ ~~ACTIVITY DATE TIME~~ ~~where~~ ~~ACTIVITY DATE TIME TYPE~~ ~~is National Code 33 'Attendance Date' records the date of each attendance.~~ ~~FIRST ATTENDANCE~~ ~~is the first i.e. the only attendance or earliest dated attendance in the series of attendances.~~

   ## ~~First Attendances - DNA (Did Not Attend)~~

5. ~~This is really counting appointments which would have resulted in First Attendances, had the~~ ~~PATIENT~~ ~~not failed to attend. Hence it is a count of all~~ ~~Out-Patient Appointments~~ ~~where for the~~ ~~Out-Patient Appointment~~~~:~~

   - ~~ATTENDED OR DID NOT ATTEND~~ ~~is either National Code 3 'Did Not Attend - no advance warning given' or 7 'Patient arrived late and could not be seen'~~

     ~~and~~

   - ~~the~~ ~~APPOINTMENT DATE~~ ~~of the~~ ~~Out-Patient Appointment~~ ~~is within the quarter/year~~

     ~~and~~

   - ~~there is no~~ ~~Out-Patient Attendance Consultant~~ ~~with a~~ ~~FIRST ATTENDANCE~~ ~~present for the patient. or~~

     ~~where an~~ ~~Out-Patient Attendance Consultant~~ ~~which is a~~ ~~FIRST ATTENDANCE~~ ~~is present for the patient but the~~ ~~APPOINTMENT DATE~~ ~~precedes the~~ ~~ATTENDANCE DATE~~ ~~of the Out-Patient Attendance Consultant.~~

   ~~The count includes private~~ ~~PATIENTS.~~ ~~The~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~records whether a~~ ~~PATIENT~~ ~~is a private or NHS patient and should be the~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~which is current at the date of the~~ ~~ATTENDANCE DATES~~~~.~~

   ## ~~Subsequent Attendances - Seen~~

6. ~~A count of all~~ ~~Out-Patient Attendances Consultant~~ ~~which are not~~ ~~FIRST ATTENDANCE~~ ~~i.e. follow-up attendances with an~~ ~~ATTENDANCE DATE~~ ~~within the quarter/year. The count includes private patients. The~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~records whether a~~ ~~PATIENT~~ ~~is a private or NHS patient and should be the~~ ~~ADMINISTRATIVE CATEGORY CODE~~ ~~which is current at the date of the~~ ~~ATTENDANCE DATES~~~~.~~

   ~~An~~ ~~Out-Patient Attendance Consultant~~ ~~is a~~ ~~CARE CONTACT~~ ~~where~~ ~~CARE CONTACT TYPE~~ ~~is National Code 27~~ ~~'Out-Patient Attendance Consultant'.~~ ~~ATTENDANCE DATE~~ ~~is the same as attribute~~ ~~ACTIVITY DATE~~ ~~of~~ ~~ACTIVITY DATE TIME~~ ~~where~~ ~~ACTIVITY DATE TIME TYPE~~ ~~is National Code 33 'Attendance Date' records the date of each attendance. Attendances which are not~~ ~~FIRST ATTENDANCE~~ ~~are not the first or only attendance in the series of attendances.~~

   ## ~~Subsequent Attendances - DNA (Did Not Attend)~~

7. ~~A count of all~~ ~~Out-Patient Appointments Consultant~~ ~~where for the~~ ~~Out-Patient Appointment~~~~:~~

   - ~~ATTENDED OR DID NOT ATTEND~~ ~~is either National Code 3 'Did Not Attend - no advance warning given' or 7 'Patient arrived late and could not be seen'~~

     ~~and~~

   - ~~the~~ ~~APPOINTMENT DATE~~ ~~of the~~ ~~Out-Patient Appointment~~ ~~is within the quarter/year~~

     ~~and~~

- there is an Out-Patient Attendance Consultant which is a FIRST ATTENDANCE present for the patient with an ATTENDANCE DATE which precedes that of APPOINTMENT DATE of the Out-Patient Appointment.

The count includes private PATIENTS. The ADMINISTRATIVE CATEGORY CODE records whether a PATIENT is a private or NHS patient and should be the ADMINISTRATIVE CATEGORY CODE which is current at the date of the APPOINTMENT DATE of the Out-Patient Appointment.

KH09 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

KH09 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

KH09 - Consultant Outpatient Attendance Activity and Accident and Emergency Services Activity (deleted)

Part 1: Consultant Outpatient Attendance Activity - continued
Specialty

2. The consultant attendances should be counted by TREATMENT FUNCTION CODE.

3. Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

First Attendances - Seen

4. A count of all Out-Patient Attendances Consultant which are FIRST ATTENDANCE with an ATTENDANCE DATE within the quarter/year. The count includes private patients. The ADMINISTRATIVE CATEGORY CODE records whether a PATIENT is a private or NHS patient and should be the ADMINISTRATIVE CATEGORY CODE which is current at the date of the ATTENDANCE DATES.

An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 'Out-Patient Attendance Consultant'. ATTENDANCE DATE is the same as attribute ACTIVITY DATE of ACTIVITY DATE TIME where ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date' records the date of each attendance. FIRST ATTENDANCE is the first i.e. the only attendance or earliest dated attendance in the series of attendances.

First Attendances - DNA (Did Not Attend)

5. This is really counting appointments which would have resulted in First Attendances, had the PATIENT not failed to attend. Hence it is a count of all Out-Patient Appointments where for the Out-Patient Appointment:

- ATTENDED OR DID NOT ATTEND is either National Code 3 'Did Not Attend - no advance warning given' or 7 'Patient arrived late and could not be seen'

and

- o the APPOINTMENT DATE of the Out-Patient Appointment is within the quarter/year

  and

- o there is no Out-Patient Attendance Consultant which is a FIRST ATTENDANCE present for the patient.
  or
  where an Out-Patient Attendance Consultant which is a FIRST ATTENDANCE is present for the patient but the APPOINTMENT DATE precedes the ATTENDANCE DATE of the Out-Patient attendance Consultant.

The count includes private PATIENTS. The ADMINISTRATIVE CATEGORY CODE records whether a PATIENT is a private or NHS patient and should be the ADMINISTRATIVE CATEGORY CODE which is current at the date of the ATTENDANCE DATES.

Subsequent Attendances - Seen

6. A count of all Out-Patient Attendances Consultant which are not FIRST ATTENDANCE i.e. follow-up attendances with an ATTENDANCE DATE within the quarter/year. The count includes private patients. The ADMINISTRATIVE CATEGORY CODE records whether a PATIENT is a private or NHS patient and should be the ADMINISTRATIVE CATEGORY CODE which is current at the date of the ATTENDANCE DATES.

An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 'Out-Patient Attendance Consultant'. ATTENDANCE DATE is the same as attribute ACTIVITY DATE of ACTIVITY DATE TIME where ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date' records the date of each attendance. Attendances which are not FIRST ATTENDANCE are not the first or only attendance in the series of attendances.

Subsequent Attendances - DNA (Did Not Attend)

7. A count of all Out-Patient Appointments Consultant where for the Out-Patient Appointment:

- o ATTENDED OR DID NOT ATTEND is either National Code 3 'Did Not Attend - no advance warning given' or 7 'Patient arrived late and could not be seen'

  and

- o the APPOINTMENT DATE of the Out-Patient Appointment is within the quarter/year

  and

- o there is an Out-Patient Attendance Consultant which is a FIRST ATTENDANCE present for the patient with an ATTENDANCE DATE which precedes that of APPOINTMENT DATE of the Out-Patient Appointment.

The count includes private PATIENTS. The ADMINISTRATIVE CATEGORY CODE records whether a PATIENT is a private or NHS patient and should be the ADMINISTRATIVE CATEGORY CODE which is current at the date of the APPOINTMENT DATE of the Out-Patient Appointment.

Total

8. This is the total of all First Attendances (Seen and Did Not Attend) and Subsequent Attendances (Seen and Did Not Attend) for all TREATMENT FUNCTION CODES.

Total Private Patient Attendances

9. A count of all Out-Patient Attendances Consultant with an ATTENDANCE DATE within the quarter/year and where the ADMINISTRATIVE CATEGORY CODE is National Code 02 'Private patient, one who uses accommodation or services authorised under section 65 and/or 66 of the NHS Act 1977 (Section 7(10) of Health and Medicine Act 1988 refers) as amended by Section 26 of the National Health Service and Community Care Act 1990' at the date of the ATTENDANCE DATES.

Part 2: Accident and Emergency Services Activity

10. The second part of KH09 asks for a count of the total number of Accident and Emergency Attendances at Accident and Emergency Departments, divided into first attendances and follow-up attendances.

An Accident and Emergency Attendance is a CARE CONTACT where CARE CONTACT TYPE is National Code 01 'Accident And Emergency Attendance'.

A first attendance is the first within an Accident and Emergency Department for a given injury or condition and is identified by A and E ATTENDANCE CATEGORY National Code 1 'First Accident and Emergency Attendance – the first in a series, or the only attendance, in a particular Accident and Emergency Episode'.

A follow-up attendance is identified by A AND E ATTENDANCE CATEGORY National Code 2 'Follow-up Accident and Emergency Attendance – planned: a subsequent planned attendance at the same department, and for the same incident as the first attendance' and 3 'Follow-up Accident and Emergency Attendance – unplanned: a subsequent unplanned attendance at the same department, and for the same incident as the first attendance'.

MEDICAL & DENTAL PRACTICE CODES (RETIRED)

Change to Supporting Information: Changed Description

MEDICAL AND DENTAL PRACTICE CODES

The information contained on this page is no longer current and was removed in DSCN 22/2006 "Organisation Codes / Organisation Site Codes". The information can now be found at:This item has been retired from the NHS Data Model and Dictionary.

- ORGANISATION CODE

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.
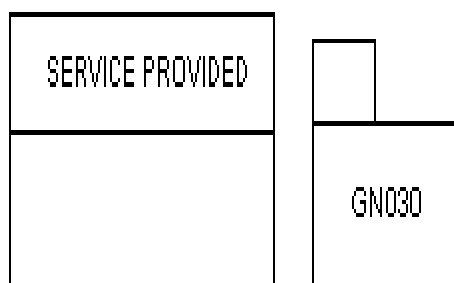
MENTAL HEALTH CARE ASSESSMENT DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

MENTAL HEALTH DATA SET TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

Mental Health Minimum Data Set

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model

and Dictionary - Archive Request' in the email Subject line.

MESSAGES INTRODUCTION (RETIRED)

Change to Supporting Information: Changed Description

~~MESSAGES INTRODUCTION~~

~~Messages are the physical implementation of data collection, be it the message content of the database.~~

~~CDS and HES~~
~~Guidance on completion of Commissioning Data Sets (CDS) not yet consolidated within CDS.~~ This item has been retired from the NHS Data Model and Dictionary.

~~Hospital Episode Statistics~~ ~~(HES) for information purposes (HES is now extracted automatically from the NHS-wide Clearing Service database).~~ The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~Data Sets~~
~~The primary purpose of national data sets is to enable the same health information to be generated across the country independent of the organisation or system that captures it.~~ Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~XML Messages~~
~~The NHS Data Dictionary will be enhanced to enable XML schemas to be published in a format that will allow them to be exported to an appropriate XML tool for message development.~~

MESSAGES MENU (RETIRED)

Change to Supporting Information: Changed Description

~~XML Messaging Standards:~~
- ~~Introduction~~

~~Commissioning Data Set Messages:~~
- ~~Commissioning Data Set XML Message Schema Versions~~
  - ~~April 2005: CDS Version NHS005 Type List~~
  - ~~April 2001 to March 2005: CDS Version NHS003 and 4 Type List~~

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

MISCARRIAGE DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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Change to Supporting Information: Changed Description

~~Model Cross-References~~

~~Classes in one model view may appear in others. If the role of the class in another model view is significant, the identifier of the other model view is place alongside the class. For example, in Model View Diagram GN050 Service Provided for Treatment Courses and Visits, class SERVICE PROVIDED has the identifier GN030 placed alongside it. This indicates that Model View Diagram GN030 NHS Service Agreements is of significance to the use of class SERVICE PROVIDED within GN050.~~This item has been retired from the NHS Data Model and Dictionary.

~~An example of a model cross-reference in diagrams is given below:~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NATIONAL JOINT REGISTRY DATA SET TYPE LIST (RETIRED)

Change to Supporting Information: Changed Description

National Joint Registry Data Set

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NAVIGATION (RETIRED)

Change to Supporting Information: Changed Description

The NHS Data Model and Dictionary has been developed as a web based publication, for presentation compatible with browsers upwards from Internet Explorer version 4.0 and Netscape Navigator version 4.0. The standard navigation buttons of both these browsers are active and work as normal.This item has been retired from the NHS Data Model and Dictionary.

Text which is displayed in blue indicates a clickable and active link.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Please note that for easy access to all of the contents of the NHS Data Model and Dictionary, we have created a new 'All Items Index', which lists alphabetically the whole contents of the dictionary.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

In addition to the standard browser navigation buttons, certain screens will display with their own tabs. If these are used they will navigate you within the publication rather than the overall browser. For example, click on the relationships tab within a class window and this will display the relationship list for that class (if one is present). Click on the 'description' tab to navigate back to the class definition.

Recommended Screen Display Settings

If you use a 14 or 15 inch monitor the recommended display setting to view this web publication is 800 x 600. If you use a 17 monitor, or above, the recommended screen setting is 1024 x 768.

NHS ADMINISTRATIVE CODES (RETIRED)

Change to Supporting Information: Changed Description

ORGANISATION CODING FRAMES

NHS Organisation Codes
The information contained on this page is no longer current and was removed in DSCN 22/2006 "Organisation Codes / Organisation Site Codes". The information can now be found at:

- ORGANISATION CODE

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NHS DATA MODEL AND DICTIONARY ITEMS (RETIRED)

Change to Supporting Information: Changed Description

~~The NHS Data Dictionary and the NHS Data Manual were originally published separately. The elements of both these publications have been consolidated into one browsable integrated publication called the NHS Data Model and Dictionary.~~This item has been retired from the NHS Data Model and Dictionary.

~~NHS Data Standards~~

~~The NHS Data Model and Dictionary gives common definitions and guidance to support the sharing, exchange and comparison of information across the NHS. The common definitions, known as data standards, are used in commissioning and make up the base currency of Commissioning Data Sets. On the monitoring side, they support comparative data analysis, preparation of performance tables, and data returned to the Department of Health. NHS data standards also support clinical messages, such as those used for pathology and radiology. NHS data standards are presented as a logical data model, ensuring that the standards are consistent and integrated across all NHS business areas.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~NHS data standards should not just be seen as supporting the collection of data on a consistent basis throughout the NHS. They also have an important role in supporting the flow and quality of information used in different parts of the NHS so that health care professionals are presented with the relevant information where and when it is required. An example of this is the linking of all records about a PATIENT collected in different parts of the NHS, to be available to a health CARE PROFESSIONAL wherever the PATIENT attends to be seen for treatment, thus facilitating the Electronic Patient Record.~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~Changes to NHS Data Standards are published as Information Standards Notices by the Information Standards Board for Health and Social Care.~~

~~The NHS Data Model and Dictionary Items~~

~~Classes~~	~~Each Class contains its nationally agreed definition, the Attributes associated with that Class and the relationships it has with other Classes.~~ ~~Classes~~
~~Attributes~~	~~Each Attribute contains its nationally agreed definition and may also include its National Codes or classifications and a clickable 'Data Element' tab if a Data Element is based on the Attribute.~~ ~~Attributes~~
~~Data Elements~~	~~Data Elements may be supported by an Attribute definition i.e. the Data Element has the same name as an Attribute; be a derived item which is derivable from Attributes; or only exist as a Data Element.~~ ~~Data Elements~~
~~NHS Business Definitions~~	~~Each NHS Business Definition consists of freestanding text which describes an aspect of NHS activity and provides an outline of the business rules which should be applied to the activity.~~ ~~NHS Business Definitions~~
~~Commissioning Data Sets~~	~~The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service.~~ ~~Commissioning Data Sets Overview~~
~~Central Return Data Sets~~	~~The development of Central Return Data Sets supports: information requirements of national and local performance management, planning and clinical governance; assurance of the quality of health and social care services and the monitoring of National Service Frameworks (NSFs).~~ ~~Central Return Data Sets Introduction~~
~~Central Return Forms~~	~~The Department of Health uses the information gathered from Central Returns to monitor service provision at a high level and to support trend analysis for health service activity and health needs assessment.~~ ~~Central Return Forms Introduction~~
~~Diagrams~~	~~The NHS Data Model and Dictionary has a small set of diagrams which represent parts of the NHS Data Model. The diagrams show the relationships between the classes and the relationship cardinality.~~ ~~Diagrams Introduction~~
~~Supporting Information~~	~~Supporting Information provides information to help users understand the NHS Data Model and Dictionary.~~ ~~Supporting Information Introduction~~

NHS ORGANISATION CODES TABLES (RETIRED)

Change to Supporting Information: Changed Description

~~NHS ORGANISATION CODES TABLES~~

~~The information contained on this page is no longer current and was removed in DSCN 22/2006 "Organisation Codes / Organisation Site Codes". The information can now be found at:~~

- ~~ORGANISATION CODE~~
- ~~ORGANISATION SITE CODE~~
- ~~ORGANISATION DEPARTMENT CODE~~

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

PATIENT INFORMED OF OUTCOME DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

PERSON SMOKING CESSATION EPISODE (RETIRED)

Change to Supporting Information: Changed Description

~~Person Smoking Cessation Episode is an ACTIVITY GROUP.~~This item has been retired from the NHS Data Model and Dictionary.

~~A period of time during which a PERSON attempts to stop smoking. During this time, it is expected that the PERSON will set a quit date. The episode starts when the PERSON presents themselves to the Stop Smoking Service and ends either when it is confirmed that the PERSON has stopped smoking, or has ceased to attempt to give up smoking, whichever is the earlier.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~References: HSC 1999/087 New NHS Smoking Cessation Services, April 1999~~
~~Department of Health Monitoring Return: Smoking Cessation Services, April 2001~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

PRACTITIONER CODES (RETIRED)

Change to Supporting Information: Changed Description

~~PRACTITIONER CODES~~

~~The information contained on this page is no longer current and was removed in DSCN 22/2006 "Organisation Codes / Organisation Site Codes". The information can now be found at:~~This item has been retired from the NHS

Data Model and Dictionary.

- DOCTOR INDEX NUMBER
- GENERAL DENTAL PRACTITIONER CODE
- GENERAL MEDICAL COUNCIL REFERENCE NUMBER

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

PUBLICATION DETAIL (RETIRED)

Change to Supporting Information: Changed Description

Publication Version This item has been retired from the NHS Data Model and Dictionary.

NavigationThe last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Link to DSCNs Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NHS Data Model and Dictionary Items

The NHS CDS Manual

Contact Details

Disclaimer

Publication Feedback

PUBLICATION REFERENCE (RETIRED)

Change to Supporting Information: Changed Description

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Document Reference Number	2002-IA-983
Date of Issue	December 2002

PUBLICATION VERSION (RETIRED)

Change to Supporting Information: Changed Description

The version number is held at the individual element level, which means that a Change Log can be held for each Attribute, Data Element, Central Return Form, Commissioning Data Set message etc.This item has been retired from the NHS Data Model and Dictionary.

Classes have been treated slightly differently as they have been broken down into three separate sections, one

each for its description, attribute and relationship list, and each will have its own Change Log and version number. The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Version Number Structure

Each version number is composed of 3 numbers, e.g. Version 3.5.1. Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

The first number reflects the version number of the publication as a whole (currently version 3), and will only change when there is a major new release of whole NHS Data Model and Dictionary.

The second number changes whenever the individual element has been affected by a nationally approved change, currently published in DSCNs. In this example the element has been changed by three DSCNs, each of which will be listed in the Change Log.

The third number is incremented whenever a minor patch change is made to the element, for instance to make a simple typographical change to the text, which would not normally need to go through the usual standards approval mechanism. These minor changes will not appear in the Change Log.

QF01 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission.Position at the End of the Quarter (Responsible Population Based)

Contextual Overview

2. The Department requires performance management measures of waiting times, by HQ and Regional Offices.

3. The information is used for monitoring Health Authorities. The resulting statistics on waiting times are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more effectively.

4. Information on the return is also used in Public Expenditure Survey (PES) negotiations and supports, risk analysis, the production of in-patient and out-patient modelling and Departmental accountability.

5. Information based on the return is published in the statistics press notice and in the quarterly book, *Hospital Waiting List Statistics (Responsible Population Based)*.

Completing Return QF01 - Demand For Elective Admission.Position at the End of the Quarter

6. The return QF01 is submitted by Health Authorities and is based on the population for which the Health Authority is responsible. This includes all patients registered with GPs who form part of Primary Care Groups and Primary Care Trusts for which the Health Authority is responsible including those who are not resident within the Health Authorities geographical area. If a PATIENT waiting for admission to hospital does not have an NHS GENERAL PRACTITIONER, the responsible Primary Care Group or Primary Care Trust is determined by the postcode of the PATIENT's home. The Health Authorities geographical area is divided up among its Primary Care Groups and Primary Care Trusts for this purpose. The responsible Health Authority is then determined from the Primary Care Group's or Primary Care Trusts line of accountability, as usual. PATIENTS treated under out of area treatments (OATs) are exceptions, who should be counted by the `main commissioner'. This is normally the Health Authority with the highest value of Service Agreements with the NHS Trust.

7. QF01 requires counts only of those PATIENTS on an ELECTIVE ADMISSION LIST who have been classified as waiting list admissions and Booked admissions. Planned Admissions and suspended patients are excluded.

   Waiting list admissions and booked admissions are identified by those PATIENTS on an ELECTIVE ADMISSION LIST with an ELECTIVE ADMISSION LIST ENTRY where the ELECTIVE ADMISSION TYPE classification is '*Waiting list admission*' or '*Booked admission*'.

   Planned Admissions are identified by those PATIENTS on an ELECTIVE ADMISSION LIST with an ELECTIVE ADMISSION LIST ENTRY where the ELECTIVE ADMISSION TYPE classification is '*Planned admission*'.

   Suspended Patients are identified by those PATIENTS who have an ELECTIVE ADMISSION LIST ENTRY for which there is a current active ELECTIVE ADMISSION SUSPENSION DETAIL i.e. there is no LIST SUSPENSION END DATE which indicates that the period of suspension is still in force. During this period of suspension a PATIENT on an ELECTIVE ADMISSION LIST is unavailable for admission and therefore should not be given an OFFER OF ADMISSION for that interval.

8. The Health Authority return indicates the experience of PATIENTS for whom the Health Authority is responsible in terms of their waiting times for admission to hospital, and includes NHS funded PATIENTS waiting for admission either to private or to other non-NHS establishments.

9. The return excludes:

   - Private patients
   - Patients from overseas.

10. Health Authority based returns should count a PATIENT once, whether or not the PATIENT is on the waiting lists of two or more NHS Trust for the same condition.

11. The return relates to the position at the end of a three month period, the first quarter starting on 1 April, and the last quarter ending on 31 March. All four quarterly returns require data at TREATMENT FUNCTION CODE level. Returns must be submitted by the fifteenth working day after the end of the quarter.

QF01 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 2 (RETIRED)

Change to Supporting Information: Changed Description

QF01 - Demand For Elective Admission:Position at the End of the Quarter (Responsible Population Based)

Part 1: Ordinary Admissions

2. Part 1 of QF01 refers to PATIENTS intended to be treated as ordinary admissions.

   Ordinary Admissions, are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is '*Patient to stay in hospital for at least one night*'.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to the transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time periods

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total, by column, of all PATIENTS waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

QF01 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission:Position at the End of the Quarter (Responsible Population Based)

Part 1: Ordinary Admissions - continued

2. Part 1 of QF01 refers to PATIENTS intended to be treated as ordinary admissions.

   Ordinary Admissions are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is '*Patient to stay in hospital for at least one night*'.

   Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

   Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

   Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to the transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. Patients with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and

therefore, should not be used for any further waiting time calculations.

Time periods

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total, by column, of all PATIENTS waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

QF01 4 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 4 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission:Position at the End of the Quarter (Responsible Population Based)

Part 1: Ordinary Admissions - continued

2. Part 1 of QF01 refers to PATIENTS intended to be treated as ordinary admissions.

Ordinary Admissions are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is 'Patient to stay in hospital for at least one night'.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE for this provider to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to the transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

If the PATIENT has been suspended at all during this time, the period(s) of suspension should be

deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time periods

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total, by column, of all PATIENTS waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

FINAL TOTAL

9. The total, by column, of all ordinary admission PATIENTS, (see PATIENT CLASSIFICATION), waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES.

QF01 5 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 5 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission:Position at the End of the Quarter (Responsible Population Based)

Part 2: Day Case Admissions

2. Part 2 of QF01 refers to PATIENTS intended to be treated as day case admissions.

Day case admissions are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is '*Patient not to stay in hospital overnight*'.

Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred Admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSIONS (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time periods

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total, by column, of all PATIENTS waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

QF01 6 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

QF01 6 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission.Position at the End of the Quarter (Responsible Population Based)

Part 2. Day Case Admissions - continued

2. Part 2 of QF01 refers to PATIENTS intended to be treated as day case admissions.

   Day case admissions are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is '*Patient not to stay in hospital overnight*'.

   Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

   Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

   Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSIONS (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system

does not round up time periods, as this could give misleading counts.

Page total

8. The total, by column, of all PATIENTS waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

QF01 7 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QF01 7 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission:Position at the End of the Quarter (Responsible Population Based)

Part 2: Day Case Admissions - continued

2. Part 2 of QF01 refers to PATIENTS intended to be treated as day case admissions.

   Day case admissions are identified by PATIENTS with an ELECTIVE ADMISSION LIST ENTRY where the INTENDED MANAGEMENT classification is '*Patient not to stay in hospital overnight*'.

   Main Specialty Function and Code

3. The ELECTIVE ADMISSION LIST ENTRY should be counted by TREATMENT FUNCTION CODE.

   Patients waiting for admission

4. A count of all NHS-funded PATIENTS waiting for admission to NHS or private hospitals who have an OFFER OF ADMISSION. Only PATIENTS with an OFFERED FOR ADMISSION DATE at the date of the census should be counted as waiting with a date. Deferred admissions are not counted as waiting with a date until a future OFFER OF ADMISSION is made.

   Patients waiting for admission by months waiting

5. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to transfer of the PATIENT the waiting time becomes the responsibility of the receiving provider.

   If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSIONS (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

   If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between providers, the waiting time is re-set from the DECIDED TO

ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

6. PATIENTS with an OFFER OF ADMISSION where the ADMISSION OFFER OUTCOME classification is *Patient failed to arrive* or *Admission cancelled by, or on behalf of, the patient* (deferred admissions) are included in the count but the waiting time is calculated differently. After the OFFERED FOR ADMISSION DATE has passed, the waiting time is calculated as the difference between the date at the end of the period and the OFFERED FOR ADMISSION DATE that the PATIENT turned down or failed to keep. Therefore, the ORIGINAL DECIDED TO ADMIT DATE will no longer be used to calculate the start of the waiting time, and any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and should not be used for any further waiting time calculations.

Time periods

7. The periods listed - less than 3 months, 3-5 months and so on - refer to completed whole months, not partially completed ones. For example, in a case where the waiting time is between 5 and 6 months, the 3-5 months box should be used, not the 6-8 months one. Make sure that the hospital computer system does not round up time periods, as this could give misleading counts.

Page total

8. The total by column of all PATIENTS waiting admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES appearing on the page.

FINAL TOTAL

9. The total, by column, of all day case admission PATIENTS, (see PATIENT CLASSIFICATION), waiting for admission and PATIENTS waiting for admission by months waiting for all the TREATMENT FUNCTION CODES.

QF01 8 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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QF01 8 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QF01 - Demand For Elective Admission.Position at the End of the Quarter (Responsible Population Based)

Part 3: Coronary Revascularisation

2. Part 3 of the form collects information on the number of PATIENTS waiting for Coronary Artery Bypass Graft (CABG) and Percutaneous Coronary Angioplasty (PTCA) by months waiting at the end of the quarter in two time periods, 9 - 11 months and 12+ months.

3. The PATIENTS are identified as having an ELECTIVE ADMISSION LIST ENTRY with an Intended Patient Procedure, classified by OPERATIVE PROCEDURE, as being Coronary Artery Bypass Graft (CABG) (OPCS-4 code K40-46) and Percutaneous Coronary Angioplasty (PTCA) (OPCS-4 code K49-50).

An Intended Patient Procedure is a PLANNED ACTIVITY where PLANNED ACTIVITY TYPE is National Code 04 'Intended Patient Procedure'.

4. The waiting time for each applicable PATIENT on an ELECTIVE ADMISSION LIST is calculated from the ORIGINAL DECIDED TO ADMIT DATE to the date at the end of the period. This is still the case if the PATIENT is transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc.). Where the providers have agreed to transfer the PATIENT, the waiting time becomes the responsibility of the receiving provider.

If the PATIENT has been suspended at all during this time, the period(s) of suspension should be deducted from the total waiting time. If the PATIENT is transferred to another provider the WAITING PERIOD EXCLUSION (their aggregated suspended and/or self-deferred periods) will be carried with them, except where the transfer is initiated by the PATIENT.

If the PATIENT initiates a transfer between providers themselves (e.g. because of a house move), where there is no agreement for the transfer between the providers, the waiting time is re-set from the DECIDED TO ADMIT DATE for the new provider. Also, any WAITING PERIOD EXCLUSIONS from before the re-set waiting time date will be annulled, and therefore, should not be used for any further waiting time calculations.

QM08 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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QM08 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08 - Out-patient First Attendances Provider

Contextual Overview

2. The Department and Strategic Health Authorities require summary details from NHS Health Care Providers of out-patient activity covering all their sites, split between the various TREATMENT FUNCTION CODES. The return provides performance management measures of waiting times and helps to identify those organisations who have failed to meet the standards of the NHS Plan.

3. The information is used to model out-patient activity and waiting times. It supports the NHS Performance Tables and the latest initiatives to reduce DNAs - PATIENTS who do not attend for their appointments.

Completing the Return QM08 - Out-patient First Attendances: Provider

4. The central return QM08 is completed quarterly by NHS Trusts and Primary Care Trusts providing out-patient services on one or more sites. It includes all Out-Patient Attendances Consultant whether taking place within a Consultant Clinic Session or outside a session. The only proviso is that the PATIENT must have seen a CONSULTANT (or a doctor acting for the CONSULTANT) for examination or treatment. It also requires data on referrals, regardless of whether they result in an Out-Patient Appointment Consultant. The REFERRAL REQUEST RECEIVED DATE should be used to identify referrals to be included in the return. Private patients waiting for treatment in NHS facilities are included in the return, provided that they meet

the referral inclusion criterion. NHS patients waiting for treatment at private facilities under an agreement with an NHS Trust should also be counted in the return.

5. The return requires information on:

    o the total number of written GP REFERRAL REQUESTS (with the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*Yes*') for a Consultant Out-Patient Episode in the quarter;

    o the total number of other REFERRAL REQUESTS (written or verbal) for a Consultant Out-Patient Episode in the quarter.

    o for GP written referrals only: the length of time PATIENTS seen in the quarter had to wait from receipt of a GP REFERRAL REQUEST to the date of the first Out-Patient Attendance Consultant, banded in weeks;

    o for GP written referrals only: the number of PATIENTS at the end of the quarter, who have yet to be seen for a first Out-Patient Appointment Consultant and have been waiting in excess of 13 to less than 17 weeks, 17 to less than 21 weeks, 21 to less than 26 weeks and 26 weeks and over following receipt of the GP REFERRAL REQUEST.

    A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

6. The return also requires information on the number of PATIENTS seen for a first Out-Patient Appointment during the quarter who had a booked APPOINTMENT DATE.

7. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data collected at TREATMENT FUNCTION CODE level. Returns must be submitted by the fifteenth working day after the end of the quarter.

QM08 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

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QM08 2 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08 - Out-Patient First Attendances Provider

Specialty Function (column 2)

2. All totals on the return are within TREATMENT FUNCTION CODE.

    Joint consultant clinic activity should be recorded against the TREATMENT FUNCTION CODE which best describes the specialised service.

    Number of referral requests for first Out-patient Appointments (columns 3 & 4)

3. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to *Yes*, split between GP Written (column 3) and Other (column 4).

Number of referral requests for first Out-patient Appointments (columns 5 & 6)

4. This counts all first Out-Patient Appointments in the quarter, which have an APPOINTMENT BOOKING SYSTEM TYPE set to classification 'Full booking system', split between GP written (column 5) and Other (column 6).

   An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 'Out-Patient Appointments with Consultants'.

5. Fully booked APPOINTMENTS are those where a PATIENT has been seen on the date that they were originally booked on as agreed with the PATIENT. Therefore booked APPOINTMENTS following GP referral should not be greater than the sum of the PATIENTS seen during the quarter i.e. column 5 should be less than or equal to columns 7 to 12.

   GP Referral Requests (written)

6. A count of written referrals from GENERAL PRACTITIONERS, whether doctors or dentists, is required. These are GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP referral requests to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE of the GP REFERRAL REQUEST should be used to identify referrals to be included in the return.

   A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

   An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

   Other referrals

7. This is a count of referrals other than GP written REFERRAL REQUESTS. It includes verbal referrals from GENERAL PRACTITIONERS – GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

   o GP written referral requests;
   o REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*;
   o self referrals;
   o referrals resulting in ward attendance for nursing care, which do not result in a Consultant Out-Patient Episode;
   o referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is '*Attended referring Out-Patient Clinic without prior appointment.*'

   A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 'Consultant Out-Patient Episode'.

   All other sources of referral should be included, e.g.

   o referral from an Accident and Emergency Department;
   o referral from Consultant other than in an Accident and Emergency Department;
   o referral from Prosthetist.

   GP Written Referrals only (columns 7 to 16)

8. Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCES seen during the quarter, broken down by the length of the wait. Waiting times are banded as:

   less than four weeks;
   four weeks and over but less than 13 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

9. Columns 13 - 16 require information on the number of GP written referral requests where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:

   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

10. The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written REFERRAL REQUEST was received from the GP, or the date of the verbal request which was later confirmed, and the ATTENDANCE DATE of the Out-Patient Attendance Consultant which is the FIRST ATTENDANCE, the date when the PATIENT sees the doctor for the first time for out-patient care.

   The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.

   However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.

   For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.

   ATTENDANCE DATE is the same as attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date'.

11. For PATIENTS who refuse a reasonable APPOINTMENT, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT is to be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.

   For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice

   For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.

   Note, however, that if an APPOINTMENT is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.

12. The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 'Did not attend - no advance warning given', 7 'PATIENT arrived late and could not be seen' or 2 'Appointment cancelled by, or on behalf of, the PATIENT', and the ATTENDANCE DATE when the PATIENT was seen. For those not yet seen, the waiting time is the interval between the last missed appointment and the day the quarter ends.

QM08 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

QM08 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08 - Out-Patient First Attendances: Provider - continued

Specialty Function (column 2)

2. All totals on the return are within TREATMENT FUNCTION CODE.

   Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

   Number of referral requests for first Out-patient Appointments (columns 3 & 4)

3. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to *Yes*, split between GP Written (column 3) and Other (column 4).

   Number of referral requests for first Out-patient Appointments (columns 5 & 6)

4. This counts all first Out-Patient Appointments in the quarter, which have an APPOINTMENT BOOKING SYSTEM TYPE set to classification '*Full booking system*', split between GP written (column 5) and Other (column 6).

   An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 '*Out-Patient appointments with Consultants*'.

5. Fully booked APPOINTMENTS are those where a PATIENT has been seen on the date that they were originally booked as agreed with the PATIENT. Therefore booked appointments following GP referral should not be greater than the sum of the PATIENTS seen during the quarter i.e. column 5 should be less than or equal to columns 7 to 12.

   GP Referral Requests (written)

6. A count of written referrals from GENERAL PRACTITIONERS, whether doctors or dentists, is required. These are GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP referral requests to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE of the GP REFERRAL REQUESTS should be used to identify referrals to be included in the return.

   A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

   An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

   Other referrals

7. This is a count of referrals other than GP written REFERRAL REQUESTS. It includes verbal referrals from GENERAL PRACTITIONERS - GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

   - GP written referral requests;
   - REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*;
   - self referrals;
   - referrals resulting in ward attendance for nursing care, which do not result in a Consultant Out-

Patient Episode;

- referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is 'Attended referring Out-Patient Clinic without prior appointment'.

A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 'Consultant Out-Patient Episode'.

All other sources of referral should be included, e.g.

- referral from an Accident and Emergency Department;
- referral from a Consultant, other than in an Accident and Emergency Department;
- referral from Prosthetist.

GP Written Referrals only (columns 7 to 16)

8. Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCES seen during the quarter, broken down by the length of the wait. Waiting times are banded as:

   less than four weeks
   four weeks and over but less than 13 weeks;
   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

9. Columns 13 - 16 require information on the number of GP written referral requests where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:

   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

10. The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written REFERRAL REQUEST was received from the GENERAL PRACTITIONER, or the date of the verbal request which was later confirmed, and the ATTENDANCE DATE of the Out-Patient Attendance Consultant which is the FIRST ATTENDANCE, the date when the PATIENT sees the doctor for the first time for out-patient care.

   The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.

   However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.

   For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.

   ATTENDANCE DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date'.

11. For PATIENTS who refuse a reasonable appointment, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT is to be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.

For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice

For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.

Note, however, that if an appointment is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.

12. The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 '*Did not attend - no advance warning given*', 7 '*PATIENT arrived late and could not be seen*' or 2 '*Appointment cancelled by, or on behalf of, the PATIENT*', and the ATTENDANCE DATE where the patient was seen. For those not yet seen, the waiting time is the interval between the last missed appointment and the day the quarter ends.

QM08 4 (RETIRED)

Change to Supporting Information: Changed Description

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QM08 4 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08 - Out-Patient First Attendances: Provider - continued

Specialty Function (column 2)

2. All totals on the return are within TREATMENT FUNCTION CODE.

   Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

   Number of referral requests for first Out-patient Appointments (columns 3 & 4)

3. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to *Yes*, split between GP Written (column 3) and Other (column 4).

   Number of referral requests for first Out-patient Appointments (columns 5 & 6)

4. This counts all first Out-Patient Appointments in the quarter, which have an ADMISSION BOOKING SYSTEM TYPE set to classification '*Full booking system*', split between GP written (column 5) and Other (column 6).

   An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 '*Out-Patient Appointments with Consultants*'.

5. Fully booked APPOINTMENTS are those where a PATIENT has been seen on the date that they were originally booked as agreed with the PATIENT. Therefore booked appointments following GP referral should not be greater than the sum of the PATIENTS seen during the quarter i.e. column 5 should be less

than or equal to columns 7 to 12.

GP Referral Requests (written)

6. A count of written referrals from GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP referral requests to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE of the GP REFERRAL REQUESTS should be used to identify referrals to be included in the return.

A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

Other referrals

7. This is a count of referrals other than GP written REFERRAL REQUESTS. It includes verbal referrals from GENERAL PRACTITIONERS – GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

   ○ GP written referral requests;
   ○ REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*;
   ○ self referrals;
   ○ referrals resulting in a ward attendance for nursing care, which do not result in a Consultant Out-Patient Episode;
   ○ referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is '*Attended referring Out-Patient Clinic without prior appointment*'.

A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 '*Consultant Out-Patient Episode*'.

All other sources of referral should be included, e.g:

   ○ referral from an Accident and Emergency Department;
   ○ referral from a Consultant, other than in an Accident and Emergency Department;
   ○ referral from Prosthetist.

GP Written Referrals only (columns 7 to 16)

8. Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCE seen during the quarter, broken down by the length of the wait. Waiting times are banded as:

   less than four weeks;
   four weeks and over but less than 13 weeks;
   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

9. Columns 13 - 16 require information on the number of GP written REFERRAL REQUESTS where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:

   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

10. The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written REFERRAL REQUEST was received from the GENERAL PRACTITIONER, or the date of the verbal

request which was later confirmed, and the ATTENDANCE DATE of the Out-Patient Attendance Consultant which is the FIRST ATTENDANCE, the date when the PATIENT sees the doctor for the first time for out-patient care.

The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.

However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.

For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.

ATTENDANCE DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date'.

11. For PATIENTS who refuse a reasonable appointment, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT should be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.

For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice

For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.

Note, however, that if an appointment is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.

12. The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 'Did not attend - no advance warning given', 7 'PATIENT arrived late and could not be seen' or 2 'Appointment cancelled by, or on behalf of, the PATIENT', and the ATTENDANCE DATE when the PATIENT was seen. For those not yet seen, the waiting time is the interval between the last missed appointment and the day the quarter ends.

QM08R 1 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QM08R 1 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08R - Out-patient First Attendances: Responsible Population Based

Contextual Overview

2. The Department and Strategic Health Authorities require an aggregate return from Primary Care Trusts (as commissioners) covering their responsible population's experience with consultant out-patient services, split between the various TREATMENT FUNCTION CODES. The return provides performance management measures of waiting times against standards of the NHS Plan.

Completing the Return QM08R - Out-patient First Attendances: Responsible Population Based

3. The central return QM08R is completed quarterly by Primary Care Trusts (as commissioners) and is based on the population for which the Primary Care Trust is responsible. This includes all patients registered with GPs who form part of a Primary Care Group and Primary Care Trust for which the Primary Care Trust is responsible, including those who are not resident within the Primary Care Trusts geographical area. If a patient waiting for admission to hospital does not have an NHS GP, the responsible Primary Care Group or Primary Care Trust is determined by the postcode of the PATIENTS home. PATIENTS treated under out of area treatments (OATs) are exceptions who should be counted by the `main commissioner'. This is normally the Primary Care Trust with the highest value of Service Agreements with the NHS Trust. Private patients are excluded from this return; however, PATIENTS waiting for treatment at private facilities under an agreement with a Primary Care Trust should be counted in QM08R.

4. QM08R requires information on:

   - the total number of written GP REFERRAL REQUESTS (with the WRITTEN REFERRAL REQUEST INDICATOR set to classification 'Yes') for a Consultant Out-Patient Episode in the quarter;
   - the total number of other REFERRAL REQUESTS (written or verbal) for a Consultant Out-Patient Episode in the quarter.
   - for GP written referrals only: the length of time PATIENTS seen in the quarter had to wait from receipt of a GP REFERRAL REQUEST to the date of the first Out-Patient Attendance Consultant, banded in weeks;
   - for GP written referrals only: the number of PATIENTS at the end of the quarter, who have yet to be seen for a first Out-Patient Appointment Consultant and have been waiting in excess of 13 weeks to less than 17 weeks, 17 to less than 21 weeks, 21 to less than 26 weeks and 26 weeks and over following receipt of the GP REFERRAL REQUEST.

   A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

5. The return also requires information on the number of PATIENTS seen for a first Out-Patient Appointment during the quarter who had a booked APPOINTMENT DATE.

6. The return relates to a three month period, the first quarter starting on 1 April and the last quarter ending on 31 March. All four quarterly returns require data collected at TREATMENT FUNCTION level. Returns must be submitted by 25 working day after the end of the quarter.

QM08R 2 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QM08R 2 (RETIRED)

Change to Supporting Information: Changed Description

QM08R - Out-patient First Attendances: Responsible Population Based

1. All totals on the return are within TREATMENT FUNCTION CODE.

   Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

   Number of referral requests for first Out-patient Appointments (columns 3 & 4)

2. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to classification '*Yes*', split between GP written (column 3) and Other (column 4).

   Number of referral requests for first Out-patient Appointments (columns 5 & 6)

3. This counts all first Out-Patient Appointment in the quarter, which have an APPOINTMENT BOOKING SYSTEM TYPE set to classification '*Full booking system*', split between GP written (column 5) and Other (column 6).

   An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 '*Out-Patient Appointments with Consultants*'.

   GP Referral Requests (written)

4. A count of written referrals from GENERAL PRACTITIONERS, whether doctors or dentists, is required. These are GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP REFERRAL REQUESTS to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE should be used to identify referrals to be included in the return.

   A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

   An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

   Other referrals

5. This is a count of referrals other than GP written REFERRAL REQUEST. It includes verbal referrals from GENERAL PRACTITIONERS – GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

   - GP written referral requests;
   - REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*;
   - self referrals;
   - referrals resulting in a ward attendance for nursing care, which do not result in a Consultant Out-Patient Episode;
   - referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is '*Attended referring Out-Patient Clinic without prior appointment*'.

   A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 '*Consultant Out-Patient Episode*'.

   All other sources of referral should be included, e.g:

   - referral from an Accident and Emergency Department;
   - referral from a Consultant, other than in an Accident and Emergency Department;
   - referral from Prosthetist.

   GP Written Referrals only (columns 7 to 16)

6. ~~Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCE seen during the quarter, broken down by the length of the wait. Waiting times are banded as:~~

   ~~less than four weeks;~~
   ~~four weeks and over but less than 13 weeks;~~
   ~~13 weeks and over but less than 17 weeks;~~
   ~~17 weeks and over but less than 21 weeks;~~
   ~~21 weeks and over but less than 26 weeks;~~
   ~~26 weeks and over.~~

7. ~~Columns 13 - 16 require information on the number of GP written referral requests where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:~~

   ~~13 weeks and over but less than 17 weeks;~~
   ~~17 weeks and over but less than 21 weeks;~~
   ~~21 weeks and over but less than 26 weeks;~~
   ~~26 weeks and over.~~

8. ~~The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written REFERRAL REQUEST was received from the GP, or the date of the verbal request which was later confirmed, and the ATTENDANCE DATE of the Out-Patient Attendance Consultant which is the FIRST ATTENDANCE classification is *First attendance*, the date when the PATIENT sees the doctor for the first time for out-patient care.~~

   ~~The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.~~

   ~~However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.~~

   ~~For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.~~

   ~~ATTENDANCE DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 33 '*Attendance Date*'.~~

9. ~~For PATIENTS who refuse a reasonable appointment, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT is to be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.~~

   ~~For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice~~

   ~~For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.~~

   ~~Note, however, that if an appointment is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.~~

10. ~~The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 '*Did not attend - no advance warning given*', 7 '*PATIENT arrived late and could not be seen*' or 2 '*Appointment cancelled by, or on behalf of, the PATIENT*', and the ATTENDANCE DATE when the PATIENT was seen. For those not yet seen,~~

the waiting time is the interval between the last missed appointment and the day the quarter ends.

QM08R 3 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QM08R 3 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08R - Out-patient First Attendances: Responsible Population Based - continued

1. All totals on the return are within TREATMENT FUNCTION CODE.

    Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

    Number of referral requests for first Out-patient Appointments (columns 3 & 4)

2. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to classification '*Yes*', split between GP written (column 3) and Other (column 4).

    Number of referral requests for first Out-patient Appointments (columns 5 & 6)

3. This counts all first Out-Patient Appointments in the quarter, which have an APPOINTMENT BOOKING SYSTEM TYPE set to classification '*Full booking system*', split between GP written (column 5) and Other (column 6).

    An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 '*Out-Patient Appointments with Consultants*'

    GP Referral Requests (written)

4. A count of written referrals from GENERAL PRACTITIONERS, whether doctors or dentists, is required. These are GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP REFERRAL REQUESTS to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE should be used to identify referrals to be included in the return.

    A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

    An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

    Other referrals

5. This is a count of referrals other than GP written REFERRAL REQUESTS. It includes verbal referrals from GENERAL PRACTITIONERS - GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

- GP written referral requests,
- REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*,
- self referrals,
- referrals resulting in a ward attendance for nursing care, which do not result in a Consultant Out-Patient Episode,
- referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is '*Attended referring Out-Patient Clinic without prior appointment*'.

A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 '*Consultant Out-Patient Episode*'.

All other sources of referral should be included, e.g:

- referral from an Accident and Emergency Department,
- referral from a Consultant, other than in an Accident and Emergency Department,
- referral from Prosthetist.

GP Written Referrals only (columns 7 to 16)

6. Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCES seen during the quarter, broken down by the length of the wait. Waiting times are banded as:

    less than four weeks,
    four weeks and over but less than 13 weeks,
    13 weeks and over but less than 17 weeks,
    17 weeks and over but less than 21 weeks,
    21 weeks and over but less than 26 weeks,
    26 weeks and over.

7. Columns 13 - 16 require information on the number of GP written referral requests where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:

    13 weeks and over but less than 17 weeks,
    17 weeks and over but less than 21 weeks,
    21 weeks and over but less than 26 weeks,
    26 weeks and over.

8. The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written referral request was received from the GENERAL PRACTITIONER, or the date of the verbal request which was later confirmed, and the ATTENDANCE DATE of the Out-Patient Attendance Consultant which is the FIRST ATTENDANCE classification is *First attendance*, the date when the PATIENT sees the doctor for the first time for out-patient care.

The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.

However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.

For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.

ATTENDANCE DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 33 '*Attendance Date*'.

9. For PATIENTS who refuse a reasonable appointment, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT is to be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.

   For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice.

   For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.

   Note, however, that if an appointment is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.

10. The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 'Did not attend - no advance warning given', 7 'PATIENT arrived late and could not be seen' or 2 'Appointment cancelled by, or on behalf of, the PATIENT', and the ATTENDANCE DATE when the PATIENT was seen. For those not yet seen, the waiting time is the interval between the last missed appointment and the day the quarter ends.

QM08R 4 (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

QM08R 4 (RETIRED)

Change to Supporting Information: Changed Description

Central Return Form Guidance (retired)

QM08R - Out-patient First Attendances: Responsible Population Based - continued

1. All totals on the return are within TREATMENT FUNCTION CODE.

   Shared Care clinics should use the TREATMENT FUNCTION CODE of the managing specialty.

   Number of referral requests for first Out-patient Appointments (columns 3 & 4)

2. This counts all REFERRAL REQUESTS made in the quarter, which have the OUT-PATIENT REFERRAL INDICATOR set to classification 'Yes', split between GP written (column 3) and Other (column 4).

   Number of referral requests for first Out-patient Appointments (columns 5 & 6)

3. This counts all first Out-Patient Appointments in the quarter, which have an APPOINTMENT BOOKING SYSTEM TYPE set to classification 'Full booking system', split between GP written (column 5) and Other (column 6).

   An Out-Patient Appointment is an APPOINTMENT with an APPOINTMENT OR REQUEST INVITATION CLASSIFICATION where APPOINTMENT CLASSIFICATION CODE is National Code 02 'Out-Patient Appointments with Consultants'.

GP Referral Requests (written)

4. A count of written referrals from GENERAL PRACTITIONERS, whether doctors or dentists, is required. These are GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to *Yes*. All written GP REFERRAL REQUESTS to CONSULTANTS should be recorded, regardless of whether they result in an Out-Patient Attendance Consultant. The REFERRAL REQUEST RECEIVED DATE should be used to identify referrals to be included in the return.

   A GP referral request is a REFERRAL REQUEST where REFERRAL REQUEST TYPE is National Code 01 '*GP referral request*'.

   An Out-Patient Attendance Consultant is a CARE CONTACT where CARE CONTACT TYPE is National Code 27 '*Out-Patient Attendance Consultant*'.

Other referrals

5. This is a count of referrals other than GP written REFERRAL REQUESTS. It includes verbal referrals from GENERAL PRACTITIONERS – GP REFERRAL REQUESTS which have the WRITTEN REFERRAL REQUEST INDICATOR set to classification '*No*'. Do not include:

   - GP written referral requests;
   - REFERRAL REQUESTS with SOURCE OF REFERRAL FOR OUT-PATIENTS recorded as *Initiated by the Consultant responsible for the Consultant Out-Patient Episode*;
   - self referrals;
   - referrals resulting in a ward attendance for nursing care, which do not result in a Consultant Out-Patient Episode;
   - referrals resulting from attendance at a drop-in clinic. These are REFERRAL REQUESTS where the OUT-PATIENT CLINIC REFERRING INDICATOR classification is '*Attended referring Out-Patient Clinic without prior appointment*'.

   A Consultant Out-Patient Episode is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 15 '*Consultant Out-Patient Episode*'.

   All other sources of referral should be included, e.g.

   - referral from an Accident and Emergency Department;
   - referral from a Consultant, other than in an Accident and Emergency Department;
   - referral from Prosthetist.

GP Written Referrals only (columns 7 to 16)

6. Columns 7-12 of the return require the number of GP written referral FIRST ATTENDANCES seen during the quarter, broken down by the length of the wait. Waiting times are banded as:

   less than four weeks;
   four weeks and over but less than 13 weeks;
   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

7. Columns 13 - 16 require information on the number of GP written referral requests where the first out-patient attendance has not yet taken place at the end of the quarter, broken down by the length of wait. Waiting times are banded as:

   13 weeks and over but less than 17 weeks;
   17 weeks and over but less than 21 weeks;
   21 weeks and over but less than 26 weeks;
   26 weeks and over.

8. The waiting time is the interval between the ORIGINAL REFERRAL REQUEST RECEIVED DATE, the date the written REFERRAL REQUEST was received from the GENERAL PRACTITIONER, or the date of the verbal request which was later confirmed, and the FIRST ATTENDANCE of the Out-Patient Attendance Consultant

which is the FIRST ATTENDANCE classification is *First attendance*, the date when the PATIENT sees the doctor for the first time for out-patient care.

The ORIGINAL REFERRAL REQUEST RECEIVED DATE should still be used to calculate the PATIENTS length of wait if they are transferred to another provider, where both providers agree to the transfer (e.g. to speed up treatment, ensure continuity of care etc..), and the waiting time is then made the responsibility of the receiving provider.

However, if the PATIENT initiates the transfer themselves by removing him/herself from the waiting list and subsequently are added to another provider's waiting list then the REFERRAL REQUEST RECEIVED DATE (new provider) should be used.

For those not yet seen, the waiting time is the interval from the ORIGINAL REFERRAL REQUEST RECEIVED DATE to the day the quarter ends, unless the PATIENT has initiated a transfer between providers themselves. In this case, the REFERRAL REQUEST RECEIVED DATE (new provider) should be used as the start date of the waiting period.

ATTENDANCE DATE is the same as attribute ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 33 '*Attendance Date*'.

9. For PATIENTS who refuse a reasonable appointment, the waiting time is from the first offered appointment to the date when the PATIENT is seen, or the date of the return. For a verbal appointment offer to be deemed reasonable, the PATIENT is to be offered a minimum of two appointments on different days, with at least three weeks notice before the first offered appointment.

    For a written appointment offer to be deemed reasonable, the PATIENT is to be offered an appointment with a minimum of three weeks notice

    For PATIENTS who fail to attend, whether giving advance notice or not, the waiting time is from the last missed appointment to the date when the PATIENT is seen, or the date of the return.

    Note, however, that if an appointment is rearranged to an earlier date, or to another time on the same day, then it is not a missed appointment, and the waiting time should be calculated from the date the referral is received to the new scheduled attendance date.

10. The waiting time measures the interval between the last APPOINTMENT DATE of an Out-Patient Appointment where ATTENDED OR DID NOT ATTEND is National Code 3 '*Did not attend - no advance warning given*', 7 '*PATIENT arrived late and could not be seen*' or 2 '*Appointment cancelled by, or on behalf of, the PATIENT*', and the ATTENDANCE DATE when the PATIENT was seen. For those not yet seen, the waiting time is the interval between the last missed appointment and the day the quarter ends.

QUIT DATE (RETIRED)

Change to Supporting Information: Changed Description

Quit Date is an ACTIVITY DATE TIME TYPE.This item has been retired from the NHS Data Model and Dictionary.

The date set by a PERSON on which they intend to stop smoking.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

RELATIONSHIP NAMES (RETIRED)

Change to Supporting Information: Changed Description

Relationship Names

~~Where a relationship between classes is named in a diagram, the name applies to the class to which it is nearest.~~ This item has been retired from the NHS Data Model and Dictionary.

~~An example of a relationship name in diagrams is given below:~~ The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~In the example above, the class definition for LEGAL STATUS will contain the following relationship information:~~ Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.
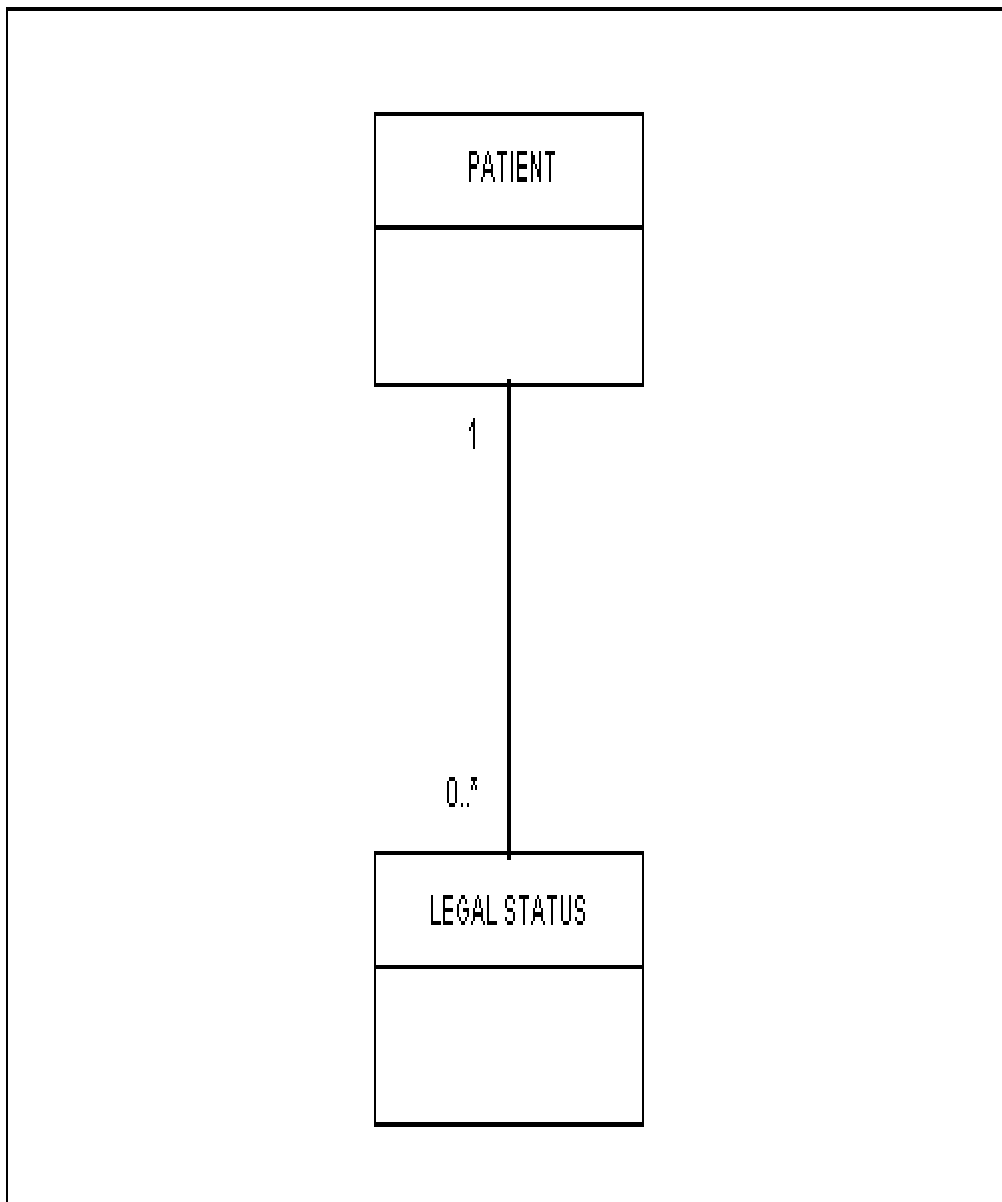
~~Each LEGAL STATUS~~

~~K   must be recorded for one and only one PATIENT~~
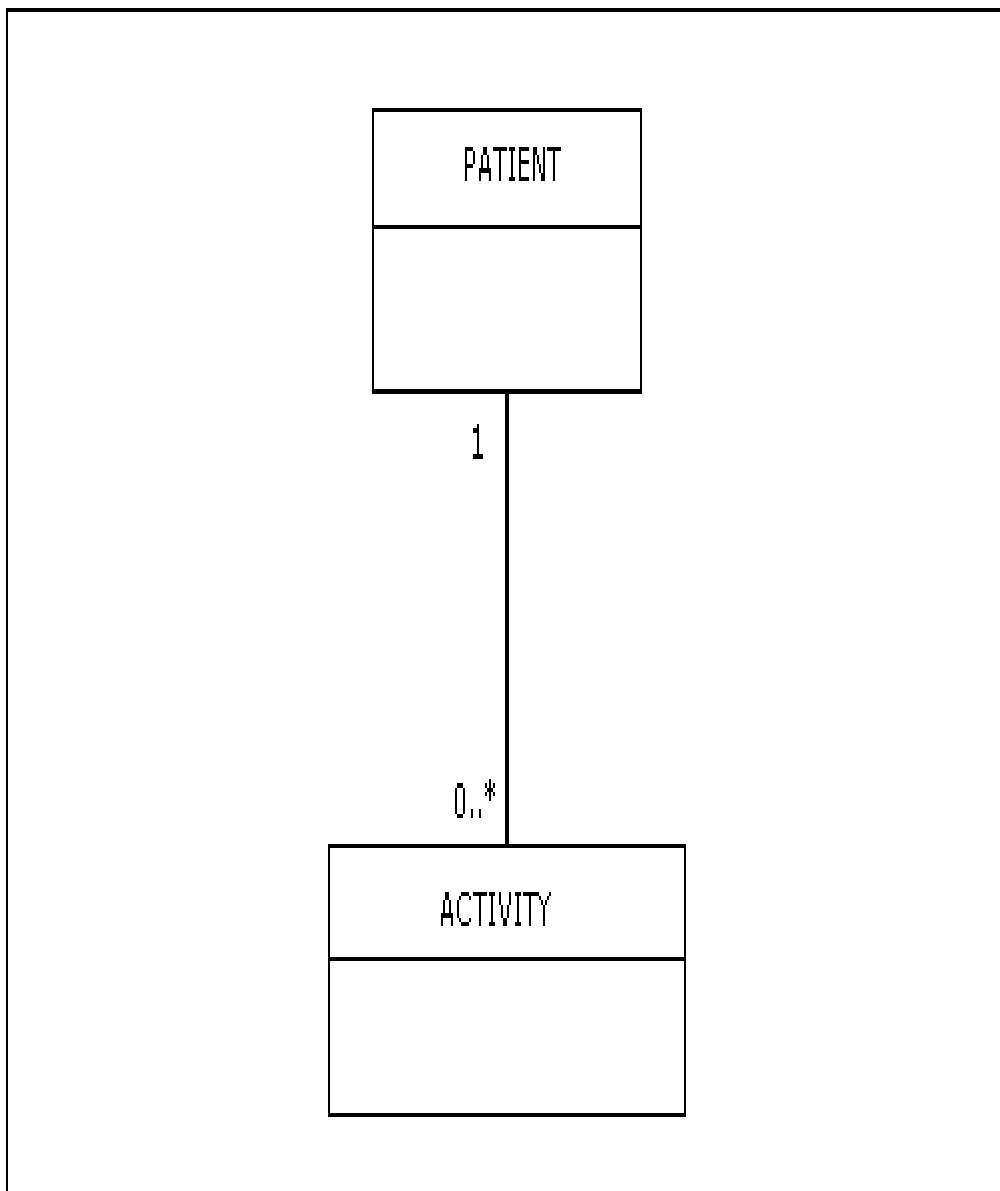
RELATIONSHIP OPTIONALITY (RETIRED)

Change to Supporting Information: Changed Description

~~Relationship Optionality~~

A dotted line next to an entity type in a diagram indicates that the relationship to the other entity type connected to the line is optional, i.e. that it *may* not exist.This item has been retired from the NHS Data Model and Dictionary.

A solid line next to an entity type in a diagram indicates that the relationship to the other entity type connected to the line is mandatory, i.e. that it *must* exist.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

An example of optionality shown in diagrams is given below:Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

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RESPONSIBLE MEDICAL OFFICER ASSIGNMENT (RETIRED)

Change to Supporting Information: Changed Description

Responsible Medical Officer Assignment is a CARE PROFESSIONAL ROLE.This item has been retired from the NHS Data Model and Dictionary.

An assignment of a CONSULTANT within a particular MAIN SPECIALTY to a Adult Mental Health Care Spell.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

There will be only one CONSULTANT assigned to a PATIENT at any one time. These assignments may change during the course of a Adult Mental Health Care Spell, though not necessarily at the time of a Care Programme Approach Review.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

TEST DATE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

THEATRE CASE TIME IN TO THEATRE SUITE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

THEATRE CASE TIME OUT OF THEATRE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

THEATRE CASE TIME OUT OF THEATRE SUITE (RETIRED)

Change to Supporting Information: Changed Description

This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the June 2012 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model

and Dictionary - Archive Request' in the email Subject line.

TOP INDEX LEFT PANE (RETIRED)

Change to Supporting Information: Changed Description

<div style="background-color:#1f6ebf; color:white">

~~CONTENT~~

</div>

~~Publication Detail~~This item has been retired from the NHS Data Model and Dictionary.

~~Search~~

~~Classes~~

~~Attributes~~

~~Data Element~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~Commissioning Data Sets Overview~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~Hospital Episode Statistics~~

~~CANCER DATA SET TYPE LIST~~

~~Central Return Forms Introduction and Overview~~

~~Link to Data and Information Standards Web Page~~

~~Supporting Information Menu~~

~~Change Requests~~

~~Deleted Items~~

~~Introduction~~

URGENT TRANSPORT REQUEST (RETIRED)

Change to Supporting Information: Changed Description

~~Urgent Transport Request~~ ~~is a~~ ~~TRANSPORT REQUEST.~~This item has been retired from the NHS Data Model and Dictionary.

~~A request when a definite time limit is imposed such that the vehicle and crew must be despatched quickly, although not necessarily immediately, to collect a~~ ~~PATIENT~~~~, perhaps seriously ill, on the advice of a doctor for admission to hospital.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~It includes:~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~a. Maternity cases not given emergency priority~~
~~b. Hospital admissions (including day case admissions) for which the doctor has given a specified time, eg within one hour~~

~~Note: A maternity admission is an admission of a pregnant woman to a maternity ward except where the intention is to terminate the pregnancy.~~

ASPIRIN THERAPY LOCATION (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
~~K~~   ~~ASPIRIN THERAPY LOCATION CODE~~
This class has no attributes.

BLEED COMPLICATION (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
~~K~~   ~~BLEED COMPLICATION CODE~~
This class has no attributes.

BROAD PATIENT GROUP

Change to Class: Changed Relationships

Each BROAD PATIENT GROUP
        may be a classifier for one or more ACTIVITY GROUP
        may be the classifier for one or more ORGANISATION SITE BED AVAILABILITY
        may be the classifier for one or more ORGANISATION SITE BED OCCUPANCY
        ~~may be the classifier for one or more WARD BED AVAILABILITY~~
        may be the classifier for one or more WARD OPERATIONAL PLAN

CARDIAC ARREST (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
        ~~CARDIAC ARREST LOCATION~~
        ~~CARDIAC ARREST OUTCOME~~
        ~~CARDIAC ARREST PRESENTING RHYTHM~~
This class has no attributes.

HIP CEMENTING TECHNIQUE (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
~~K~~   ~~HIP CEMENTING TECHNIQUE TYPE~~
        ~~CEMENT GUN USED~~
        ~~CEMENT MIXING SYSTEM~~
        ~~CEMENT PRESSURISER USED~~
        ~~PROSTHESIS CEMENTED~~
        ~~PULSATILE LAVAGE~~
This class has no attributes.

HONOS SCORE FOR PERSON (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
        ~~HONOS RATING DESCRIPTION~~
        ~~HONOS SCORE~~
This class has no attributes.

PATIENT CLINICAL GROUP (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
K ~~PATIENT CLINICAL GROUP CODE~~
This class has no attributes.

PERSON PROPERTY CLASSIFIER (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
K ~~PERSON PROPERTY CLASSIFICATION~~
This class has no attributes.

PERSON PROPERTY RECORD CLASSIFICATION (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
K ~~PERSON PROPERTY CLASSIFICATION START DATE~~
~~PERSON PROPERTY CLASSIFICATION END DATE~~
This class has no attributes.

REGISTRATION (RETIRED)

Change to Class: Changed Description

~~An agreement between a PERSON and a GENERAL MEDICAL PRACTITIONER whereby the PERSON has been accepted onto the permanent list of a GENERAL MEDICAL PRACTITIONER for the purpose of improving or maintaining health, or has been accepted onto a restricted service list of a GENERAL MEDICAL PRACTITIONER for the purpose of providing that service only.~~**This item has been retired from the NHS Data Model and Dictionary.**

~~The restricted service list is to enable PERSONS, by choice, to receive treatment or care for the specified service from a different GENERAL MEDICAL PRACTITIONER than the GENERAL MEDICAL PRACTITIONER on whose permanent list they have been accepted for general medical services.~~**The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

~~References:~~
~~Statement of Fees and Allowances Payable to General Medical Practitioners in England and Wales.~~**Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.**

REPERFUSION (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:
~~REPERFUSION INITIAL DECISION~~
~~REPERFUSION TREATMENT LOCATION~~
~~REPERFUSION TYPE~~
This class has no attributes.

SARCOMA PREDISPOSING CONDITION (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:

K   SARCOMA PREDISPOSING CONDITION CODE

This class has no attributes.

THROMBOLYTIC THERAPY (RETIRED)

Change to Class: Changed Attributes

Attributes of this Class are:

         THROMBOLYTIC DRUG
         THROMBOLYTIC TREATMENT DELAY REASON
         THROMBOLYTIC TREATMENT NOT GIVEN REASON

This class has no attributes.

WARD

Change to Class: Changed Relationships

Each WARD

K   must be within one and only one ORGANISATION SITE
K   or must be within one and only one SERVICE POINT
      may be the planned location for one or more ACTIVITY
      may be the actual location for one or more ACTIVITY
      may be the subject of one or more DAILY WARD LISTING
      may be the location for one or more HEALTHY PERSON STAY
      may be vacated due to one or more LEAVE
      may be accessed via one or more RIGHT OF ADMISSION
      may be categorised by one and only one SECURE ACCOMMODATION TYPE
      may be the subject of one or more WARD BED AVAILABILITY
      may be the subject of one or more WARD OPERATIONAL PLAN

WARD BED AVAILABILITY (RETIRED) renamed from WARD BED AVAILABILITY

Change to Class: Changed Attributes, Description, Name, status to Retired

The total number of Hospital Beds resourced and available for use on a WARD for a single CLINICAL CARE INTENSITY or AUGMENTED CARE LOCATION CODE. Availability of Hospital Beds for a single AUGMENTED CARE LOCATION CODE will be separately recorded for intensive care and for high dependency.This item has been retired from the NHS Data Model and Dictionary.

Note: On the 31st March each year, the total numbers of cots resourced for the provision of intensive care to a Neonate are to be recorded for KH03 purposes. This is regardless of actual utilisation.The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

WARD BED AVAILABILITY (RETIRED) renamed from WARD BED AVAILABILITY

Change to Class: Changed Attributes, Description, Name, status to Retired

Attributes of this Class are:

K   BED AVAILABILITY START DATE
         AUGMENTED CARE LOCATION CODE
         BED AVAILABILITY END DATE
         IC OR HD BEDS INDICATOR
         WARD AVAILABLE BED

This class has no attributes.

WARD BED AVAILABILITY (RETIRED)_ renamed from WARD BED AVAILABILITY

Change to Class: Changed Attributes, Description, Name, status to Retired

- Changed Attributes
- Changed Description
- Changed Name from Data_Dictionary.Classes.W.WARD_BED_AVAILABILITY to Retired.Data_Dictionary.Classes.W.WARD_BED_AVAILABILITY
- Retired WARD BED AVAILABILITY

ACTIVATION TIME (RETIRED)

Change to Attribute: Changed Description

~~The elapsed time from receipt of an emergency call for an~~ Ambulance ~~until a vehicle is on its way.~~This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE LOCATION CODE (RETIRED)_ renamed from AUGMENTED CARE LOCATION CODE

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

~~The location at which augmented care (critical care) is delivered, excluding general~~ WARDS, Accident and Emergency Departments, Radiology Departments, ~~labour~~ WARDS ~~and special care baby units.~~This item has been retired from the NHS Data Model and Dictionary.

~~The location of care may not be the same as the type of care being delivered.~~The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~National Codes:~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

- ~~01 General Intensive Care Unit; adult intensive care, including wards labelled as surgical or medical ICU, but excluding the specialised units identified below. General Intensive Care Units may provide a mixture of HDU and ICU level care~~
- ~~02 Cardiothoracic Intensive Care Unit; this includes those units labelled as separate cardiac or thoracic units~~
- ~~03 Liver Intensive Care Unit~~
- ~~04 Neurological Intensive Care Unit~~
- ~~05 High Dependency Unit~~
- ~~06 Paediatric Intensive Care Unit; a unit generally admitting~~ PATIENTS ~~between 0 and 14 years old, but excluding Special Care Baby Units~~
- ~~07 Paediatric High Dependency Unit~~
- ~~08 Neonatal Intensive Care Unit; a unit generally admitting only newborn babies up to two weeks post-delivery~~
- ~~09 Cardiac Care Unit; otherwise referred to as a Coronary Care Unit~~
- ~~10 Combined High Dependency and Coronary Care Unit; the beds and staff for the two units are geographically in the same area~~
- ~~11 Combined Coronary and Intensive Care Unit; the beds and staff for the two units are geographically in the same area~~
- ~~12 Combined High Dependency and Intensive Care Unit; the beds and staff for the two units are geographically in the same area~~
- ~~13 Post Operative Recovery Unit; this includes a theatre recovery area~~
- ~~14 Spinal Injury Intensive Care Unit; this is a unit designated for critical care rather than a spinal injury ward~~
- ~~15 Burns Critical Care Unit; this includes all special care burns facilities other than short term post-operative care areas~~
- ~~16 Renal Unit; this includes an in-patient kidney dialysis unit, but excludes general nephrology or urology wards~~
- ~~17 Not otherwise specified~~

AUGMENTED CARE LOCATION CODE (RETIRED)_ renamed from AUGMENTED CARE LOCATION CODE

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

- Changed Description
- Changed Name from Data_Dictionary.Attributes.A.At.AUGMENTED_CARE_LOCATION_CODE to Retired.Data_Dictionary.Attributes.A.AUGMENTED_CARE_LOCATION_CODE
- Retired AUGMENTED CARE LOCATION CODE

AUGMENTED CARE OUTCOME INDICATOR (RETIRED)

Change to Attribute: Changed Description

~~An indication as to whether the PATIENT survived the Augmented Care Period (retired 1 Apr 2006), and if they did not survive, whether they donated organs, (heart, lung, liver, kidney, pancreas and other whole organs. Do not record corneas, heart valves etc..).~~This item has been retired from the NHS Data Model and Dictionary.

~~National Codes:~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~01~~ ~~Survived~~
~~02~~ ~~Died; no organ donated~~
~~03~~ ~~Died; organs donated~~

~~This object was Used by the following when it was retired:~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~WebPage~~	~~Augmented Care Period (retired 1 Apr 2006)~~
~~Class~~	~~ACTIVITY GROUP~~
~~Class~~	~~PATIENT~~

AUGMENTED CARE PERIOD DISPOSAL (RETIRED)

Change to Attribute: Changed Description

~~The destination of a PATIENT following an Augmented Care Period (retired 1 Apr 2006).~~This item has been retired from the NHS Data Model and Dictionary.

~~National Codes:~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~01~~ ~~Ward, same hospital~~
~~02~~ ~~High Dependency Unit or other intermediate care area, same hospital, including Special Care Baby Units~~
~~03~~ ~~ICU, same hospital~~
~~04~~ ~~ICU, other hospital~~
~~05~~ ~~Other hospital, not ICU, but including High Dependency Units and Special Care Baby Units~~
~~06~~ ~~Normal residence / other~~
~~07~~ ~~Died~~
~~08~~ ~~No change in location; the Augmented Care Period ended because the Consultant Episode (Hospital Provider) ended.~~

~~References:~~
~~The Intensive Care National Audit and Research Centre Casemix Programme Dataset.~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

This object was Used by the following when it was retired:

WebPage	Augmented Care Period (retired 1 Apr 2006)
Class	PATIENT
Class	ACTIVITY GROUP

AUGMENTED CARE PERIOD SOURCE (RETIRED)

Change to Attribute: Changed Description

The location of the PATIENT prior to an Augmented Care Period (retired 1 Apr 2006).This item has been retired from the NHS Data Model and Dictionary.

*National Codes:*The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

- 01 Ward, same hospital
- 02 High Dependency Unit or other intermediate care area, same hospital, including Special Care Baby Units
- 03 ICU, same hospital
- 04 Theatre or recovery, same hospital
- 05 A&E department, same hospital
- 06 X-ray or endoscopy unit, same hospital
- 07 Other ICU, other hospital
- 08 Other hospital, not ICU, but including High Dependency Units and Special Care Baby Units
- 09 Clinic or home / other
- 10 No change in location; the Augmented Care Period has started because the CONSULTANT responsible for the Consultant Episode (Hospital Provider) has changed.

References:
The Intensive Care National Audit and Research Centre Casemix Programme Dataset.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

This object was Used by the following when it was retired:

Class	ACTIVITY GROUP
WebPage	Augmented Care Period (retired 1 Apr 2006)
Class	PATIENT

AUGMENTED CARE PLANNED INDICATOR (RETIRED)

Change to Attribute: Changed Description

An indication as to whether any of the Augmented Care Period (retired 1 Apr 2006) were initiated as a result of a non-emergency treatment plan, for example, for elective major surgery. This relates only to the period of Intensive or High Dependency care and not to the nature of the hospital admission. For example, a planned hospital admission may unexpected require an emergency ICU admission, in which case the classification will be '2 No'.This item has been retired from the NHS Data Model and Dictionary.

*National Codes:*The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

- 1 Yes
- 2 No

This object was Used by the following when it was retired:Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

Class	ACTIVITY GROUP
WebPage	Augmented Care Period (retired 1 Apr 2006)

BED AVAILABILITY END DATE (RETIRED)_ renamed from BED AVAILABILITY END DATE

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

The date that the total number of Hospital Beds resourced and available for use on a WARD for a single CLINICAL CARE INTENSITY or AUGMENTED CARE LOCATION CODE ceases to be applicable.This item has been retired from the NHS Data Model and Dictionary.

The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

BED AVAILABILITY END DATE (RETIRED)_ renamed from BED AVAILABILITY END DATE

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

- Changed Description
- Changed Name from Data_Dictionary.Attributes.B.BED_AVAILABILITY_END_DATE to Retired.Data_Dictionary.Attributes.B.BED_AVAILABILITY_END_DATE
- Retired BED AVAILABILITY END DATE

BED AVAILABILITY START DATE (RETIRED)_ renamed from BED AVAILABILITY START DATE

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

The date that the total number of Hospital Beds resourced and available for use on a WARD for a single CLINICAL CARE INTENSITY or AUGMENTED CARE LOCATION CODE becomes applicable.This item has been retired from the NHS Data Model and Dictionary.

The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

BED AVAILABILITY START DATE (RETIRED)_ renamed from BED AVAILABILITY START DATE

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

- Changed Description
- Changed Name from Data_Dictionary.Attributes.B.BED_AVAILABILITY_START_DATE to Retired.Data_Dictionary.Attributes.B.BED_AVAILABILITY_START_DATE
- Retired BED AVAILABILITY START DATE

COMPLAINT FHS RESOLUTION (RETIRED)

Change to Attribute: Changed Description

A classification describing how the resolution of a complaint involving a GENERAL MEDICAL PRACTITIONER or the Family Health Service was achieved.This item has been retired from the NHS Data Model and Dictionary.

*Classification:*The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~a.~~ ~~Informal complaint resolved using a medical or lay conciliator~~
~~b.~~ ~~Other~~

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

GESTATION LENGTH (LABOUR ONSET) (RETIRED)

Change to Attribute: Changed Description

~~The World Health Organisation (WHO) definition of gestation should be used. This states: 'The period of gestation is measured from the first day of the last menstrual period (LMP). Gestational age is expressed in completed weeks; eg events occurring 280-286 days after the onset of the last menstrual period are considered to have occurred at 40 weeks gestation'.~~This item has been retired from the NHS Data Model and Dictionary.

~~Alternative methods of assessing gestation are:~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~a.~~ ~~Clinical assessment of uterine size~~
~~b.~~ ~~Ultrasonic measurements, and/or~~
~~c.~~ ~~Retrospective clinical assessment of the new born by a paediatrician~~

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

HIGH DEPENDENCY CARE LEVEL DAYS (RETIRED)

Change to Attribute: Changed Description

~~The number of days the PATIENT received High Dependency Care within an Augmented Care Period (retired 1 Apr 2006).~~This item has been retired from the NHS Data Model and Dictionary.

~~A PATIENT may move between Intensive and High Dependency Care in an Augmented Care Period (retired 1 Apr 2006). The total number of days the PATIENT received High Dependency Care in the Augmented Care Period (retired 1 Apr 2006) is recorded.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~High Dependency Care is delivered in one or more of the following circumstances at an AUGMENTED CARE LOCATION (retired 1 Apr 2006).~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~a.~~ ~~Single organ system monitoring and support but excluding advanced respiratory system support~~
~~b.~~ ~~General observation and monitoring. More detailed observation and the use of monitoring equipment that cannot safely be provided on a general ward. This may include extended post-operative monitoring for high risk patients~~
~~c.~~ ~~Step-down care. PATIENTS who no longer need intensive care but who are not well enough to be returned to a general ward~~

~~The minimum period for assessment is one calendar day. The highest level of care provided within the day dictates whether the day adds to the High Dependency or Intensive Care level total.~~

~~Periods of less than 24 hours are recorded as one day. Therefore, if the PATIENT received five hours of High Dependency Care, one day is recorded.~~

References:
Table 3, Report of the Working Group on Guidelines on admission to and discharge from Intensive Care and High Dependency Units, DH, March 1996.

This object was Used by the following when it was retired:

Class	AUGMENTED CARE LOCATION (retired 1 Apr 2006)
Class	PATIENT
DataElement	HIGH DEPENDENCY CARE LEVEL DAYS (retired 1 Apr 2006)
WebPage	Augmented Care Period (retired 1 Apr 2006)
Class	ACTIVITY GROUP

INDEPENDENT REVIEW COMPLETION DATE (RETIRED)

Change to Attribute: Changed Description

The date that the Chief Executive writes to the complainant following the Independent Review panel report.**This item has been retired from the NHS Data Model and Dictionary.**

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

INDEPENDENT REVIEW PANEL REFERRAL (RETIRED)

Change to Attribute: Changed Description

The decision by the convener on whether an Independent Review panel should be set up.**This item has been retired from the NHS Data Model and Dictionary.**

*Classification:***The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

  a.   Yes
  b.   No
  c.   Not yet decided

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

INDEPENDENT REVIEW REQUESTED DATE (RETIRED)

Change to Attribute: Changed Description

The date that a request was received for an Independent Review panel to consider the complaint.**This item has been retired from the NHS Data Model and Dictionary.**

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

INTENSIVE CARE LEVEL DAYS (RETIRED)

Change to Attribute: Changed Description

~~The number of days the PATIENT received Intensive Care within an Augmented Care Period (retired 1 Apr 2006).~~ This item has been retired from the NHS Data Model and Dictionary.

~~A PATIENT may move between Intensive and High Dependency Care in an Augmented Care Period (retired 1 Apr 2006). The total number of days the PATIENT received Intensive Care in the Augmented Care Period (retired 1 Apr 2006) is recorded.~~ The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~Intensive Care is delivered in the following circumstances at an AUGMENTED CARE LOCATION (retired 1 Apr 2006)~~ Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~a. Advanced respiratory system monitoring and support alone~~
~~b. Two or more organ systems being monitored and supported, one of which may be advanced respiratory support~~
~~c. Single organ system support in the presence of chronic failure. Chronic failure is defined as the chronic impairment of one or more organ systems sufficient to restrict daily activities~~

~~The minimum period of assessment is one calendar day. The highest level of care provided within the day dictates whether the day adds to the High Dependency or Intensive Care level total.~~

~~Periods of less than 24 hours are recorded as one day. Therefore, if the PATIENT received five hours of Intensive Care, one day is recorded.~~

~~References:~~
~~Table 3, Report of the Working Group on Guidelines on admission to and discharge from Intensive Care and High Dependency Units, DH, March 1996~~

~~This object was Used by the following when it was retired:~~

~~Class~~	~~AUGMENTED CARE LOCATION (retired 1 Apr 2006)~~
~~Class~~	~~PATIENT~~
~~DataElement~~	~~INTENSIVE CARE LEVEL DAYS (retired 1 Apr 2006)~~
~~WebPage~~	~~Augmented Care Period (retired 1 Apr 2006)~~
~~Class~~	~~ACTIVITY GROUP~~

INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR (RETIRED)__ renamed from INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR

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

~~An indicator which identifies whether the total number of Hospital Beds resourced and available for use recorded by a WARD BED AVAILABILITY is for intensive care Hospital Beds or high dependency Hospital Beds.~~ This item has been retired from the NHS Data Model and Dictionary.

~~Classification:~~ The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~a. Intensive care Hospital Beds~~
~~b. High dependency Hospital Beds~~

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR (RETIRED)__ renamed from INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR

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

- **Changed Description**
- **Changed Name from Data_Dictionary.Attributes.I.Int.INTENSIVE_CARE_OR_HIGH_DEPENDENCY_BEDS_INDICATOR to Retired.Data_Dictionary.Attributes.I.INTENSIVE_CARE_OR_HIGH_DEPENDENCY_BEDS_INDICATOR**
- **Retired INTENSIVE CARE OR HIGH DEPENDENCY BEDS INDICATOR**

NATIONAL OR RESIDENT INDICATOR (RETIRED)

Change to Attribute: Changed Description

~~An indication of the nationality and/or residency status applying to a particular~~ ~~COUNTRY~~ ~~for a~~ ~~PERSON.~~This item has been retired from the NHS Data Model and Dictionary.

~~*Classification:*~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

> a. ~~National and resident of the respective~~ ~~COUNTRY~~
> b. ~~National of the respective~~ ~~COUNTRY~~ ~~but normally resident elsewhere~~
> c. ~~Resident of the respective~~ ~~COUNTRY~~ ~~but not a national~~

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NUMBER OF ORGAN SYSTEMS SUPPORTED (RETIRED)

Change to Attribute: Changed Description

~~The maximum number of organ systems supported during an Augmented Care Period (retired 1 Apr 2006) at any one time. This is not the total number of separate occurrences; for example, if a PATIENT requires two episodes of mechanical ventilation during a prolonged stay in ICU, these would not be counted twice in total.~~This item has been retired from the NHS Data Model and Dictionary.

~~Note that only this applies to Intensive Care level and not to the High Dependency level.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~The list of organ systems supported is as follows:~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

> a. ~~Advanced respiratory system monitoring and support. This is indicated by one or more of the following~~
> > i. ~~Mechanical ventilatory support (excluding mask continuous positive airway pressure (CPAP) or non-invasive methods, e.g. mask ventilation)~~
> > ii. ~~Extracorporeal respiratory support~~
> b. ~~Basic respiratory system monitoring and support. This is indicated by one or more of the following~~
> > i. ~~More than 50% oxygen by fixed performance mask~~
> > ii. ~~The possibility of deterioration to the point of needing advanced respiratory support~~
> > iii. ~~Physiotherapy to clear secretions at least two hourly, whether via a tracheostomy, minitracheostomy, or in the absence of an artificial airway~~
> > iv. ~~PATIENTS recently extubated after a prolonged period of intubation and mechanical ventilation~~
> > v. ~~Mask CPAP or non-invasive ventilation~~
> > vi. ~~PATIENTS who are intubated to protect the airway but need no ventilatory support and who are otherwise stable~~

c. Circulatory system monitoring and support. This is indicated by one or more of the following
    i. Vasoactive drugs to support arterial pressure or cardiac output
    ii. Circulatory instability due to hypovolaemia from any cause
    iii. PATIENTS resuscitated following cardiac arrest where intensive care is considered clinically appropriate
    iv. Intra-aortic balloon pumping
d. Neurological system monitoring and support. This is indicated by one or more of the following
    i. Central nervous system depression, from whatever cause, sufficient to prejudice the airway and protective reflexes
    ii. Invasive neurological monitoring, e.g. intra-cranial pressure (ICP), jugular bulb sampling
e. Renal system monitoring and support, indicated by acute renal replacement therapy (haemodialysis, haemofiltration, etc.)

The above list is the minimum criteria for the assignment of categories.

This object was Used by the following when it was retired:

Class	PATIENT
Class	ACTIVITY GROUP
WebPage	Augmented Care Period (retired 1 Apr 2006)

OUTCOME AT 52 WEEK FOLLOW-UP (RETIRED)

Change to Attribute: Changed Description

The outcome of a Person Smoking Cessation Episode at the 52 week follow-up after the ACTIVITY DATE of type 'Quit Date' on a self-reporting basis. Successfully quit should include those who report not having smoked since 2 weeks after the ACTIVITY DATE of type 'Quit Date'.This item has been retired from the NHS Data Model and Dictionary.

*Classification:*The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

    a. Report successfully quit at 52 week follow-up
    b. Not quit at 52 week follow-up
    c. Not known/lost to follow-up

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

RADIOLOGICAL INVESTIGATION PLANNED DATE (RETIRED)

Change to Attribute: Changed Description

The date on which a radiology investigation is scheduled to be undertaken.This item has been retired from the NHS Data Model and Dictionary.

References:
The Version 1.0 Trial NHS Standard EDIFACT Messages for Radiology Requests and Reports, 14.3.95The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

RADIOLOGICAL INVESTIGATION PLANNED TIME (RETIRED)

Change to Attribute: Changed Description

The time at which a radiology investigation is scheduled to be undertaken.This item has been retired from the NHS Data Model and Dictionary.

References:
The Version 1.0 Trial NHS Standard EDIFACT Messages for Radiology Requests and Reports, 14.3.95The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

REFERRAL NUMBER (RETIRED)

Change to Attribute: Changed Description

The number of a referral, used to assist in the unique identification of a specific referral.This item has been retired from the NHS Data Model and Dictionary.

This object was Used by the following when it was retired:The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

REFERRAL TIME (RETIRED)

Change to Attribute: Changed Description

The time a SERVICE REQUEST was made and recorded. This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

REFERRAL TIME1 (RETIRED)

Change to Attribute: Changed Description

The time a REFERRAL REQUEST was made.This item has been retired from the NHS Data Model and Dictionary.

 The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

REQUESTED OR INVITED DATE (RETIRED)

Change to Attribute: Changed Description

The date on which an invitation or request for an APPOINTMENT was sent out.This item has been retired from the NHS Data Model and Dictionary.

 The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

REQUESTED OR INVITED TIME (RETIRED)

Change to Attribute: Changed Description

The time on which a PATIENT was invited for or requested an APPOINTMENT.This item has been retired from the NHS Data Model and Dictionary.

 The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

RESPONSE TIME - NON-AMBULANCE (RETIRED)

Change to Attribute: Changed Description

The time taken for emergency services to respond to an emergency call with the first rapid response vehicle or approved first responder able to treat the patient but unable to transport them to hospital.has been retired from the NHS Data Model and Dictionary as at .

The response time starts when details of the telephone number of the caller, the exact location of the incident and the nature of the chief complaint have been ascertained. The response time ends when the rapid response vehicle or approved first responder arrives at the scene of the incident.The last accessible version of is available in the November 2013 release of the NHS Data Model and Dictionary.

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

SERVICE REQUEST IDENTIFIER1 (RETIRED)

Change to Attribute: Changed Description

The unique identifier of a SERVICE REQUEST.This item has been retired from the NHS Data Model and Dictionary.

 The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

SERVICE REQUEST RELATIONSHIP DESCRIPTION1 (RETIRED)

Change to Attribute: Changed Description

Describes how one ~~SERVICE REQUEST~~ ~~relates to another.~~ **This item has been retired from the NHS Data Model and Dictionary.**

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

URBAN OR RURAL INDICATOR (RETIRED)

Change to Attribute: Changed Description

~~An indication of whether an ambulance service is in an Urban or Rural environment. This is calculated on the basis of population density in the area served by the ambulance service. An ambulance service is considered 'Urban' if its population density was over 2.5 per acre in 1991 and 'Rural' if under 2.5 per acre in 1991.~~ **This item has been retired from the NHS Data Model and Dictionary.**

~~*Classification.*~~ **The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.**

> ~~a.~~ ~~Urban~~
> ~~b.~~ ~~Rural~~

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

WARD AVAILABLE BED (RETIRED) renamed from WARD AVAILABLE BED

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

~~The count of the total number of~~ ~~Hospital Beds~~ ~~resourced and available for use on a~~ ~~WARD~~ ~~for a single~~ ~~CLINICAL CARE INTENSITY~~ ~~or~~ ~~AUGMENTED CARE LOCATION CODE.~~ **This item has been retired from the NHS Data Model and Dictionary.**

The last live version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

WARD AVAILABLE BED (RETIRED) renamed from WARD AVAILABLE BED

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

- **Changed Description**
- **Changed Name from Data_Dictionary.Attributes.W.Ward.WARD_AVAILABLE_BED to Retired.Data_Dictionary.Attributes.W.WARD_AVAILABLE_BED**
- **Retired WARD AVAILABLE BED**

AMI ADMISSION DIAGNOSIS (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI ADMISSION DIAGNOSIS (retired)~~

Attribute:

~~AMI ADMISSION DIAGNOSIS (retired)~~

AMI ADMISSION WARD TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI ADMISSION WARD TYPE (retired)~~
Attribute:

~~AMI ADMISSION WARD TYPE (retired)~~

AMI ADMITTING CONSULTANT TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI ADMITTING CONSULTANT TYPE (retired)~~
Attribute:

~~AMI ADMITTING CONSULTANT TYPE (retired)~~

AMI CAUSE OF DEATH IN HOSPITAL (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI CAUSE OF DEATH IN HOSPITAL (retired)~~
Attribute:

~~AMI CAUSE OF DEATH IN HOSPITAL (retired)~~

AMI DISCHARGE DIAGNOSIS (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI DISCHARGE DIAGNOSIS (retired)~~
Attribute:

~~AMI DISCHARGE DIAGNOSIS (retired)~~

AMI HEART RATE (RETIRED)

Change to Data Element: Changed linked Attribute

~~AMI HEART RATE (retired)~~
Attribute:

~~AMI HEART RATE (retired)~~

ASPIRIN THERAPY LOCATION (RETIRED)

Change to Data Element: Changed linked Attribute

~~ASPIRIN THERAPY LOCATION (retired)~~
Attribute:

~~ASPIRIN THERAPY LOCATION CODE (retired)~~

AUGMENTED CARE LOCATION (RETIRED)

Change to Data Element: Changed Description

~~Format/length:~~	~~an2~~
~~HES item:~~	~~ACPLOC~~
~~National Codes:~~	~~Click on the attribute tab to display the attribute that contains the National Codes.~~
~~Default Codes:~~	

~~This object was Used by the following when it was retired:~~ This item has been retired from the NHS Data Model and Dictionary.

~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Item - Table 2~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Name - Table 1~~
~~WebPage~~	~~Augmented Care Period~~
~~Attribute~~	~~AUGMENTED CARE LOCATION CODE~~

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE OUTCOME INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute, Description

~~Format/length:~~	~~an2~~
~~HES item:~~	~~ACPOUT~~
~~National Codes:~~	~~Click on the attribute tab to display the attribute that contains the National Codes.~~
~~Default Codes:~~	~~98 - Not applicable; Augmented Care Period not finished~~

~~Notes:~~
~~Organs donated can include heart, lung, liver, kidney, pancreas and other whole organs. Do not record corneas, heart valves, etc.~~

~~This object was Used by the following when it was retired:~~ This item has been retired from the NHS Data Model and Dictionary.

~~Attribute~~	~~AUGMENTED CARE OUTCOME INDICATOR~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Name - Table 1~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Item - Table 2~~

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE OUTCOME INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute, Description

~~AUGMENTED CARE OUTCOME INDICATOR (retired)~~
~~Attribute:~~

~~AUGMENTED CARE OUTCOME INDICATOR (retired)~~

AUGMENTED CARE PERIOD DISPOSAL (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	an2
HES item:	ACPDISP
National Codes:	Click on the attribute tab to display the attribute that contains the National Codes.
Default Codes:	98 - Not applicable; Augmented Care Period not finished

This object was Used by the following when it was retired:This item has been retired from the NHS Data Model and Dictionary.

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
Attribute	AUGMENTED CARE PERIOD DISPOSAL

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE PERIOD DISPOSAL (RETIRED)

Change to Data Element: Changed linked Attribute, Description

AUGMENTED CARE PERIOD DISPOSAL (retired)

Attribute:

| AUGMENTED CARE PERIOD DISPOSAL (retired) |

AUGMENTED CARE PERIOD LOCAL IDENTIFIER (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	an8
HES item:	
National Codes:	
Default Codes:	

Notes:
This is a unique local ACTIVITY IDENTIFIER used to identify continuous augmented care when that care is split into different periods due to a change other than the completion of that care, e.g. the CONSULTANT responsible for the overall consultant episode changes.

This object was Used by the following when it was retired:This item has been retired from the NHS Data Model and Dictionary.

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
Attribute	ACTIVITY IDENTIFIER
Class	CONSULTANT

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE PERIOD LOCAL IDENTIFIER (RETIRED)

Change to Data Element: Changed linked Attribute, Description

AUGMENTED CARE PERIOD LOCAL IDENTIFIER (retired)

Attribute:

ACTIVITY IDENTIFIER

AUGMENTED CARE PERIOD NUMBER (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	n2
HES item:	ACPN
National Codes:	
Default Codes:	99 - Not known, a validation error

Notes:

An ordered sequence number between 01 to 97 used to identify Augmented Care Periods uniquely within a Consultant Episode (Hospital Provider). If there is only one period, record as 01.

Augmented Care Period is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 03 '*Augmented Care Period*'.This item has been retired from the NHS Data Model and Dictionary.

Consultant Episode (Hospital Provider) is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 14 '*Consultant Episode (Hospital Provider)*'.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

This object was Used by the following when it was retired:Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
WebPage	Augmented Care Period
Attribute	ACTIVITY IDENTIFIER
Class	ACTIVITY GROUP
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
WebPage	Consultant Episode (Hospital Provider)
Attribute	ACTIVITY GROUP TYPE

AUGMENTED CARE PERIOD NUMBER (RETIRED)

Change to Data Element: Changed linked Attribute, Description

AUGMENTED CARE PERIOD NUMBER (retired)

Attribute:

ACTIVITY IDENTIFIER

AUGMENTED CARE PERIOD SOURCE (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	an2
HES item:	ACPSOUR
National Codes:	Click on the attribute tab to display the attribute that contains the National Codes.
Default Codes:	

This object was Used by the following when it was retired:This item has been retired from the NHS Data Model and Dictionary.

Attribute	AUGMENTED CARE PERIOD SOURCE
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1

| LegacyMessage | HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2 |

 The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE PERIOD SOURCE (RETIRED)

Change to Data Element: Changed linked Attribute, Description

| AUGMENTED CARE PERIOD SOURCE (retired) |
| Attribute: |

| AUGMENTED CARE PERIOD SOURCE (retired) |

AUGMENTED CARE PLANNED INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	n1
HES item:	ACPPLAN
National Codes:	Click on the attribute tab to display the attribute that contains the National Codes.
Default Codes:	

This object was Used by the following when it was retired:This item has been retired from the NHS Data Model and Dictionary.

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
Attribute	AUGMENTED CARE PLANNED INDICATOR

This object was Used by the following when it was retired:The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

| LegacyMessage | HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2 |
| LegacyMessage | HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1 |

 Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

AUGMENTED CARE PLANNED INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute, Description

| AUGMENTED CARE PLANNED INDICATOR (retired) |
| Attribute: |

| AUGMENTED CARE PLANNED INDICATOR (retired) |

BLEED COMPLICATION (RETIRED)

Change to Data Element: Changed linked Attribute

| BLEED COMPLICATION (retired) |
| Attribute: |

BLEED COMPLICATION CODE (retired)

BONE SARCOMA LOCATION (RETIRED)

Change to Data Element: Changed linked Attribute

BONE SARCOMA LOCATION (retired)

Attribute:

BONE SARCOMA LOCATION (retired)

BREAST CANCER NURSE SEEN (RETIRED)

Change to Data Element: Changed linked Attribute

BREAST CANCER NURSE SEEN (retired)

Attribute:

BREAST CANCER NURSE SEEN (retired)

CARDIAC ARREST LOCATION (RETIRED)

Change to Data Element: Changed linked Attribute

CARDIAC ARREST LOCATION (retired)

Attribute:

CARDIAC ARREST LOCATION (retired)

CARDIAC ARREST OUTCOME (FIRST) (RETIRED)

Change to Data Element: Changed linked Attribute

CARDIAC ARREST OUTCOME (FIRST) (retired)

Attribute:

CARDIAC ARREST OUTCOME (retired)

CARDIAC ARREST PRESENTING RHYTHM (RETIRED)

Change to Data Element: Changed linked Attribute

CARDIAC ARREST PRESENTING RHYTHM (retired)

Attribute:

CARDIAC ARREST PRESENTING RHYTHM (retired)

CCAD HOSPITAL IDENTIFIER (REFERRING) (RETIRED)

Change to Data Element: Changed linked Attribute

CCAD HOSPITAL IDENTIFIER (REFERRING) (retired)

Attribute:

CCAD HOSPITAL IDENTIFIER (retired)

CCAD HOSPITAL IDENTIFIER (RETIRED)

Change to Data Element: Changed linked Attribute

CCAD HOSPITAL IDENTIFIER (retired)

Attribute:

CCAD HOSPITAL IDENTIFIER (retired)

CDS INTERCHANGE INTERFACE GATEWAY SERVICE REFERENCE (RETIRED)

Change to Data Element: Changed Description

Format/length: an7
HES item:
National Codes:
Default Codes:

Notes:This item has been retired from the NHS Data Model and Dictionary.

Definition:
This identifies the Interface Gateway Service (IGS) translation map required to process the submitted application format file input to a pre-determined EDIFACT translation process.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Usage:
This is a mandatory data element when submitting CDS Interchanges using a CDS IGS. The authorised definition of values for this data field is contained in the NWCS User Guide.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

CDS-XML Interchanges:
Available for future use.

CDS INTERFACE GATEWAY SERVICE Interchanges:
The CDS INTERCHANGE INTERFACE GATEWAY SERVICE REFERENCE is mandatory when using a CDS IGS and is represented by the data contained in the Translation Reference data field as defined in the Interface Gateway Service Control record.

Values for this data field are defined in the NWCS User Guide.

NHSCDS EDIFACT Interchanges:
Not applicable.

CEMENT GUN USED (RETIRED)

Change to Data Element: Changed linked Attribute

CEMENT GUN USED (retired)

Attribute:

CEMENT GUN USED (retired)

CEMENT MIXING SYSTEM (RETIRED)

Change to Data Element: Changed linked Attribute

CEMENT MIXING SYSTEM (retired)

Attribute:

CEMENT MIXING SYSTEM (retired)

CEMENT PRESSURISER USED (RETIRED)

Change to Data Element: Changed linked Attribute

Attribute:

CEMENT PRESSURISER USED (retired)

CLINICAL INTERVENTION DATE (FIRST DIAGNOSTIC TEST) (RETIRED)

Change to Data Element: Changed linked Attribute

CLINICAL INTERVENTION DATE (FIRST DIAGNOSTIC TEST) (retired)

Attribute:

ACTIVITY DATE

CONTACTS (CONSULTANT PSYCHOTHERAPY) (RETIRED)

Change to Data Element: Changed Description

Format/length:	n3
HES item:	
National Codes:	
Default Codes:	

Notes:
CONTACTS (CONSULTANT PSYCHOTHERAPY) is an optional data element in the Mental Health Minimum Dataset (MHMDS) collection record and should only be present if:This item has been retired from the NHS Data Model and Dictionary.

   a.   one or more Out-Patient Attendance Consultant within the Mental Health Care Spell has occurred during the REPORTING PERIOD

and

   b.   where the MAIN SPECIALTY for the CONSULTANT is 713 'PSYCHOTHERAPY'

It is the total number of such attendances within the REPORTING PERIOD. Each such attendance is recorded by an Out-Patient Attendance Consultant and there may be more than one recorded during the course of a REPORTING PERIOD.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

There is an ATTENDANCE DATE for each Out-Patient Attendance Consultant and the calculation is based upon those attendances which have occurred during the REPORTING PERIOD. Where the CONSULTANT is also the allocated Care Programme Approach care coordinator for the PATIENT then a Face To Face Contact CPA Care Coordinator should also be recorded.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

Out-Patient Attendance Consultant is a CARE CONTACT where the CARE CONTACT TYPE is National Code 27 'Out-Patient Attendance Consultant'.

Mental Health Care Spell is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 23 'Mental Health Care Spell'.

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

This object was Used by the following when it was retired:

WebPage	Out-Patient Attendance Consultant
Class	CONSULTANT

DataElement	ATTENDANCE DATE
Attribute	CARE CONTACT TYPE
WebPage	Face To Face Contact CPA Care Coordinator
Class	ACTIVITY DATE TIME
WebPage	Contact Date
Class	ACTIVITY GROUP
Class	MAIN SPECIALTY
Attribute	ACTIVITY GROUP TYPE
Attribute	ACTIVITY DATE
Class	CARE CONTACT
Class	PATIENT
Class	REPORTING PERIOD
Attribute	ACTIVITY DATE TIME TYPE
WebPage	Mental Health Care Spell

COPD PRESENT (RETIRED)

Change to Data Element: Changed linked Attribute

COPD PRESENT (retired)

Attribute:

COPD PRESENT (retired)

CORONARY ANGIOGRAPHY PERFORMED (RETIRED)

Change to Data Element: Changed linked Attribute

CORONARY ANGIOGRAPHY PERFORMED (retired)

Attribute:

CORONARY ANGIOGRAPHY PERFORMED (retired)

CORONARY INTERVENTION PERFORMED (RETIRED)

Change to Data Element: Changed linked Attribute

CORONARY INTERVENTION PERFORMED (retired)

Attribute:

CORONARY INTERVENTION PERFORMED (retired)

DEATH CODE DISCREPANCY ORIGINATOR (RETIRED)

Change to Data Element: Changed Description

Format/Length:	n2
HES Item:	
National Codes:	See DEATH CODE DISCREPANCY ORIGINATOR
Default Codes:	

Notes:
DEATH CODE DISCREPANCY ORIGINATOR is the same as attribute DEATH CODE DISCREPANCY ORIGINATOR. This item has been retired from the NHS Data Model and Dictionary.

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

DISCHARGED ON ANGIOTENSIN INHIBITOR (RETIRED)

Change to Data Element: Changed linked Attribute

DISCHARGED ON ANGIOTENSIN INHIBITOR (retired)

Attribute:

DISCHARGED ON INDICATOR (retired)

DISCHARGED ON ANTI-PLATELET DRUG (RETIRED)

Change to Data Element: Changed linked Attribute

DISCHARGED ON ANTI-PLATELET DRUG (retired)

Attribute:

DISCHARGED ON INDICATOR (retired)

DISCHARGED ON BETA BLOCKER (RETIRED)

Change to Data Element: Changed linked Attribute

DISCHARGED ON BETA BLOCKER (retired)

Attribute:

DISCHARGED ON INDICATOR (retired)

DISCHARGED ON STATIN (RETIRED)

Change to Data Element: Changed linked Attribute

DISCHARGED ON STATIN (retired)

Attribute:

DISCHARGED ON INDICATOR (retired)

ECG DETERMINING TREATMENT (RETIRED)

Change to Data Element: Changed linked Attribute

ECG DETERMINING TREATMENT (retired)

Attribute:

ECG DETERMINING TREATMENT (retired)

END DATE (AUGMENTED CARE PERIOD) (RETIRED)

Change to Data Element: Changed Description

Format/length:	see DATE
HES item:	ACPEND
National Codes:	
Default Codes:	

Notes:

~~The End Date of an Augmented Care Period.~~

~~It is the same as attribute ACTIVITY DATE of ACTIVITY DATE TIME where ACTIVITY DATE TIME TYPE is National code 11 'End Date'.~~ This item has been retired from the NHS Data Model and Dictionary.

~~Augmented Care Period is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 03 'Augmented Care Period'.~~ The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~This object was Used by the following when it was retired:~~ Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~DataElement~~	~~DATE~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Item - Table 2~~
~~Attribute~~	~~ACTIVITY GROUP TYPE~~
~~WebPage~~	~~Augmented Care Period~~
~~Attribute~~	~~ACTIVITY DATE TIME TYPE~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Name - Table 1~~
~~Class~~	~~ACTIVITY DATE TIME~~
~~Class~~	~~ACTIVITY GROUP~~
~~Attribute~~	~~ACTIVITY DATE~~

END DATE (BRACHYTHERAPY TREATMENT COURSE) (RETIRED)

Change to Data Element: Changed linked Attribute

~~END DATE (BRACHYTHERAPY TREATMENT COURSE) (retired)~~
~~Attribute:~~

~~ACTIVITY DATE~~

END DATE (TELETHERAPY TREATMENT COURSE) (RETIRED)

Change to Data Element: Changed linked Attribute

~~END DATE (TELETHERAPY TREATMENT COURSE) (retired)~~
~~Attribute:~~

~~ACTIVITY DATE~~

ENDOCRINE THERAPY TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

~~ENDOCRINE THERAPY TYPE (retired)~~
~~Attribute:~~

~~ENDOCRINE THERAPY TYPE (retired)~~

GRADE OF RESPONSIBLE HCP (RETIRED)

Change to Data Element: Changed linked Attribute

~~GRADE OF RESPONSIBLE HCP (retired)~~
~~Attribute:~~

GRADE OF RESPONSIBLE HCP (retired)

GYNAECOLOGICAL ONCOLOGY ACCREDITATION (RETIRED)

Change to Data Element: Changed linked Attribute

GYNAECOLOGICAL ONCOLOGY ACCREDITATION (retired)

Attribute:

GYNAECOLOGICAL ONCOLOGY ACCREDITATION (retired)

HIGH DEPENDENCY CARE LEVEL DAYS (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	n4
HES item:	DEPDAYS
National Codes:	
Default Codes:	9999 - Not known: a validation error

Notes:
The number of high dependency care days between 0000 to 9998.

This object was Used by the following when it was retired: This item has been retired from the NHS Data Model and Dictionary.

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
Attribute	HIGH DEPENDENCY CARE LEVEL DAYS
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

HIGH DEPENDENCY CARE LEVEL DAYS (RETIRED)

Change to Data Element: Changed linked Attribute, Description

HIGH DEPENDENCY CARE LEVEL DAYS (retired)

Attribute:

HIGH DEPENDENCY CARE LEVEL DAYS (retired)

HIP CEMENTING TECHNIQUE TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

HIP CEMENTING TECHNIQUE TYPE (retired)

Attribute:

HIP CEMENTING TECHNIQUE TYPE (retired)

HIP REPLACEMENT BONEGRAFT (RETIRED)

Change to Data Element: Changed linked Attribute

HIP REPLACEMENT BONEGRAFT (retired)

HIP SURGERY INCISION TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

HIP SURGERY INCISION TYPE (retired)
Attribute:

HIP SURGERY INCISION TYPE (retired)

HIP SURGERY TROCHANTER INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

HIP SURGERY TROCHANTER INDICATOR (retired)
Attribute:

HIP SURGERY TROCHANTER INDICATOR (retired)

IMAGE REQUEST DATE (RETIRED)

Change to Data Element: Changed linked Attribute

IMAGE REQUEST DATE (retired)
Attribute:

DIAGNOSTIC REQUEST DATE (retired)

IMPLANT CLASSIFICATION CODE (RETIRED)

Change to Data Element: Changed linked Attribute

IMPLANT CLASSIFICATION CODE (retired)
Attribute:

IMPLANT CLASSIFICATION CODE (retired)

IMPLANT MODEL (RETIRED)

Change to Data Element: Changed linked Attribute

IMPLANT MODEL (retired)
Attribute:

IMPLANT MODEL (retired)

INITIAL CONTACT TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

INITIAL CONTACT TYPE (retired)
Attribute:

INITIAL CONTACT TYPE (retired)

INTENSIVE CARE LEVEL DAYS (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length:	n4
HES item:	INTDAYS
National Codes:	
Default Codes:	9999 - Not known: a validation error

Notes:

The number of intensive care days between 0000 to 9998.

This object was Used by the following when it was retired: This item has been retired from the NHS Data Model and Dictionary.

Attribute	INTENSIVE CARE LEVEL DAYS
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

INTENSIVE CARE LEVEL DAYS (RETIRED)

Change to Data Element: Changed linked Attribute, Description

INTENSIVE CARE LEVEL DAYS (retired)
Attribute:

INTENSIVE CARE LEVEL DAYS (retired)

JOINT IMPLANT REVISION INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

JOINT IMPLANT REVISION INDICATOR (retired)
Attribute:

JOINT IMPLANT REVISION INDICATOR (retired)

JOINT REPLACEMENT PRIMARY OR REVISION (RETIRED)

Change to Data Element: Changed linked Attribute

JOINT REPLACEMENT PRIMARY OR REVISION (retired)
Attribute:

JOINT REPLACEMENT PRIMARY OR REVISION (retired)

JOINT REPLACEMENT REVISION NUMBER (RETIRED)

Change to Data Element: Changed linked Attribute

JOINT REPLACEMENT REVISION NUMBER (retired)
Attribute:

JOINT REPLACEMENT REVISION NUMBER (retired)

KNEE REPLACEMENT CEMENT INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

KNEE REPLACEMENT CEMENT INDICATOR (retired)

~~Attribute:~~

KNEE REPLACEMENT CEMENT INDICATOR (retired)

KNEE SURGERY FAT PAD REMOVED (RETIRED)

Change to Data Element: Changed linked Attribute

KNEE SURGERY FAT PAD REMOVED (retired)

~~Attribute:~~

KNEE SURGERY FAT PAD REMOVED (retired)

KNEE SURGERY SKIN INCISION METHOD (RETIRED)

Change to Data Element: Changed linked Attribute

KNEE SURGERY SKIN INCISION METHOD (retired)

~~Attribute:~~

KNEE SURGERY SKIN INCISION METHOD (retired)

KNEE SURGERY TOURNIQUET USED (RETIRED)

Change to Data Element: Changed linked Attribute

KNEE SURGERY TOURNIQUET USED (retired)

~~Attribute:~~

KNEE SURGERY TOURNIQUET USED (retired)

LAMINAR FLOW SYSTEM INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

LAMINAR FLOW SYSTEM INDICATOR (retired)

~~Attribute:~~

LAMINAR FLOW SYSTEM INDICATOR (retired)

LANGUAGE USAGE (RETIRED)

Change to Data Element: Changed linked Attribute

LANGUAGE USAGE (retired)

~~Attribute:~~

LANGUAGE USAGE (retired)

LEGAL STATUS CLASSIFICATION CODE (AT START OF EPISODE) (RETIRED)

Change to Data Element: Changed linked Attribute

LEGAL STATUS CLASSIFICATION CODE (AT START OF EPISODE) (retired)

LOCUM INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

LOCUM INDICATOR (retired)

Attribute:

LOCUM INDICATOR (retired)

MAIN SPECIALTY CODE (AUGMENTED CARE PERIOD) (RETIRED)

Change to Data Element: Changed Description

Format/length:	n3
HES item:	ACPSPEF
National Codes:	
Default Codes:	

Notes:
This is the main specialty of the CONSULTANT clinically managing one or more Augmented Care Periods. This consultant is not necessarily the same as the consultant responsible for the Consultant Episode (Hospital Provider).

Where a PATIENT is cared for by a team of specialists within an Intensive Care rota, the specialty of the clinical director of the team is recorded.This item has been retired from the NHS Data Model and Dictionary.

In the event of multiple specialty involvement in an augmented care period where no specialty is identified as being responsible, the MAIN SPECIALTY CODE of the consultant admitting the PATIENT to the augmented care period is recorded. See Main Specialty And Treatment Function Codes for the full list of codes.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

This object was Used by the following when it was retired:Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

Class	CONSULTANT
Class	PATIENT
WebPage	Consultant Episode (Hospital Provider)
WebPage	Main Specialty And Treatment Function Codes
Attribute	MAIN SPECIALTY CODE
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
WebPage	Augmented Care Period
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1

MENSTRUAL STATUS (RETIRED)

Change to Data Element: Changed linked Attribute

MENSTRUAL STATUS (retired)

Attribute:

MENSTRUAL STATUS (retired)

NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODE (RETIRED)

Change to Data Element: Changed Description

~~Format/length:~~	~~n2~~
~~HES item:~~	~~NUMACP~~
~~National Codes:~~	
~~Default Codes:~~	

~~Notes:~~
~~This is a derived data element which records the number of Augmented Care Periods within the Consultant Episode (Hospital Provider).~~

~~1 to 97 Augmented Care Periods may be recorded against a Consultant Episode (Hospital Provider) on a Patient Information System. However, there are specific rules regarding the number of Augmented Care Periods that can be included in a single Admitted Patient Care Contract Dataset (CDS) for transmission via the NHS-wide Clearing Service (NWCS) as follows:~~This item has been retired from the NHS Data Model and Dictionary.

- ~~i.~~ ~~If a Consultant Episode (Hospital Provider) includes nine or fewer Augmented Care Periods, all should be reported within the CDS~~
- ~~ii.~~ ~~If a Consultant Episode (Hospital Provider) includes ten or more Augmented Care Periods, the nine most recent should be reported within the CDS~~

~~Within the CDS, the Augmented Care Period (retired 1 Apr 2006) number is the same as the attribute ACTIVITY IDENTIFIER and will always remain as the sequential number of that period within the consultant episode, and not the number exchanged, for example if there are 18 Augmented Care Periods within an episode, details of the numbers 10-18 (the nine most recent) will be transmitted and the Augmented Care Period (retired 1 Apr 2006) number will also be 10-18.~~The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

~~In this example, the derived data element NUMBER OF AUGMENTED CARE PERIODS WITHIN EPISODES should therefore be recorded as 18.~~Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

~~Note: The above rules relate to the exchange of data not the collection of data, all augmented care activity must be recorded on Patient Information Systems within the Consultant Episode (Hospital Provider).~~

~~Augmented Care Period (retired 1 Apr 2006) is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 03 'Augmented Care Period'.~~

~~The Augmented Care Period (retired 1 Apr 2006) number is the same as the ACTIVITY IDENTIFIER of the ACTIVITY GROUP.~~

~~Consultant Episode (Hospital Provider) is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 14 'Consultant Episode (Hospital Provider)'.~~

~~This object was Used by the following when it was retired:~~

~~LegacyMessage~~	~~ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Item - Table 2~~
~~WebPage~~	~~Consultant Episode (Hospital Provider)~~
~~Attribute~~	~~ACTIVITY IDENTIFIER~~
~~WebPage~~	~~Augmented Care Period (retired 1 Apr 2006)~~
~~LegacyMessage~~	~~ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE~~
~~Class~~	~~ACTIVITY GROUP~~
~~Attribute~~	~~ACTIVITY GROUP TYPE~~
~~LegacyMessage~~	~~HES - CDS Data items cross referenced by~~ Hospital Episode Statistics ~~Name - Table 1~~

NUMBER OF ORGAN SYSTEMS SUPPORTED (RETIRED)

Change to Data Element: Changed linked Attribute, Description

Format/length.	n2
HES item.	ORGSUP
National Codes.	
Default Codes.	98 - Not applicable. Augmented Care Period not finished
	99 - Not known

Notes.
The number of organ systems supported can be between 00 to 05.

This object was Used by the following when it was retired:This item has been retired from the NHS Data Model and Dictionary.

Attribute	NUMBER OF ORGAN SYSTEMS SUPPORTED
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2

The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

NUMBER OF ORGAN SYSTEMS SUPPORTED (RETIRED)

Change to Data Element: Changed linked Attribute, Description

NUMBER OF ORGAN SYSTEMS SUPPORTED (retired)
Attribute.

| NUMBER OF ORGAN SYSTEMS SUPPORTED (retired) |

OVERSEAS SURGICAL TEAM MEMBER (RETIRED)

Change to Data Element: Changed linked Attribute

OVERSEAS SURGICAL TEAM MEMBER (retired)
Attribute.

| OVERSEAS SURGICAL TEAM MEMBER (retired) |

PATIENT CLINICAL GROUP (RETIRED)

Change to Data Element: Changed linked Attribute

PATIENT CLINICAL GROUP (retired)
Attribute.

| PATIENT CLINICAL GROUP CODE (retired) |

PCT OF RESIDENCE (RETIRED)

Change to Data Element: Changed Description

Format/length.	
HES item.	
National Codes.	
Default Codes.	

Notes.

PCT OF RESIDENCE is the same as the attribute ORGANISATION CODE.This item has been retired from the NHS Data Model and Dictionary.

See Primary Care Trust (PCT) for the definitions of this ORGANISATION.The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

PATIENTS not registered with a General Medical Practitioner Practice but resident in the GEOGRAPHIC AREA covered by a Primary Care Trust are the responsibility of that Primary Care Trust. The National Administrative Codes Service provides postcode files which link postcodes to PCT OF RESIDENCES.Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

See NHS Postcode Directory.

For the National Administrative Codes Service contact details, see Contact Details.

This object was Used by the following when it was retired:

Class	GEOGRAPHIC AREA
WebPage	Primary Care Trust
Attribute	ORGANISATION CODE
WebPage	Publication Information Contact Details
WebPage	NHS Postcode Directory
Class	PATIENT
WebPage	Commissioning Data Set Overview
Class	ORGANISATION
WebPage	General Medical Practitioner Practice

PREVIOUS TREATMENT ELSEWHERE (RETIRED)

Change to Data Element: Changed linked Attribute

PREVIOUS TREATMENT ELSEWHERE (retired)
Attribute:

PREVIOUS TREATMENT ELSEWHERE (retired)

PROSTHESIS CEMENTED (RETIRED)

Change to Data Element: Changed linked Attribute

PROSTHESIS CEMENTED (retired)
Attribute:

PROSTHESIS CEMENTED (retired)

PULSATILE LAVAGE (RETIRED)

Change to Data Element: Changed linked Attribute

PULSATILE LAVAGE (retired)
Attribute:

PULSATILE LAVAGE (retired)

QUALITY OF LIFE (AT DIAGNOSIS) (RETIRED)

Change to Data Element: Changed linked Attribute

QUALITY OF LIFE (AT DIAGNOSIS) (retired)

Attribute:

QUALITY OF LIFE (retired)

RECURRENT LESIONS TREATED NUMBER (CHEMOTHERAPY) (RETIRED)

Change to Data Element: Changed linked Attribute

RECURRENT LESIONS TREATED NUMBER (CHEMOTHERAPY) (retired)

Attribute:

RECURRENT LESIONS TREATED NUMBER (retired)

RECURRENT LESIONS TREATED NUMBER (RADIOTHERAPY) (RETIRED)

Change to Data Element: Changed linked Attribute

RECURRENT LESIONS TREATED NUMBER (RADIOTHERAPY) (retired)

Attribute:

RECURRENT LESIONS TREATED NUMBER (retired)

RECURRENT LESIONS TREATED NUMBER (SURGERY) (RETIRED)

Change to Data Element: Changed linked Attribute

RECURRENT LESIONS TREATED NUMBER (SURGERY) (retired)

Attribute:

RECURRENT LESIONS TREATED NUMBER (retired)

REHABILITATION REFERRAL (RETIRED)

Change to Data Element: Changed linked Attribute

REHABILITATION REFERRAL (retired)

Attribute:

REHABILITATION REFERRAL (retired)

RELATIONSHIP TO PERSON (RETIRED)

Change to Data Element: Changed linked Attribute

RELATIONSHIP TO PERSON (retired)

Attribute:

RELATIONSHIP TO PERSON (retired)

REPERFUSION INITIAL DECISION (RETIRED)

Change to Data Element: Changed linked Attribute

REPERFUSION INITIAL DECISION (retired)

Attribute:

REPERFUSION INITIAL DECISION (retired)

REPERFUSION TREATMENT LOCATION (RETIRED)

Change to Data Element: Changed linked Attribute

REPERFUSION TREATMENT LOCATION (retired)

Attribute:

REPERFUSION TREATMENT LOCATION (retired)

REPERFUSION TYPE (INITIAL STRATEGY) (RETIRED)

Change to Data Element: Changed linked Attribute

REPERFUSION TYPE (INITIAL STRATEGY) (retired)

Attribute:

REPERFUSION TYPE (retired)

SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER CARE SPELL) (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER CARE SPELL) (retired)

Attribute:

SKIN CANCER LARGEST CLINICAL DIAMETER (retired)

SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER LESION) (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN CANCER LARGEST CLINICAL DIAMETER (SKIN CANCER LESION) (retired)

Attribute:

SKIN CANCER LARGEST CLINICAL DIAMETER (retired)

SKIN CANCER NEW RECURRENT INDICATOR (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN CANCER NEW RECURRENT INDICATOR (retired)

Attribute:

SKIN CANCER NEW RECURRENT INDICATOR (retired)

SKIN CANCER SUBSEQUENT DIAGNOSIS DATE (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN CANCER SUBSEQUENT DIAGNOSIS DATE (retired)

Attribute:

SKIN CANCER SUBSEQUENT DIAGNOSIS DATE (retired)

SKIN LYMPHOMA CLINICAL MORPHOLOGY (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN LYMPHOMA CLINICAL MORPHOLOGY (retired)

Attribute:

SKIN LYMPHOMA CLINICAL MORPHOLOGY CODE (retired)

SKIN TCELL CLINICAL VARIANT (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN TCELL CLINICAL VARIANT (retired)

Attribute:

SKIN TCELL CLINICAL VARIANT (retired)

SKIN TCELL SURFACE AREA (RETIRED)

Change to Data Element: Changed linked Attribute

SKIN TCELL SURFACE AREA (retired)

Attribute:

SKIN TCELL SURFACE AREA (retired)

STAGING CERTAINTY FACTOR (M CATEGORY) (RETIRED)

Change to Data Element: Changed linked Attribute

STAGING CERTAINTY FACTOR (M CATEGORY) (retired)

Attribute:

STAGING CERTAINTY FACTOR (retired)

STAGING CERTAINTY FACTOR (N CATEGORY) (RETIRED)

Change to Data Element: Changed linked Attribute

STAGING CERTAINTY FACTOR (N CATEGORY) (retired)

Attribute:

STAGING CERTAINTY FACTOR (retired)

STAGING CERTAINTY FACTOR (T CATEGORY) (RETIRED)

Change to Data Element: Changed linked Attribute

STAGING CERTAINTY FACTOR (T CATEGORY) (retired)

Attribute:

STAGING CERTAINTY FACTOR (retired)

START DATE (ACTIVE MONITORING) (RETIRED)

Change to Data Element: Changed linked Attribute

START DATE (ACTIVE MONITORING) (retired)

Attribute:

ACTIVITY DATE

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

Change to Data Element: Changed linked Attribute

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

Attribute:

ACTIVITY DATE

START DATE (AUGMENTED CARE PERIOD) (RETIRED)

Change to Data Element: Changed Description

Format/length:	see DATE
HES item:	ACPSTAR
National Codes:	
Default Codes:	

Notes:

Start Date (Augmented Care Period (retired 1 Apr 2006)) is the same as the attribute ACTIVITY DATE where the ACTIVITY DATE TIME TYPE is National Code 31 '*Start Date*' of the Augmented Care Period (retired 1 Apr 2006). This item has been retired from the NHS Data Model and Dictionary.

The START DATE of an Augmented Care Period (retired 1 Apr 2006). The last accessible version of this item is available in the November 2013 release of the NHS Data Model and Dictionary.

Start Date is an ACTIVITY DATE where ACTIVITY DATE TIME TYPE is National Code 31 '*Start Date*'. Access to this version can be obtained by emailing information.standards@hscic.gov.uk with 'NHS Data Model and Dictionary - Archive Request' in the email Subject line.

Augmented Care Period (retired 1 Apr 2006) is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 03 '*Augmented Care Period*'.

This object was Used by the following when it was retired:

LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Item - Table 2
Class	ACTIVITY GROUP
Attribute	ACTIVITY DATE TIME TYPE
LegacyMessage	HES - CDS Data items cross referenced by Hospital Episode Statistics Name - Table 1
DataElement	START DATE
Attribute	ACTIVITY DATE
DataElement	DATE
Attribute	ACTIVITY GROUP TYPE
WebPage	Start Date
WebPage	Augmented Care Period (retired 1 Apr 2006)

START DATE (BRACHYTHERAPY TREATMENT COURSE) (RETIRED)

Change to Data Element: Changed linked Attribute

START DATE (BRACHYTHERAPY TREATMENT COURSE) (retired)
Attribute:

ACTIVITY DATE

START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE) (RETIRED)

Change to Data Element: Changed linked Attribute

START DATE (SPECIALIST PALLIATIVE TREATMENT COURSE) (retired)

Attribute:

ACTIVITY DATE

START DATE (SURGERY HOSPITAL PROVIDER SPELL) (RETIRED)

Change to Data Element: Changed linked Attribute

START DATE (SURGERY HOSPITAL PROVIDER SPELL) (retired)

Attribute:

ACTIVITY DATE

START DATE (TELETHERAPY TREATMENT COURSE) (RETIRED)

Change to Data Element: Changed linked Attribute

START DATE (TELETHERAPY TREATMENT COURSE) (retired)

Attribute:

ACTIVITY DATE

SURGICAL URGENCY (RETIRED)

Change to Data Element: Changed linked Attribute

SURGICAL URGENCY (retired)

Attribute:

SURGICAL URGENCY (retired)

THEATRE CASE START TIME (RETIRED)

Change to Data Element: Changed linked Attribute

THEATRE CASE START TIME (retired)

Attribute:

ACTIVITY TIME

THROMBOLYTIC DRUG (RETIRED)

Change to Data Element: Changed linked Attribute

THROMBOLYTIC DRUG (retired)

Attribute:

THROMBOLYTIC DRUG (retired)

THROMBOLYTIC TREATMENT DELAY REASON (RETIRED)

Change to Data Element: Changed linked Attribute

THROMBOLYTIC TREATMENT DELAY REASON (retired)

Attribute:

THROMBOLYTIC TREATMENT DELAY REASON (retired)

THROMBOLYTIC TREATMENT NOT GIVEN REASON (RETIRED)

Change to Data Element: Changed linked Attribute

~~THROMBOLYTIC TREATMENT NOT GIVEN REASON (retired)~~

~~**Attribute:**~~

~~THROMBOLYTIC TREATMENT NOT GIVEN REASON (retired)~~

UNSEALED SOURCE PATIENT TYPE (RETIRED)

Change to Data Element: Changed linked Attribute

~~UNSEALED SOURCE PATIENT TYPE (retired)~~

~~**Attribute:**~~

~~UNSEALED SOURCE PATIENT TYPE (retired)~~

For enquiries about this Change Request, please email information.standards@hscic.gov.uk