

NHS Data Model and Dictionary



Type:	Data Dictionary Change Notice
Reference:	1912
Version No:	1.0
Subject:	Update to DAPB0090: Health and Social Care Organisation Reference Data
Effective Date:	Immediate
Reason for Change:	Change to definitions
Publication Date:	8 April 2024

Background:

An update to [DAPB0090: Health and Social Care Organisation Reference Data](#) from 1 July 2022 described how the Health and Care Bill (2022) made significant changes to organisational hierarchy and naming.

Since then it has been identified that changes are required to dates and some rewording is required.

This Data Dictionary Change Notice (DDCN) makes the following changes to the NHS Data Model and Dictionary to reflect the changes:

- Updates the existing definitions:
 - Clinical Commissioning Group
 - Integrated Care Board
 - Integrated Care System
 - Sub Integrated Care Board Location
- Updates the NHS Data Model and Dictionary items that reference the affected items.

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

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

Summary of changes:

Supporting Information

CLINICAL COMMISSIONING GROUP	Changed Description
INTEGRATED CARE BOARD	Changed Description
INTEGRATED CARE SYSTEM	Changed Description
SUB INTEGRATED CARE BOARD LOCATION	Changed Description

Data Elements

ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	Changed Description
ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	Changed Description
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	Changed Description

Date: 8 April 2024

Sponsor: Tomas Sanchez Lopez, Director of Data Curation and Open Data, NHS England

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.

CLINICAL COMMISSIONING GROUP

Change to Supporting Information: Changed Description

All [Clinical Commissioning Groups](#) were statutorily abolished on 1 July 2022.

All [Organisation Data Service](#) records for [Clinical Commissioning Groups](#) were renamed as [Sub Integrated Care Board Location](#) on 1 July 2022. ~~These records will then remain open to facilitate a transition period, but will be closed in 2023.~~ These records will remain open to facilitate a transition period.

Further information on the [Integrated Care System](#) implementation within the [Organisation Data Service](#) is available at: [ICS implementation](#).

The definition has been retained for historical reporting.

A Clinical Commissioning Group is an ORGANISATION.

Clinical Commissioning Groups (CCG) are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012.

Clinical Commissioning Groups are groups of GP Practices that are responsible for commissioning most health and care SERVICES for PATIENTS.

These groups of GP Practices, working with other healthcare professionals and in partnership with local communities and Local Authorities are responsible for commissioning the majority of NHS SERVICES for PATIENTS within their local communities. They have a duty to work with Local Authorities in relation to health and adult social care, early years services, public health etc.

The Clinical Commissioning Groups are not responsible for commissioning all SERVICES. They have the flexibility to decide which commissioning activities they undertake themselves or choose to buy in commissioning support from external ORGANISATIONS.

NHS England and NHS Improvement:

- has established a system of Clinical Commissioning Groups with the power to assign GP Practices to Clinical Commissioning Groups if necessary
- has allocated budgets directly to Clinical Commissioning Groups
- holds Clinical Commissioning Groups to account.

Clinical Commissioning Groups hold their constituent GP Practices to account for stewardship of resources and the outcomes they achieve.

For further information on Clinical Commissioning Groups, see the NHS England and NHS Improvement website at Clinical Commissioning Groups (CCGs).

INTEGRATED CARE BOARD

Change to Supporting Information: Changed Description

An [Integrated Care Board](#) is an [ORGANISATION](#).

[Integrated Care Boards](#) (ICBs) are statutory [ORGANISATIONS](#) that bring NHS and care [ORGANISATIONS](#) together locally to improve population health and establish shared strategic priorities within the NHS.

~~Every [Integrated Care Board](#) works alongside an [Integrated Care Partnership](#) to form an [Integrated Care System](#).~~ Every [Integrated Care Board](#) works alongside an [Integrated Care Partnership](#) and other [Health Care Providers](#) to form an [Integrated Care System](#).

~~[Integrated Care Boards](#) are responsible for planning how NHS [SERVICES](#) within the boundary of their host [Integrated Care System](#) will be delivered to best meet local needs; and contracting with [Health Care Providers](#) to deliver NHS [SERVICES](#).~~ [Integrated Care Boards](#) are responsible for planning how NHS [SERVICES](#) within their statutorily defined boundary, as published in the [NHS Postcode Directory](#), will be delivered to best meet local needs; and contracting with [Health Care Providers](#) to deliver NHS [SERVICES](#).

[Integrated Care Boards](#) have the flexibility to determine governance arrangements in their area, including the ability to create committees and delegate functions to them.

Each [Integrated Care Board](#) must set out its governance and leadership arrangements in a constitution, formally approved by [NHS England](#).

~~Statutory [Clinical Commissioning Group](#) functions were conferred on [Integrated Care Boards](#) in July 2022.~~ Statutory [Clinical Commissioning Group](#) functions were transferred to [Integrated Care Boards](#) in July 2022. In [Health and Social Care Organisation Reference Data](#), commissioning relationships are still shown from the [Sub Integrated Care Board Locations](#) as proxies for the [Integrated Care Boards](#).

Note: the [Organisation Data Service \(ODS\)](#) codes identifying [Sustainability and Transformation Partnerships](#) at the point of their retirement were retained and their names changed to reflect their new legal status as [Integrated Care Boards](#).

INTEGRATED CARE SYSTEM

Change to Supporting Information: Changed Description

An [Integrated Care System](#) ([ICS](#)) is a geographically based partnership of health and care [ORGANISATIONS](#).

[An Integrated Care System](#) is not a legal entity.

[Integrated Care Systems](#) bring together [Health Care Providers](#) and commissioners of NHS [SERVICES](#) with [Local Authorities](#) and other local partners to plan, co-ordinate, commission and deliver joined up health and care [SERVICES](#) to improve the health of [PEOPLE](#) who live and work in their area.

Each [Integrated Care System](#) is comprised of an:

- ~~[Integrated Care Partnership](#) (ICP): the broad alliance of [ORGANISATIONS](#) and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by [Local Authorities](#) and the NHS~~
- [Integrated Care Partnership](#) (ICP): the statutory committee of [Local Authorities](#) and the NHS [Integrated Care Board](#), which is permitted to include other [ORGANISATIONS](#) and representatives concerned with improving the care, health and wellbeing of the population
- [Integrated Care Board](#) (ICB): statutory [ORGANISATIONS](#) bringing the NHS together locally to improve population health and care.

For further information on [Integrated Care Systems](#), see the [NHS England](#) website at [Integrated Care Systems: Guidance](#).

SUB INTEGRATED CARE BOARD LOCATION

Change to Supporting Information: Changed Description

~~A [Sub Integrated Care Board Location](#) is a sub-division of an [Integrated Care Board](#)'s total [GEOGRAPHIC AREA](#), required for data disaggregation purposes and to support the [ELECTRONIC HEALTH RECORD](#).~~ A [Sub Integrated Care Board Location](#) is a sub-division of an [Integrated Care Board](#)'s total [GEOGRAPHIC AREA](#), required for data disaggregation purposes and in other instances to support the [ELECTRONIC HEALTH RECORD](#).

~~[Sub Integrated Care Board Locations](#) are reference data artefacts and do not represent any legally defined organisational entity in their own right; rather they are intended to be used as proxies for the [Integrated Care Board](#) of which they form a component part.~~ [Sub Integrated Care Board Location](#) [ORGANISATION IDENTIFIERS](#) are [Health and Social Care Organisation Reference Data](#) artefacts and do not represent any legally defined organisational entity in their own right; rather they are intended to be used as proxies for the [Integrated Care Board](#) of which they form a component part.

~~[Sub Integrated Care Board Locations](#) are intended as a temporary measure for a period of time to allow [Integrated Care System](#) legislation to be enacted, while minimising impacts on downstream systems and processes by allowing more time for the completion of planning and design activities.~~ [Sub Integrated Care Board Locations](#) were intended as a temporary measure for a period of time to allow [Integrated Care System](#) legislation to be enacted, while minimising impacts on downstream systems and processes by allowing more time for the completion of planning and design activities. These activities have been postponed.

Note: the ~~[Organisation Data Service](#) (ODS) codes identifying [Clinical Commissioning Groups](#) at the point of their dissolution were retained, and their names changed to reflect their new status as [Sub Integrated Care Board Locations](#).~~ Each [Sub Integrated Care Board Location](#)

~~inherited the geographical boundary from the [Clinical Commissioning Group](#) they displaced, adjusted in line with any geographical boundary changes.~~ Further information on the [Integrated Care System](#) implementation within the [Organisation Data Service](#) is available at: [ICS implementation](#).

Note: the [Organisation Data Service](#) (ODS) [ORGANISATION IDENTIFIER](#) for [Clinical Commissioning Groups](#) at the point of their dissolution were retained, and their names changed to reflect their new status as [Sub Integrated Care Board Locations](#). Each [Sub Integrated Care Board Location](#) inherited the geographical boundary and [GP Practices](#) from the [Clinical Commissioning Group](#) they displaced, adjusted in line with any geographical boundary changes and accompanying [GP Practice](#) movements.

ORGANISATION CODE (RESIDENCE RESPONSIBILITY)

Change to Data Element: Changed Description

Format/Length:	an3
National Codes:	
Default Codes:	Q99 - High Level Health Geography/Primary Care ORGANISATION of Residence Not Known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code. X98 - Primary Care ORGANISATION Not Applicable (Overseas Visitors) Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code.

Notes:

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) is the same as attribute [ORGANISATION CODE](#).

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) is the [ORGANISATION CODE](#) derived from the [PATIENT](#)'s [POSTCODE OF USUAL ADDRESS](#).

This is where the [PATIENT](#) resides within the boundary of a:

- [Sub Integrated Care Board Location](#)
- [Care Trust](#)
- [Local Health Board \(Wales\)](#)
- [Scottish Health Board](#)
- [Northern Ireland Local Commissioning Group](#): *Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#)*
- [Primary Healthcare Directorate \(Isle of Man\)](#)

- [Local Authority](#).

[ORGANISATION CODES](#) can be downloaded from [Technology Reference Update Distribution \(TRUD\)](#). For further information, see [Organisation Data Service](#).

For [PATIENTS](#) who are [Overseas Visitors](#): [Organisation Data Service Default Code](#) X98 'Primary Care Organisation Not Applicable ([Overseas Visitors](#))' should be reported.

Note: A review of [Organisation Data Service Default Codes](#) is planned to be carried out and this default code will be updated as part of that.

~~For the purposes of sending Commissioning Data Set messages to the [Secondary Uses Service](#) (regardless of how local systems hold the data), it is essential at present to continue using a 3 character field, using the first 3 characters of the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary, primarily to preserve the integrity of the current Commissioning Data Set message and the [CDS PRIME RECIPIENT IDENTITY](#) which is derived from the [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#).~~

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) will be replaced with [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#), which is the most recent approved national information standard to describe the required definition.

ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)

Change to Data Element: Changed Description

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	Q99 - High Level Health Geography/Primary Care ORGANISATION of Residence Not Known X98 - Primary Care ORGANISATION Not Applicable (Overseas Visitors)

Notes:

[ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

~~[ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#) is the [ORGANISATION IDENTIFIER](#) of the [ORGANISATION](#) responsible for the [GP Practice](#) where the [PATIENT](#) is registered, irrespective of whether they reside within the boundary of the [Sub Integrated Care Board Location](#).~~ [ORGANISATION IDENTIFIER \(GP PRACTICE RESPONSIBILITY\)](#) is the

ORGANISATION IDENTIFIER of the ORGANISATION responsible for the GP Practice where the PATIENT is registered, irrespective of whether they reside within the boundary of the former Clinical Commissioning Group, now represented by the Sub Integrated Care Board Location, as described on the NHS England website at: Allocations: X – ICB boundary mappings.

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)

Change to Data Element: Changed Description

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	<p>Q99 - High Level Health Geography/Primary Care <u>ORGANISATION</u> of Residence Not Known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code.</p> <p>X98 - Primary Care <u>ORGANISATION</u> Not Applicable (<u>Overseas Visitors</u>) Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code.</p>

Notes:

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY) is the same as attribute ORGANISATION IDENTIFIER.

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY) is the ORGANISATION IDENTIFIER derived from the PATIENT's POSTCODE OF USUAL ADDRESS.

This is where the PATIENT resides within the boundary of a:

- Sub Integrated Care Board Location
- Care Trust
- Local Health Board (Wales)
- Scottish Health Board
- Northern Ireland Local Commissioning Group
- Primary Healthcare Directorate (Isle of Man)
- Local Authority.

For PATIENTS who are Overseas Visitors: Organisation Data Service Default Code X98 'Primary Care Organisation Not Applicable (Overseas Visitors)' should be reported.

Note: A review of [Organisation Data Service Default Codes](#) is planned to be carried out and this default code will be updated as part of that.

~~For the purposes of sending [Commissioning Data Set](#) messages to the [Secondary Uses Service](#) (regardless of how local systems hold the data), it is essential at present to continue using a 3 character field, using the first 3 characters of the [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary, primarily to preserve the integrity of the current [Commissioning Data Set](#) message and the [CDS PRIME RECIPIENT IDENTITY / ORGANISATION IDENTIFIER \(CDS RECIPIENT\)](#) which is derived from the [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#).~~

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) will be replaced with [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#), which is the most recent approved national information standard to describe the required definition.

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

