



Connecting for Health

DSC Notice: 06/2005
Date of Issue: July 2005
Version 1.1

<h1>NHS Information Standards Board</h1>	Subject: Data Standards: NSCAG Commissioner Code; PbR Commissioning Serial Number flag
	Implementation Date: 1 April 2005 for NSCAG code 1 July 2005 for '=' sign

DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of changes to be included in the NHS Data Dictionary and the NHS CDS Manual as appropriate. These will be consolidated into the publications in due course.

Summary of Changes:

Changes to the NHS Data Dictionary and Commissioning Data Set (CDS) messages:

1. The addition of a new value for Organisation Code (Code of Commissioner), to be used where patient episodes that are funded by NSCAG, the National Specialist Commissioning Advisory Group.
2. The introduction of an '=' flag to the Commissioning Serial Number, to identify episodes which should be excluded from the Payment by Results PbR tariff spell construction.

User guidance on the use of the '=' sign can be found in the Department of Health publication, 'Operation of Secondary User Services (SUS) to Support Payment by Results' (1 July 2005).

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4114725&chk=A11BL1

The NHS Information Standards Board (ISB) is responsible for approving information standards. The ISB output related to the assurance and sign-off of this standard can be found at www.isb.nhs.uk

Data Set Change Notices are located at:

<http://www.nhsia.nhs.uk/dscn> and on the NHSnet at:

<http://nww.nhsia.nhs.uk/dscn>

NHS Data Model and Dictionary Service

Reference:	Change Request 691
Version No:	1.14
Subject:	Data Standards: NSCAG Commissioner code
Type of Change:	Update to NHS Data Dictionary
Effective Date:	1 April 2005 for NSCAG code and 1st July 2005 for '=' sign.
Reason for Change:	The Department of Health have issued a specific commissioner code for National Specialist Commissioning Advisory Group (NSCAG) funded episodes from 1 April 2005. This requires a change to the NHS Data Dictionary to support the identification of NSCAG funded episodes within the Commissioning Data Set messages for Payment by Results (PbR). There will also be a general exclusion facility identified by an '=' (equals) as the last character in the COMMISSIONING SERIAL NUMBER which will signal an exclusion to the PbR spell construction.

Background:

The Department of Health Implementing Payment by Results Technical Guidance 2005/06 states that services commissioned by the National Specialist Commissioning Advisory Group (NSCAG) are excluded from the mandatory tariff. As tariff funding is on an episode, rather than spell, basis NSCAG funded episodes need to be excluded from Admitted Patient Care spell construction. The volume of these episodes and the number of providers is small, but the cost of the episodes is invariably high. The technical guidance can be found at: <http://www.dh.gov.uk/assetRoot/04/09/79/94/04097994.pdf>

NSCAG commissioned activity should be identified by the Organisation Code YDD82 which was issued by the National Organisation Codes Service (NACS) in December 2004 and can be found on the NHS Support Agencies file (ensa.zip). A list of specialised services and user guidance can be found on the NSCAG website: <http://www.advisorybodies.doh.gov.uk/NSCAG/service1.htm>

NSCAG currently receives activity directly from Trusts through paper based reporting systems. It is their intention to pilot collecting activity related to NSCAG services via the Secondary Uses Service (SUS). NHS Trusts and independent sector providers for NHS patients are reminded that it is a DH requirement that all Admitted Patient Care, Out-Patient Attendance and Accident and Emergency Attendance activity should be sent as Commissioning Data Set (CDS) messages. From 1 April 2005 the code YDD82 should be used in the ORGANISATION CODE (CODE OF COMMISSIONER) field in CDS messages for all activity information relating to NSCAG service agreements.

A further aid to Payment by Results analysis is the introduction of an '=' (equals) as the last character in the COMMISSIONING SERIAL NUMBER field to indicate an episode that should be excluded from the Payment by Results tariff spell construction. This provides a general exclusion facility for unusual circumstances or where more specific rules regarding coding in other fields are not possible due to local software restrictions. The DH Payment by Results team will issue a guidance document on the use of SUS to support PbR on 1 June 2005. The implementation of the use of the '=' sign will be mandatory a month after the DH guidance is issued. Trusts may apply it retrospectively to 1 April 2005 where appropriate but this is optional.

The Payment by Results spell construction will exclude all episodes with YDD82 or TDH00 in the ORGANISATION CODE (CODE OF COMMISSIONER) field or '=' as the last character in the COMMISSIONING SERIAL NUMBER field in the Commissioning Data Set messages. YDD82, TDH00 and '=' should be used in all CDS types where they are relevant.

Trusts are also reminded that the cost of Overseas Visitors exempt from charges is covered by Out of Area Treatments since April 1999 (DSCN 34/98/A08) ie the Organisation Code (Code of Commissioner) should be that of the Primary Care Trust which is the NHS Trust's main commissioner.

The CDS Information Flow Addressing Grid is due for review and updating. Unfortunately due to the migration of CDS messages from EDIFACT to XML and Secondary Uses Service, there is a risk in making any wide-ranging changes and an embargo on any changes outside the current specification. Specifically the rules for CDS PRIME RECIPIENT generation remain as important for XML as for the EDIFACT CDS messages especially where it applies to users of the Bulk Update Protocol. Therefore no changes to the addressing grid apart from the addition of YDD82 have been made.

The Payment by Results team will set up an in-year adjudicating facility which can be accessed via the financial flow mail box: Financial-Flow@dh.gsi.gov.uk

Summary of changes:

Data Elements

[COMMISSIONING SERIAL NUMBER](#)

Change to Description

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#)

Change to Description

Supporting Information

[CDS HES CONTEXTUAL](#)

Change to Supporting Information

Date: 26 May 2005

Sponsor: DH Payment by Results

Note: Additions shown in highlighted with a blue background. Deletions are shown using strikethrough. Within the Diagrams deleted classes and relationships are shown as red in colour, blue is used for changed items and green is used for created items.

COMMISSIONING SERIAL NUMBER

Change to Data Element: Change to Description

Format/length:	an6
HES item:	CSNUM
National Codes:	
Default Codes:	

Notes:

This is the same as attribute NHS SERVICE AGREEMENT NUMBER.

From 01/04/2001 this data item will be used to identify patients treated under Out of Area Treatments (OATs). NHS Trusts are required to insert the letters 'OAT' (mandated input as capitals) in the first three characters of the COMMISSIONING SERIAL NUMBER field of the Admitted Patient Care CDS. The remaining three characters will continue to be defined locally, see DSCN 17/2000. From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the Payment by Results tariff. The position of the last character depends on any preceding characters eg 1st character if field is otherwise blank, 4th character if following 'OAT', up to a maximum of 6th position. This provides a general exclusion facility for unusual circumstances or where more specific rules regarding coding in other fields cannot be implemented due to local software restrictions.

This data element is also known by these names:

Context	Alias
plural	COMMISSIONING SERIAL NUMBERS

ORGANISATION CODE (CODE OF COMMISSIONER)

Change to Data Element: Change to Description

Format/length:	an5
HES item:	PURCODE
National Codes:	
Default Codes:	

Notes:

ORGANISATION CODE (CODE OF COMMISSIONER) is the same as the attribute ORGANISATION CODE. This should always be the ORGANISATION CODE of the original commissioner for Commissioning Data Sets to support Payment by Results.

This is the ORGANISATION CODE of the ORGANISATION commissioning health care. The organisation code of the Primary Care Trust should be recorded in the ORGANISATION CODE (CODE OF COMMISSIONER) field.

The ORGANISATION CODE of the Primary Care Trust which is the NHS Trust's main commissioner (normally the Primary Care Trust with the highest value of Service Agreements with the NHS Trust) is recorded for Out Of Area Treatments. For Specialised Services, the ORGANISATION CODE required would be that of the commissioning consortium. The ORGANISATION CODE of the Primary Care Trust which is the NHS Trust's main commissioner (normally the Primary Care Trust with the highest value of Service Agreements with the NHS Trust) is recorded for Out Of Area Treatments including activity where the OVERSEAS VISITORS STATUS CLASSIFICATION is National Code 1 'Exempt from payment - subject to reciprocal health agreement' or 2 'Exempt from payment - other'.

For Specialised Services, the ORGANISATION CODE required would be that of the commissioning consortium. The code may be the ORGANISATION CODE of the 'lead' commissioner.

Where episodes are funded directly by the National Specialist Commissioning Advisory Group (NSCAG) the code YDD82 should be used.

Commissioning responsibility for individual patients rests with the Primary Care Trust (PCT) with whom the patient is registered. This means that patients registered with a GP in one PCT area may reside in a neighbouring or other area but remain the responsibility of the PCT with whom their GP of registration is associated. PCTs are also responsible for non-registered patients who are resident within their boundaries.

Where activity is commissioned by a Welsh Local Health Board the ORGANISATION CODE required is that of the Local Health Board. Where specialised services are commissioned by *Health Commission Wales* the code W01HC should be used.

See NHS Administrative Codes for a description of ORGANISATION CODES.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION CODES (CODE OF COMMISSIONER)

CDS HES CONTEXTUAL

Change to Supporting Information: Change to Supporting Information

CDS and HES

Contextual Overview

A. Information Requirements

- Information on care provided by NHS hospitals and Primary Care Trusts for all patients, and Independent Sector providers (for NHS patients only) is required to:
 - monitor and manage Service Agreements;
 - develop commissioning plans;
 - monitor Health Improvement Programmes;
 - underpin clinical governance;
 - understand the health needs of the population.

Main commissioners need access to data to monitor Out Of Area Treatment activity as part of the management of their Service Agreements. PRIMARY CARE TRUSTS also need to monitor in-year referrals to investigate the sources and reasons for Out of Area Treatments.

Independent Sector Treatment Centres (TC) are responsible for providing Admitted Patient Care and Out-Patient Attendance CDS and may submit it on their own behalf or via a third party. Other Independent Sector activity for NHS patients is the responsibility of the NHS commissioning body for the provision of the appropriate central returns and datasets.

2. The **Department of Health** (DH) needs a complete record of all patients admitted to or treated as out-patients by NHS hospitals and Primary Care Trusts, including patients receiving private treatment. The record also includes NHS patients treated electively in the independent sector and overseas. Hospital Episode Statistics (HES) are derived from the Admitted Patient Care CDS Types, Out-Patient Attendance and Accident and Emergency Attendance CDS Types submitted via the NHS-wide Clearing Service (NWCS). These records provide information about hospital and patient management and epidemiological data on patient diagnoses and operative procedures. The HES data warehouse has already been used to support many aspects of the new Performance Framework.

B. Data Flows

3. HES records are extracted from the NWCS database quarterly. The timely provision of Admitted Patient Care (APC) records to the NWCS, complete with clinical information, is now a performance issue for Trusts.
4. The strategic direction set out within *Information for Health* is to develop comprehensive and consistent electronic health records for patients from clinical information flows. In the short term, access to and the analysis of CDS Types will remain important, and the exchange of these data sets should continue on at least a monthly basis.
5. To determine who receives CDS Types, NHS Trusts and Primary Care Trusts need to take **all** of the following factors into account, not necessarily in the order specified here:
 - o identifying the patient's registered GP - to establish the responsible Primary Care Trust;
 - o determining where the patient is resident - necessary when the patient is not registered with a GP;
 - o assigning the correct type of NHS Service Agreement for the treatment provided;
 - o identifying an overseas visitor and whether the patient is a private patient.

The information data flows are shown in the Tables below.

C. CDS Data Flow Definitions

- ~~6. The exchange of individual CDS Types may be mandatory or optional. All Admitted Patient Care and Out-Patient Attendance CDS Type exchanges are mandatory, but exchanges of individual CDS Types for accident and emergency attendances are not, and require local agreement between the parties concerned. Where CDS information is collected, it should always be exchanged via the NHS Wide Clearing Service.~~
6. The exchange of individual CDS Types may be mandatory or optional. All Admitted Patient Care, Out-Patient Attendance and Accident & Emergency Attendance CDS Type exchanges are mandatory, but exchanges of some individual CDS Types for Elective Admission List are not, and require local agreement between the parties concerned. Where CDS information is collected, it should always be exchanged via the NHS Wide Clearing Service.
- ~~7. Where CDS Types **are** exchanged, the data items within the CDS Type have a mandatory or optional status. A data item marked as mandatory (M) means that it must be included in the CDS Type; a data item marked as optional (O) means that the data item need only be included if both parties agree to its exchange. Although the exchange of the Accident and Emergency CDS Type may be optional, this does **not** apply to the status of the data items within this CDS Type.~~
7. Where CDS Types **are** exchanged, the data items within the CDS Type have a mandatory or optional status. A data item marked as mandatory (M) means that it must be included in the CDS Type; a data item marked as optional (O) means that the data item need only be included if both parties agree to its exchange. Although the exchange of the CDS Type may be optional, this does **not** apply to the status of the data items within this CDS Type.
- ~~8. For records relating to CDS **activity from the 1st April 2002** see REVISED CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2002 below.~~
8. For records relating to CDS **activity from the 1st April 2005** see REVISED CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2005 below. An additional Patient/Service Agreement row has been introduced to identify activity commissioned by the National Specialist Commissioning Advisory Group (NSCAG). The code YDD82 should be used as the ORGANISATION CODE (CODE OF COMMISSIONER) for NSCAG commissioned activity.
- ~~9. For records relating to CDS **activity up to 31st March 2002**, see PREVIOUS CDS INFORMATION FLOW ADDRESSING GRID - Activity up to 31st March 2002 below.~~

9. For records relating to CDS activity from 1st April 2002 to 31st March 2005, see PREVIOUS CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2002 to 31st March 2005 below.

~~REVISED CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2002~~ **REVISED CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2005**

	CDS PRIME RECIPIENT	-	-	-
Patient/Service Agreement	PCT OF RESIDENCE	PCT responsible	Main Commissioner	Organisation to which costs of treatment accrue
Patient registered with GP with PCT Service Agreement	*	*		
Patient not registered with a GP but resident in an area covered by a PCT with a PCT Service Agreement	*	*		
Patient registered with a GP treated as an Out Of Area Treatment (OAT)	*	*	*	
Patient not registered with a GP treated as an Out Of Area Treatment (OAT)	*	*	*	
Overseas visitor exempt from charges and not registered with a GP	* (TDH00)		*	
Overseas visitor exempt from charges and registered with a GP	* (TDH00)	*	*	
Overseas visitor liable for NHS charges and not registered with a GP	* (VPP00)			
Overseas visitor liable for NHS charges and registered with a GP	* (VPP00)	*		
Patient registered with GP with a Specialised Services & Other Commissioning Consortia Service Agreement	*	*		*
Patient not registered with GP with a Specialised Services & Other Commissioning Consortia Service Agreement	*	*		*
Private Patient	*	*		
NSCAG commissioned	*	*		YDD82

Notes:

Some flows will be sent for unfinished episodes. For example, a consultant episode may be in progress when a data flow is sent. In such cases the end date is not known and the patient has not been discharged. These data items will therefore not be included in that data flow.

b. Note that if two recipients are identical (PCT of Residence is the same as the Main Commissioner) only **one** data set should be sent to that recipient.

c. For further information please refer to **DSCN 06/2005**.

PREVIOUS CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2002 to 31st March 2005

	CDS PRIME RECIPIENT			
Patient/Service Agreement	PCT OF RESIDENCE	PCT responsible	Main Commissioner	Organisation to which costs of treatment accrue
Patient/Service Agreement	PCT OF RESIDENCE	PCT responsible	Main Commissioner	Organisation to which costs of treatment accrue

Patient registered with GP with PCT Service Agreement	*	*		
Patient not registered with a GP but resident in an area covered by a PCT with a PCT Service Agreement	*	*		
Patient registered with a GP treated as an Out Of Area Treatment (OAT)	*	*	*	
Patient not registered with a GP treated as an Out Of Area Treatment (OAT)	*	*	*	
Overseas visitor exempt from charges and not registered with a GP	* (TDH00)		*	
Overseas visitor exempt from charges and registered with a GP	* (TDH00)	*	*	
Overseas visitor liable for NHS charges and not registered with a GP	* (VPP00)			
Overseas visitor liable for NHS charges and registered with a GP	* (VPP00)	*		
Patient registered with GP with a Specialised Services & Other Commissioning Consortia Service Agreement	*	*		*
Patient not registered with GP with a Specialised Services & Other Commissioning Consortia Service Agreement	*	*		*
Private Patient	*	*		

Notes:

- a. Some flows will be sent for unfinished episodes. For example, a consultant episode may be in progress when a data flow is sent. In such cases the end date is not known and the patient has not been discharged. These data items will therefore not be included in that data flow.
- b. Note that if two recipients are identical (PCT of Residence is the same as the Main Commissioner) only **one** data set should be sent to that recipient.
- c. For further information please refer to **DSCN 46/2002**.

~~PREVIOUS CDS INFORMATION FLOW ADDRESSING GRID – Activity up to 31st March 2002~~

10. ~~All records relating to CDS activity up to 31st March 2002, including unfinished episodes on that date, will use the previous data flow addressing grid irrespective of when the records are actually sent to the NWCS. For example, an admitted patient episode which ended in March 2002 should be addressed to the appropriate HA or PCG/PCT in existence in March 2002 even though the record may not be sent until 1st April 2002 or later.~~

Patient/Service Agreement	PCG/PCT	HA responsible for PCG- HA to which PCT is accountable	PCG OR PCT OF RESIDENCE	HA responsible for PCG OR PCT OF RESIDENCE	Main Commissioner	Organisation to which costs of treatment accrue	HA of Residence	Agency acting on behalf of DH
Patient registered with GP with PCG/PCT Service Agreement	*	*					*	
Patient not registered with GP but resident in area covered by PCG/PCT with PCG/PCT Service Agreement			*	*			*	
Patient registered with GP treated as Out of Area Treatment	*	*			*		*	
Patient not registered with GP treated as Out of Area Treatment			*	*	*		*	
Overseas visitor exempt from charges					*			* (TDH00)
Overseas visitor liable for NHS charges								* (VPP00)
Patient registered with GP with Specialised	*	*				*	*	

Services & Other Commissioning Consortia Service Agreement								
Patient not registered with GP with Specialised Services & Other Commissioning Consortia Service Agreement			*	*		*	*	
Private Patient	*	*					*	

Notes:

a. ~~Some flows will be sent for unfinished episodes. For example, a consultant episode may be in progress when a data flow is sent. In such cases the end date is not known and the patient has not been discharged. These data items will therefore not be included in that data flow.~~

b. ~~Note that if two recipients are identical (e.g. the HA of Residence is the same as the HA responsible for the patient's PGG) only one data set should be sent to that recipient.~~

For enquiries about this DSCN: -

Email: nhsdmds@nhfit.nhsia.uk Website: <http://www.nhsia.nhs.uk/datastandards/pages/>