

DATA SET CHANGE NOTICE

Reference No:	DSCN 05/2008
Version No:	1.0
Subject:	18 Weeks Rules Suite
Type of Change:	Changes to information standards and the NHS Data Model and Dictionary to underpin the changes to the 18 Weeks Rules Suite
Implementation Date:	Immediate
Business Justification:	To support an agreed government manifesto, Public Service Agreement (PSA) target and the NHS Operating Framework
Effect on other Information Standards:	18 weeks Referral to Treatment (RTT) time monthly data collection

Introduction

The 18 week Referral to Treatment (RTT) pathway is about improving patients' experience of the NHS, ensuring all patients receive high quality elective care without any unnecessary delay. The purpose of this DSCN is to inform the NHS and their system suppliers of the changes required to support the refreshed 18 week clock rules contained within the 18 Weeks Rules Suite.

The 18 Weeks Rules Suite can be accessed at:

<http://www.18weeks.nhs.uk/Content.aspx?path=/measure-and-monitor/Rules-suite>

Background

The 18 Weeks Rules Suite aims to set out clearly and succinctly the rules and definitions in order to ensure that each patient's 18 week clock starts and stops fairly and consistently. It is not a new set of rules and definitions. The rules suite provides the NHS with a simple framework and the autonomy to make clinically based decisions, which support the delivery of patient care.

The refreshed clock rules were developed in response to requests from the service. Their purpose is to clarify the existing rules and definitions, ensuring consistent application of the rules across the service.

It was recognised that for some patients, being seen within the 18 week target is personally inconvenient or clinically inappropriate. The refreshed clock rules reflect patient choice through the announcement that RTT clocks for admitted patients might be paused (i.e. adjusted) when a patient turns down offers of an admission made with reasonable notice.

Collection of adjusted admitted data to reflect the introduction of clock pauses will require changes to the existing 18 weeks Referral to Treatment (RTT) time monthly data collection. A separate application has been made to ROCR and ISB HaSC to support the introduction of this change to an existing central collection. Further details will be included in a subsequent DSCN.

The DSCN also extends the scope of the RTT data set to enable measurement of waiting times that are not part of the 18 week target. This will allow the data set to be used for measuring waiting times for direct access Audiology referrals to secondary care as mandated in DSCN 02/2008.

The previously approved Audiology DSCN and this submission are interdependent. Further guidance will be included within the change proposal for the NHS Data Model and Data Dictionary to be submitted to ISB HaSC.

Details of the Change

Full details of the changes, and the associated technical modelling of the dataset in the NHS Data Model and Dictionary, are contained in part two of this DSCN - Change Request 935.

Sponsor Details

Nick Chapman, National Director 18 week, RSU Account Director, Department of Health

Further Information and Support

The following three links provide additional guidance:

- 18-weeks rules suite “How to Measure” guide
www.18weeks.nhs.uk/Asset.ashx?path=/Rules%20suite/18weeksRulesSuite_HowToMeasure_280208.doc
- The 18-week rules suite - ‘How to apply’ guide
www.18weeks.nhs.uk/Asset.ashx?path=/Rules%20suite/18weeksRulesSuite_HowToApply_280208.pdf
- For further advice visit the 18-weeks website at:
<http://www.18weeks.nhs.uk/Content.aspx?path=/>

Further information is available by e-mail to data18weeks@dh.gsi.gov.uk

NHS Data Model and Dictionary Service

Reference:	Change Request 935
Version No:	1.5
Subject:	18 Weeks Rules Suite
Type of Change:	Changes to NHS Data Standards
Effective Date:	Immediate
Reason for Change:	To bring data definitions in line with the refreshed 18 week clock rules.

Background:

This DSCN implements changes to the NHS Data Model and Dictionary to support the 18 Weeks Rules Suite. This aims to set out clearly and succinctly the rules and definitions for 18 weeks to ensure that each patient's 18 week clock starts and stops fairly and consistently.

The 18 weeks rules suite does not attempt to provide detailed guidance on how the rules should apply in every situation; however, it does provide the NHS with a framework within which clinically sound decisions can be made locally about applying the rules, in consultation between clinicians, providers, commissioners and, of course, patients.

This DSCN includes new data standards and changes to existing data standards to support the refreshed rules and definitions for 18 weeks.

'Clock' rules

The referral to treatment time may be adjusted to exclude the duration of the time between the earliest reasonable offer for admission for first definitive treatment and the date from which the patient makes themselves available again for admission so long as the patient has declined at least 2 reasonable offers for admission for first definitive treatment.

Where a patient makes themselves unavailable for admission for a longer period of time, for example a patient who is a teacher who wishes to delay their admission until the summer holidays, then this may mean that offering actual dates which meet the reasonableness criteria would be inappropriate (as the patient would be being offered dates that the provider already knew they couldn't make). In these circumstances, assume two reasonable offers have been declined.

Two new data elements to define the duration of a REFERRAL TO TREATMENT PERIOD have been introduced to take into account clock pauses:

- REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED) defines the full length of wait and is compatible with existing central returns
- REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED) defines the length of wait adjusted to take account of the clock pause.

The following data items have been clarified in line with the rules refresh:

- REFERRAL TO TREATMENT PERIOD END DATE
- REFERRAL TO TREATMENT PERIOD START DATE
- REFERRAL TO TREATMENT PERIOD STATUS
- APPOINTMENT DATE

Direct Access Audiology

The Data Model and Dictionary has been amended to enable Referral To Treatment Periods to be measured for Direct Access Audiology. They are not part of the 18 weeks target.

Reasonable Offers

This change introduces a business definition of a Reasonable Offer and a new logical attribute REASONABLE OFFER INDICATOR. As a logical attribute, REASONABLE OFFER INDICATOR may be implemented in systems as a stored data item or logical rule. The definition of EARLIEST REASONABLE OFFER DATE has been amended.

Interface services

The rules refresh clarified that Referrals to Interface Services start an 18 weeks referral to treatment period. The definition of an Interface Service has been added to the NHS Data Model and Dictionary.

Active Monitoring

This DSCN introduces an NHS business definition for Active Monitoring. This business definition is compatible with 18 weeks policy and Cancer waiting times definitions. PLANNED CANCER TREATMENT TYPE and DECISION TO TREAT (ACTIVE MONITORING) have been updated to refer to this business definition.

Consultant led services and activity

This DSCN introduces definitions of Consultant Led Services, Consultant Led Activity, Non-Consultant Led Services and Non-Consultant Led Activity. This definition is compatible with 18 weeks, Reference Costs and Payment by Results. The Main Specialty "non consultant led" default codes have been explicitly listed in the data element MAIN SPECIALTY CODE - the codes are:

- 560 - Midwife Episode
- 950 - Nursing Episode
- 960 - Allied health professional episode

Summary of changes:

Class Definitions

APPOINTMENT OFFER	Change to Attributes
OFFER OF ADMISSION	Change to Attributes
REFERRAL TO TREATMENT PERIOD	Change to Description

Attribute Definitions

ACTIVITY GROUP TYPE	Change to Description
PLANNED CANCER TREATMENT TYPE	Change to Description
REASONABLE OFFER INDICATOR	New Attribute
REFERRAL TO TREATMENT PERIOD END DATE	Change to Description
REFERRAL TO TREATMENT PERIOD START DATE	Change to Description
REFERRAL TO TREATMENT PERIOD STATUS	Change to Description

Data Elements

APPOINTMENT DATE	Change to Description
DECISION TO TREAT DATE (ACTIVE MONITORING)	Change to Description
EARLIEST REASONABLE OFFER DATE	Change to Description
EARLIEST REASONABLE OFFER DATE	Change to Relationships
MAIN SPECIALTY CODE	Change to Description
OFFERED FOR ADMISSION DATE	Change to Description
REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED)	New Data Element
REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED)	New Data Element
START DATE (ACTIVE MONITORING)	Change to Description

Supporting Information

ACTIVE MONITORING	New Supporting Information
CONSULTANT LED ACTIVITY	New Supporting Information
CONSULTANT LED SERVICE	New Supporting Information
DIRECT ACCESS SERVICE	New Supporting Information
DISCHARGE AFTER PATIENT DID NOT ATTEND	New Supporting Information
FIRST DEFINITIVE TREATMENT	New Supporting Information
INTERFACE SERVICE	New Supporting Information
MEASURED REFERRAL TO TREATMENT PERIOD	New Supporting Information
NON-CONSULTANT LED ACTIVITY	New Supporting Information
NON-CONSULTANT LED SERVICE	New Supporting Information
PRACTITIONER WITH A SPECIALIST INTEREST	New Supporting Information

[REASONABLE OFFER](#)
[REFERRAL TO TREATMENT DATA SET OVERVIEW](#)
[REFERRAL TO TREATMENT PERIOD EXCLUDED FROM TARGET](#)
[REFERRAL TO TREATMENT PERIOD INCLUDED IN TARGET](#)

New Supporting Information
Change to Supporting Information
New Supporting Information
New Supporting Information

Date: 10 April 2008

Sponsor: Nick Chapman, National Director, 18 Weeks & Recovery and Support Unit Account Director

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

ACTIVE MONITORING

Change to Supporting Information: New Supporting Information

Active Monitoring

Active Monitoring is an ACTIVITY GROUP where the ACTIVITY GROUP TYPE is National Code 45 - Active Monitoring.

Active Monitoring will commence when a decision is made (and agreed with the PATIENT) that it is clinically appropriate to start a period of monitoring in secondary care, possibly whilst the PATIENT receives symptomatic support, but without any specific or significant CLINICAL INTERVENTION at this stage. Active Monitoring may be initiated by either a CARE PROFESSIONAL or a PATIENT. The start of Active Monitoring will end a REFERRAL TO TREATMENT PERIOD.

During Active Monitoring the PATIENT will remain under the care of a CONSULTANT although the GENERAL PRACTITIONER will be updated with the progress of their PATIENT.

If a decision to treat is made during Active Monitoring, this will end the Active Monitoring and will start a new REFERRAL TO TREATMENT PERIOD - see REFERRAL TO TREATMENT PERIOD START DATE.

CONSULTANT LED ACTIVITY

Change to Supporting Information: New Supporting Information

Consultant Led Activity

A Consultant Led Activity is an ACTIVITY where a CONSULTANT retains overall clinical responsibility. The CONSULTANT is not necessarily physically present for each PATIENT's appointment, but he/she takes overall clinical responsibility for PATIENT care.

The MAIN SPECIALTY of the CONSULTANT retaining overall clinical responsibility is recorded using the appropriate MAIN SPECIALTY CODE along with their CONSULTANT CODE. A TREATMENT FUNCTION CODE will be recorded where the ACTIVITY is delivered in a TREATMENT FUNCTION.

The MAIN SPECIALTY CODE is used by the Secondary Uses Service to identify Consultant Led Activity

CONSULTANT LED SERVICE

Change to Supporting Information: New Supporting Information

Consultant Led Service

A Consultant Led Service is a SERVICE where a CONSULTANT retains overall clinical responsibility for the SERVICE, CARE PROFESSIONAL TEAM or treatment.

The CONSULTANT will not necessarily be physically present for each Consultant Led Activity but the CONSULTANT takes clinical responsibility for each PATIENT's care.

DIRECT ACCESS SERVICE

Change to Supporting Information: New Supporting Information

Direct Access Service

A Direct Access Service is a SERVICE where PATIENTS are directly referred from primary and community care to the Direct Access Service for both diagnostic assessment and treatment.

DISCHARGE AFTER PATIENT DID NOT ATTEND

Change to Supporting Information: New Supporting Information

Discharge After Patient Did Not Attend

A PATIENT who does not attend for an APPOINTMENT or Elective Admission and does not cancel the APPOINTMENT before the scheduled APPOINTMENT DATE and APPOINTMENT TIME may be subsequently discharged back to their GENERAL PRACTITIONER provided that the Health Care Provider ensures:

- the APPOINTMENT was clearly communicated to the PATIENT;
- discharging the PATIENT is not contrary to their best clinical interests;
- discharging the PATIENT is carried out according to local publically available policies on PATIENTS who do not attend an APPOINTMENT;
- These local policies are clearly defined and specifically protect the clinical interests of vulnerable PATIENTS (for example children) and are agreed with CARE PROFESSIONALS, commissioners, PATIENTS and other relevant stakeholders.

A Discharge After Patient Did Not Attend will end an open REFERRAL TO TREATMENT PERIOD. Where the APPOINTMENT is the first APPOINTMENT in a REFERRAL TO TREATMENT PERIOD the REFERRAL TO TREATMENT PERIOD will not be included in the Referral To Treatment Period Included In Target.

FIRST DEFINITIVE TREATMENT

Change to Supporting Information: New Supporting Information

First Definitive Treatment

First Definitive Treatment is the first CLINICAL INTERVENTION intended to manage a PATIENT's disease, condition or injury and avoid further CLINICAL INTERVENTIONS. What constitutes First Definitive Treatment is a matter of clinical judgement in consultation with others, where appropriate, including the PATIENT.

Further guidance on ending REFERRAL TO TREATMENT PERIODS and first treatments.

Undertaking a procedure is not necessarily in itself the end of a REFERRAL TO TREATMENT PERIOD. For example, outpatient or day case diagnostic CARE ACTIVITIES prior to admission for treatment do not represent the end of the period and, in these cases, are part of the diagnostic process rather than the start of treatment.

Commencement of medication as an outpatient can be the end of a REFERRAL TO TREATMENT PERIOD, if it is intended as the First Definitive Treatment. However, CARE PROFESSIONALS often begin to manage a PATIENT's condition in advance of the first actual treatment taking place, for example by giving pain relief before a surgical procedure takes place. In these cases, the REFERRAL TO TREATMENT PERIOD END DATE is when the First Definitive Treatment (in this example, surgery) has started.

Other CARE ACTIVITIES that may end a REFERRAL TO TREATMENT PERIOD as First Definitive Treatment include:

- the fitting of a medical device where a CONSULTANT decides that treatment consists of fitting a medical device. This is the date of the actual fitting of the device rather than the point at which the PATIENT is measured for the device.
- the date of a therapeutic procedure where it is intended as diagnostic but the CARE PROFESSIONAL makes a decision to undertake a therapeutic procedure at the same time. In this example, it may count as a start of treatment and as such, the period will end.
- the date for less intensive treatment and medical management such as palliative care that may be attempted before moving on to invasive procedures and treatment or may be the only treatment. In such cases, the first treatment that is intended to manage a PATIENT's disease, condition or injury will end that particular REFERRAL TO TREATMENT PERIOD. Should the PATIENT at some later stage require more 'aggressive' treatment then the decision to treat would start a new REFERRAL TO TREATMENT PERIOD.

INTERFACE SERVICE

Change to Supporting Information: New Supporting Information

Interface Service

An Interface Service is any SERVICE (excluding Consultant Led Services) that incorporates any intermediate levels of triage, assessment and treatment between traditional Primary Care and Secondary Care.

Interface Services include assessment services and referral management centres.

It does not include

- arrangements established to deliver primary, community or Direct Access Services, outside of their traditional setting
- Non-Consultant Led Services for mental health run by Mental Health Trusts.
- referrals to Practitioners With Specialist Interests for triage, assessment and possible treatment, except where they are working as part of a wider Interface Service arrangement.

MEASURED REFERRAL TO TREATMENT PERIOD

Change to Supporting Information: New Supporting Information

Measured Referral to Treatment Period

A Measured Referral to Treatment Period is any REFERRAL TO TREATMENT PERIOD. It enables the time to the start of First Definitive Treatment to be measured following a SERVICE REQUEST to

- a Consultant Led Service
- an Interface Service
- a Direct Access Service for Audiology

See REFERRAL TO TREATMENT PERIOD START DATE for details of the types of SERVICE REQUEST which may start a REFERRAL TO TREATMENT PERIOD.

See Referral To Treatment Period Included In Target for the subset of REFERRAL TO TREATMENT PERIODS included in the 18 weeks target.

Where a referral is made during a Referral To Treatment Period Excluded From Target for the same disease, condition or injury and the referral is to a Consultant Led Service the Referral To Treatment Period Excluded From Target will end with REFERRAL TO TREATMENT PERIOD STATUS of National Code 34 - *Decision not to treat* and a new REFERRAL TO

TREATMENT PERIOD will start.

NON-CONSULTANT LED ACTIVITY

Change to Supporting Information: New Supporting Information

Non-Consultant Led Activity

A Non-Consultant Led Activity is an ACTIVITY where a CONSULTANT does not retain overall clinical responsibility for PATIENT care.

The MAIN SPECIALTY will be recorded using the appropriate default MAIN SPECIALTY CODE for the type of CARE PROFESSIONAL along with a default CONSULTANT CODE.

The MAIN SPECIALTY CODE is used by the Secondary Uses Service to identify Non-Consultant Led Activity.

NON-CONSULTANT LED SERVICE

Change to Supporting Information: New Supporting Information

Non-Consultant Led Service

A Non-Consultant Led Service is a SERVICE where a CONSULTANT does not retain overall clinical responsibility for the SERVICE , CARE PROFESSIONAL TEAM or treatment.

PRACTITIONER WITH A SPECIALIST INTEREST

Change to Supporting Information: New Supporting Information

Practitioner With A Specialist Interest

Practitioners with special interests are GENERAL PRACTITIONERS, NURSES, therapists and other CARE PROFESSIONALS who develop an additional expertise which enables them to expand their clinical practice in a defined area. These areas include orthopaedics, epilepsy, diabetes, dermatology, palliative care, older people's services and mental health.

Although their activities within these areas vary widely according to the needs of local patient groups, these practitioners share a common aim - to improve access to services and bring more secondary care procedures, such as diagnostic tests and minor surgical procedures, into primary care and community settings.

A Practitioner With A Specialist Interest may provide an Interface Service.

REASONABLE OFFER

Change to Supporting Information: New Supporting Information

Reasonable Offer

A Reasonable Offer is an APPOINTMENT OFFER or OFFER OF ADMISSION where the REASONABLE OFFER INDICATOR is National Code 1 - Reasonable Offer.

An offer is reasonable where

- the offer is for a time and date three or more weeks from the time that the offer was made.
- or

- The PATIENT accepts the offer.
- or
- the offer is for the first Genitourinary Consultant Clinic Attendance in a Genitourinary Episode

REFERRAL TO TREATMENT DATA SET OVERVIEW

Change to Supporting Information: Change to Supporting Information

~~Referral to Treatment Data to support delivery of 18 week waiting times~~

~~The initial approach for this national data collection produces Referral To Treatment times by defining a start time and stop time for most patients and defining the REFERRAL TO TREATMENT PERIOD as the length of the period between these two dates. The initial approach captures the start and stop points but does not attempt to record information at each stage along the pathway.~~

~~Whilst the initial approach is not sophisticated enough to deal with all elective pathways accurately, it is not out of line with the policy and is a first step towards full Referral to Treatment measurement. Any work carried out by the NHS on implementing the initial approach will be valuable in implementing the longer term strategic solution.~~

Referral to Treatment Data to support delivery of 18 weeks

The scope of this collection is described in Referral To Treatment Periods Included In Target. The minimum requirements for this data set are:

- Measure REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED).

~~The minimum requirements for this data set are:~~

- ~~Measure REFERRAL TO TREATMENT PERIOD based on basic calculation of the difference between REFERRAL TO TREATMENT PERIOD START DATE and REFERRAL TO TREATMENT PERIOD END DATE.~~
- Report on all PATIENTS with a REFERRAL TO TREATMENT PERIOD END DATE during the REPORTING PERIOD. ORGANISATIONS should, as a minimum, report REFERRAL TO TREATMENT PERIOD DURATIONS (UNADJUSTED) for all PATIENTS whose REFERRAL TO TREATMENT PERIOD START DATE is after 1st January 2007.
- ~~Report on all PATIENTS with a REFERRAL TO TREATMENT PERIOD END DATE during the reporting period. ORGANISATIONS should, as a minimum, report Referral to Treatment times for all PATIENTS whose REFERRAL TO TREATMENT PERIOD START DATE is after 1st January 2007.~~
- In addition, ORGANISATIONS are asked to report the number of PATIENTS for whom they are able to identify a REFERRAL TO TREATMENT PERIOD END DATE, but not a corresponding REFERRAL TO TREATMENT PERIOD START DATE, against the REFERRAL TO TREATMENT PERIOD TIME BAND.
- ~~Capture all REFERRAL TO TREATMENT PERIOD START DATES and REFERRAL TO TREATMENT PERIOD END DATES that encompass outpatient attendances or inpatient/ day case admissions.~~
- Capture all REFERRAL TO TREATMENT PERIOD START DATES and REFERRAL TO TREATMENT PERIOD END DATES that encompass outpatient attendances or inpatient/ day case admissions.

~~For most PATIENTS the start of a REFERRAL TO TREATMENT PERIOD begins with a GENERAL PRACTITIONER REFERRAL REQUEST to a CONSULTANT in secondary care. In addition, this data set also covers REFERRAL REQUEST to CONSULTANTS from:~~

- ~~GENERAL DENTAL PRACTITIONERS (GDP)~~
- ~~GENERAL PRACTITIONERS with a Special Interest (GPwSIs)~~
- ~~Optometrists and Orthoptists~~
- ~~Accident and Emergency (where PATIENTS are transferred to an elective pathway)~~
- ~~Minor injuries units (where PATIENTS are transferred to an elective pathway)~~
- ~~Walk in centres (WICs) (where PATIENTS are transferred to an elective pathway)~~
- ~~Genitourinary Medicine clinics~~
- ~~National screening programmes (for non-malignant conditions)~~

- Specialist nurses or allied health professionals where Primary Care Trusts have approved these mechanisms locally

Referrals to nurse consultants and allied health professionals are out of scope for the elective Referral To Treatment monitoring.

REFERRAL TO TREATMENT PERIOD EXCLUDED FROM TARGET

Change to Supporting Information: New Supporting Information

Referral To Treatment Period Excluded From Target

A Referral To Treatment Period Excluded From Target is a REFERRAL TO TREATMENT PERIOD where

- the referral was neither to a Consultant Led Service nor to an Interface Service.
- or
- the REFERRAL TO TREATMENT PERIOD is not commissioned by or on behalf of the English NHS
- or
- the REFERRAL TO TREATMENT PERIOD ended because the PATIENT did not attend their first appointment.

REFERRAL TO TREATMENT PERIOD INCLUDED IN TARGET

Change to Supporting Information: New Supporting Information

Referral To Treatment Period Included In Target

It is any REFERRAL TO TREATMENT PERIOD included in the reporting for the 18 weeks target.

It is all Measured Referral to Treatment Periods where the SERVICE REQUEST is to a Consultant Led Service or an Interface Service except:

- any REFERRAL TO TREATMENT PERIODS where the PATIENT did not attend their first APPOINTMENT during a REFERRAL TO TREATMENT PERIOD (REFERRAL TO TREATMENT PERIOD STATUS is National Code 33 did not attend - the PATIENT did not attend the first CARE ACTIVITY after the referral).
- any REFERRAL TO TREATMENT PERIODS which are not commissioned by or on behalf of the English NHS

Two alternative approaches to calculating the duration of a Measured Referral to Treatment Period are defined in data elements REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED) and REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED).

APPOINTMENT OFFER

Change to Class: Change to Attributes

Attributes of this Class are:

K APPOINTMENT TIME OFFERED
 APPOINTMENT ACCEPTED DATE
 APPOINTMENT CLASSIFICATION CODE
 APPOINTMENT DATE OFFERED
 APPOINTMENT OFFER ACCEPTED OR REFUSED
~~APPOINTMENT OFFER ACCEPTED OR REFUSED~~
~~APPOINTMENT OFFER REFUSED REASON~~
 APPOINTMENT OFFER SLOT STATUS

INVITATION OFFER DATE SENT
INVITATION TYPE
~~PATIENT PREFERRED CLINIC INDICATOR~~
REASONABLE OFFER INDICATOR
REQUEST OR INVITATION

OFFER OF ADMISSION

Change to Class: Change to Attributes

Attributes of this Class are:

K OFFERED FOR ADMISSION DATE
K OFFER OF ADMISSION MADE DATE
K OFFER OF ADMISSION MADE TIME
ADMISSION OFFER OUTCOME
OFFER OF ADMISSION ACCEPTED DATE
OFFER OF ADMISSION ACCEPTED OR REFUSED
OFFER OF ADMISSION GROUP IDENTIFIER
OFFER OF ADMISSION VERBAL OR WRITTEN
OPERATION CANCELLATION
OPERATION CANCELLATION PATIENT CHOICE
REASONABLE OFFER INDICATOR

REFERRAL TO TREATMENT PERIOD

Change to Class: Change to Description

A subtype of ACTIVITY GROUP.

~~This is the part of a PATIENT PATHWAY covered by the 18 week referral to treatment target.~~ This is the part of a PATIENT PATHWAY covered by Measured Referral to Treatment Period.

A sub-set of REFERRAL TO TREATMENT PERIODS are used to measure the 18 weeks Referral To Treatment Period Included In Target.

~~It is the period from referral to the start of the first treatment that is intended to manage a PERSON's disease, condition or injury as described by REFERRAL TO TREATMENT PERIOD START DATE and REFERRAL TO TREATMENT PERIOD END DATE.~~ It is the period from referral to the start of First Definitive Treatment and measured by REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED).

If the PATIENT is referred from one Health Care Provider to another during the REFERRAL TO TREATMENT PERIOD, the REFERRAL TO TREATMENT PERIOD continues with the original REFERRAL TO TREATMENT PERIOD START DATE and the related PATIENT PATHWAY IDENTIFIER being part of the onward referral information. ~~The REFERRAL TO TREATMENT PERIOD continues until there is a REFERRAL TO TREATMENT PERIOD END DATE in the other ORGANISATION.~~ The REFERRAL TO TREATMENT PERIOD continues until there is a REFERRAL TO TREATMENT PERIOD END DATE.

For PATIENTS who have not attended an APPOINTMENT or admission:

- ~~DNA for first out-patient appointment or direct access admissions. This will complete the REFERRAL TO TREATMENT PERIOD (REFERRAL TO TREATMENT PERIOD STATUS code 33 for the ACTIVITY with DNA) and a new REFERRAL TO TREATMENT PERIOD will commence at the point when the PATIENT rebooks if this occurs (REFERRAL TO TREATMENT PERIOD STATUS code 10 on the ACTIVITY).~~
- Did not attend the first APPOINTMENT during the REFERRAL TO TREATMENT PERIOD. This will complete the REFERRAL TO TREATMENT PERIOD (REFERRAL TO TREATMENT PERIOD STATUS code 33 for the scheduled ACTIVITY which the PATIENT did not attend) and a new REFERRAL TO TREATMENT PERIOD will commence at the point when the PATIENT rebooks if this occurs (REFERRAL TO TREATMENT PERIOD STATUS code 10 on the ACTIVITY).
- ~~DNA for follow-up or out-patient/diagnostic appointments. The REFERRAL TO TREATMENT PERIOD will continue. The potential effect of this will be factored into the tolerances set, taken together with Department of Health rules to cover PATIENTS who are appropriately returned to the care of their GENERAL PRACTITIONER, and thereby complete the REFERRAL TO TREATMENT PERIOD.~~
- Did not attend a follow-up or out-patient/diagnostic appointment. The REFERRAL TO TREATMENT PERIOD

will continue unless a clinical decision is made to discharge the PATIENT to primary care. The potential effect of this will be factored into the tolerances set. See also Discharge After Patient Did Not Attend.

- DNA for an admission (except direct access admissions). The REFERRAL TO TREATMENT PERIOD will continue. The effect of DNAs for admission will be allowed for in the system of 18 week measurement that will replace the current in-patient suspension and self-deferral systems. Similarly, there will be a set of rules to cover patients who are appropriately returned to the care of the GENERAL PRACTITIONER, thereby complete the REFERRAL TO TREATMENT PERIOD.
- Did not attend an admission. The REFERRAL TO TREATMENT PERIOD will continue unless a clinical decision is made to discharge the PATIENT to primary care. The effect of PATIENTS who did not attend for admission is described in REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED). See also Discharge After Patient Did Not Attend.

~~At this stage, referrals to non-consultant clinicians, nurse consultants and allied health professionals are excluded from REFERRAL TO TREATMENT PERIODS.~~

~~References:~~

~~Tackling hospital waiting: the 18 week patient pathway: An implementation framework, May 2006: Author - 18 Week Pathway Programme, Department of Health.~~

This class is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIODS

ACTIVITY GROUP TYPE

Change to Attribute: Change to Description

One of the business definitions listed in the ACTIVITY GROUP class as a type of this class.

Consultant Episode (Hospital Provider) has four 'sub types' (General, Birth, Delivery and Detained and Long Term Psychiatric Patient Census) which form four individual ACTIVITY GROUP TYPE values.

National Codes:

- 01 Accident And Emergency Episode
- 02 Acute Myocardial Infarction Care Spell
- 03 Augmented Care Period (retired 1 Apr 2006) - **Retired CP724**
- 04 Breast Cancer Care Spell
- 05 Cancer Care Spell
- 06 Care Home Stay (Consultant Care)
- 07 Care Home Stay (Midwife Care)
- 08 Care Home Stay (Nursing Care)
- 09 Care Home Stay (Residential)
- 10 Care Programme Approach Episode
- 11 Colorectal Cancer Care Spell
- 12 Community Episode
- 13 Consultant Episode (Acute Home-Based)
- 14 Consultant Episode (Hospital Provider)
- 15 Consultant Out-Patient Episode
- 16 Dental Episode
- 17 Drug Misuse Episode
- 18 Genitourinary Episode
- 19 Head And Neck Cancer Care Spell
- 20 Home Dialysis Episode
- 21 Hospital Provider Spell
- 22 Lung Cancer Care Spell
- 23 Mental Health Care Spell

- 23 MHC Without Patient Consent
- 24 Midwife Episode
- 25 Neonatal Level Of Care Period
- 26 Nursing Episode
- 27 Palliative Care Episode
- 28 Person Smoking Cessation Episode
- 29 Pregnancy Episode
- 30 Professional Staff Group Episode
- 31 Regular Attender Episode
- 32 ROAD TRAFFIC ACCIDENT Treatment
- 33 Sarcoma Care Spell
- 34 Skin Cancer Care Spell
- 35 Supervised Discharge Episode
- 36 Supervision Register Episode
- 37 Upper GI Cancer Care Spell
- 38 Urological Cancer Care Spell
- 39 Ward Stay
- 40 Hospital Stay
- 41 Care Spell
- 42 CRITICAL CARE PERIOD
- 43 PATIENT PATHWAY
- ~~44 REFERRAL TO TREATMENT PERIOD~~
- 44 REFERRAL TO TREATMENT PERIOD
- 45 Active Monitoring

Note: The list is not in alphabetical order.

This attribute is also known by these names:

Context	Alias
plural	ACTIVITY GROUP TYPES

PLANNED CANCER TREATMENT TYPE

Change to Attribute: Change to Description

A classification of a type of treatment or care which may be planned to be provided within a Planned Cancer Treatment.

National Codes:

- 01 Surgery
- 02 Teletherapy
- 03 Chemotherapy
- 04 Hormone therapy
- 05 Specialist palliative care
- 06 Brachytherapy
- 07 Biological
- 08 Other
- ~~09 Active monitoring~~
- 09 Active Monitoring

References: ~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002~~ References: The NHS National Cancer Waiting Times, DH, DSCN 22/2002

This attribute is also known by these names:

Context	Alias
plural	PLANNED CANCER TREATMENT TYPES

REASONABLE OFFER INDICATOR

Change to Attribute: New Attribute

REASONABLE OFFER INDICATOR

An indicator of whether an offer is reasonable.

National Codes:

- 1 Reasonable Offer
- 2 Not a Reasonable Offer

This attribute is also known by these names:

Context	Alias
plural	REASONABLE OFFER INDICATORS

REFERRAL TO TREATMENT PERIOD END DATE

Change to Attribute: Change to Description

The end date of a REFERRAL TO TREATMENT PERIOD.

This is a specific type of the attribute ACTIVITY DATE.

REFERRAL TO TREATMENT PERIOD END DATE will be one of the following:

- ~~the ACTIVITY DATE when the PATIENT is admitted for the first treatment intended to manage the PATIENT's disease, condition or injury.~~
~~If the start of a PATIENT's treatment is cancelled after admission, the REFERRAL TO TREATMENT PERIOD will continue.~~
- or**
- ~~the ACTIVITY DATE for treatment undertaken in an outpatient setting, where no Hospital Provider Spell is expected.~~
- the ACTIVITY DATE when the PATIENT is admitted for First Definitive Treatment.
If the start of a patient's treatment is cancelled (by the Health Care Provider or PATIENT) after admission, the REFERRAL TO TREATMENT PERIOD will continue.
- or**
- the ACTIVITY DATE for First Definitive Treatment undertaken in an outpatient setting.
- or**
- or**

- the ~~ACTIVITY DATE when the decision not to treat is made, with no further action at this time communicated to the PATIENT.~~

~~or~~

- the ~~ACTIVITY DATE when the PATIENT declines offered treatment.~~

~~or~~

- the ~~ACTIVITY DATE when the PATIENT does not attend for the first ACTIVITY following referral. See REFERRAL TO TREATMENT PERIOD for guidance on DNA.~~

~~or~~

- the ~~ACTIVITY DATE the clinical decision is made (and agreed with the PATIENT) that a period of active monitoring will begin. If a PATIENT subsequently requires further treatment this decision would start a new REFERRAL TO TREATMENT PERIOD. This includes any treatment that is planned for a specific date in the future as ongoing monitoring.~~

~~or~~

- the ~~PERSON DEATH DATE.~~

- the **ACTIVITY DATE** when the decision not to treat is made, with no further action at this time communicated to the PATIENT.

This will include Discharge After Patient Did Not Attend and discharge back to primary care for treatment.

or

~~In the unfortunate event that a PATIENT is booked into the wrong clinic and needs to be re-referred to the right one, this will not end the REFERRAL TO TREATMENT PERIOD or restart it. The start of the REFERRAL TO TREATMENT PERIOD is still the original REFERRAL REQUEST RECEIVED DATE.~~

- the **ACTIVITY DATE** when the PATIENT declines offered treatment.

or

Further guidance on ending REFERRAL TO TREATMENT PERIODS and first treatments:

~~Undertaking a procedure is not necessarily in itself the end of a REFERRAL TO TREATMENT PERIOD. For example, outpatient or day case diagnostic CARE ACTIVITIES prior to admission for treatment do not represent the end of the period and, in these cases, are part of the diagnostic process rather than the start of treatment.~~

- the **ACTIVITY DATE** when the PATIENT did not attend for the first **ACTIVITY** during a **REFERRAL TO TREATMENT PERIOD**. See **REFERRAL TO TREATMENT PERIOD** for guidance on PATIENTS who do not attend.

or

- the **ACTIVITY DATE** the clinical decision is made (and agreed with the PATIENT) that **Active Monitoring** will begin. If a PATIENT subsequently requires further treatment this decision would start a new **REFERRAL TO TREATMENT PERIOD** as part of the same **PATIENT PATHWAY**. This includes any treatment that is planned for a specific date in the future as ongoing monitoring.

or

~~Commencement of medication as an outpatient can be the end of a REFERRAL TO TREATMENT PERIOD, if it is intended as the first treatment to manage the PATIENT's disease, condition or injury. However, clinicians often begin to manage a PATIENT's condition in advance of the first actual treatment taking place, for example by giving pain relief before a surgical procedure takes place. In these cases, the REFERRAL TO TREATMENT PERIOD END DATE is when the first actual treatment (in this example, surgery) has started.~~

- the **ACTIVITY DATE** a clinical decision is made and has been communicated to the PATIENT, and subsequently their **GENERAL PRACTITIONER** and/or other referring **CARE PROFESSIONAL** without undue delay, to add the PATIENT to a transplant list.

or

~~Other CARE ACTIVITIES that may end a REFERRAL TO TREATMENT PERIOD as the start of first treatment that is intended to manage the PATIENT's disease, condition or injury include:~~

- the fitting of a medical device where a CONSULTANT decides that treatment consists of fitting a medical device. This is the date of the actual fitting of the device rather than the point at which the PATIENT is measured for device.
- the date of a therapeutic procedure where it is intended as diagnostic but the CARE PROFESSIONAL makes decision to undertake a therapeutic procedure at the same time. In this example, it may count as a start of treatment and as such, the period will end.
- the PERSON DEATH DATE.
- the date for less intensive treatment and medical management such as palliative care which may be attempted before moving on to invasive procedures and treatment or may be the only treatment. In such cases, the first treatment that is intended to manage a PERSON's disease, condition or injury will end that particular REFERRAL TO TREATMENT PERIOD. Should the PATIENT at some later stage require more 'aggressive' treatment then the decision to treat would start a new REFERRAL TO TREATMENT PERIOD.

References:-

Tackling hospital waiting: the 18 week patient pathway. An implementation framework, May 2006. Author - 18 Week Pathway Programme, Department of Health. In the unfortunate event that a PATIENT is booked into the wrong clinic and needs to be re-referred to the right one, this will not end the REFERRAL TO TREATMENT PERIOD or restart it. The start of the REFERRAL TO TREATMENT PERIOD is still the original REFERRAL REQUEST RECEIVED DATE.

This attribute is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIOD END DATES

REFERRAL TO TREATMENT PERIOD START DATE

Change to Attribute: Change to Description

The start date of a REFERRAL TO TREATMENT PERIOD.

This is a specific type of the attribute ACTIVITY DATE.

~~A REFERRAL TO TREATMENT PERIOD START DATE will be one of the following:-~~

- ~~the REFERRAL REQUEST RECEIVED DATE of a SERVICE REQUEST for a particular condition~~
- ~~or~~
- ~~the ACTIVITY DATE of ACTIVITY when a PATIENT has rebooked following the PATIENT not attending an APPOINTMENT or admission. See REFERRAL TO TREATMENT PERIOD for guidance on DNA.~~
- ~~or~~
- ~~the ACTIVITY DATE of a CARE ACTIVITY when a decision to treat or refer for diagnostic tests was made following a period of active monitoring and the REFERRAL TO TREATMENT PERIOD STATUS is 'active monitoring end'~~
- ~~or~~
- ~~the REFERRAL REQUEST RECEIVED DATE of a SERVICE REQUEST when a decision has been made to refer the PATIENT directly to another CONSULTANT for a separate condition (the REFERRAL TO TREATMENT PERIOD STATUS for the first CARE ACTIVITY with the other CONSULTANT is 'consultant referral').~~

A REFERRAL TO TREATMENT PERIOD START DATE will be one of the following:

Initial Referral

- the REFERRAL REQUEST RECEIVED DATE of a SERVICE REQUEST for a particular condition. This will include a PATIENT being re-referred in to a Consultant Led Service or an Interface Service as a new referral including after a Discharge After Patient Did Not Attend. The REFERRAL TO TREATMENT PERIOD STATUS is 'National Code 10 - first activity';
- ~~or~~

Following an APPOINTMENT that the PATIENT did not attend

- the APPOINTMENT ACCEPTED DATE (or the INVITATION OFFER DATE SENT of the first APPOINTMENT OFFER where the APPOINTMENT OFFER is sent) for the first APPOINTMENT following the PATIENT not attending an APPOINTMENT or elective admission. See REFERRAL TO TREATMENT PERIOD and Discharge After Patient Did Not Attend for guidance on PATIENTS who do not attend.

The APPOINTMENT DATE of the APPOINTMENT that the PATIENT did not attend should be used where it is not possible to identify the APPOINTMENT ACCEPTED DATE or the INVITATION OFFER DATE SENT. The REFERRAL TO TREATMENT PERIOD STATUS is 'National Code 10 - first activity'

or

Following active monitoring

- the ACTIVITY DATE of a CARE ACTIVITY when a decision to treat was made following Active Monitoring and the REFERRAL TO TREATMENT PERIOD STATUS is 'National Code 11 - active monitoring end'

This will include a decision to start a substantively new or different treatment that does not already form part of that PATIENT's agreed CARE PLAN.

or

On identifying a separate condition

- the REFERRAL REQUEST RECEIVED DATE of a SERVICE REQUEST when a decision has been made to refer the PATIENT directly to a Consultant Led Service for a separate condition (the REFERRAL TO TREATMENT PERIOD STATUS for the first CARE ACTIVITY with the new CONSULTANT is 'National Code 12 - consultant referral').

For most PATIENTS, the start of the REFERRAL TO TREATMENT PERIOD begins with a SERVICE REQUEST from a GENERAL MEDICAL PRACTITIONER to a CONSULTANT.

SERVICE REQUESTS to CONSULTANTS who provide care services in community settings (for example in outreach clinics, directly employed by a Primary Care Trust or working in a community hospital) also start REFERRAL TO TREATMENT PERIODS and the REFERRAL REQUEST RECEIVED DATE will be the start of the REFERRAL TO TREATMENT PERIOD.

~~A REFERRAL TO TREATMENT PERIOD may also start from SERVICE REQUESTS to CONSULTANTS from GENERAL DENTAL PRACTITIONER, GENERAL MEDICAL PRACTITIONER with a Special Interest (GPwSIs), Optometrists and Orthoptists, Genito-urinary medicine clinics, National Screening Programmes (for non-malignant conditions) and Specialist nurses or allied CARE PROFESSIONALS where Primary Care Trusts have approved these mechanisms locally.~~
 A REFERRAL TO TREATMENT PERIOD may also start from SERVICE REQUESTS to CONSULTANTS from GENERAL DENTAL PRACTITIONER, Practitioner With A Specialist Interest, OPTHALMIC OPTICIANS and Orthoptists, National Screening Programmes, Specialist nurses, other CARE PROFESSIONALS where Primary Care Trusts have approved these mechanisms locally.

~~Where PATIENTS are transferred to an elective pathway, SERVICE REQUESTS from A&E, Minor injuries units and Walk In Centres to CONSULTANTS will also start a REFERRAL TO TREATMENT PERIOD. An 18-week clock also starts upon a self referral by a PATIENT to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a CARE PROFESSIONAL.~~

References:

~~Tackling hospital waiting: the 18 week patient pathway: An implementation framework, May 2006. Author - 18 Week Pathway Programme, Department of Health.~~
 A REFERRAL TO TREATMENT PERIOD will also start where PATIENTS are transferred to an elective Consultant Led Service through SERVICE REQUESTS from Accident And Emergency Departments including Minor injuries units and Walk In Centres.

This attribute is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIOD START DATES

REFERRAL TO TREATMENT PERIOD STATUS

Change to Attribute: Change to Description

The status of an ACTIVITY (or anticipated ACTIVITY) for the 18 week REFERRAL TO TREATMENT PERIOD decided by the

lead CARE PROFESSIONAL.

National Codes:

- ~~The first ACTIVITY in a REFERRAL TO TREATMENT PERIOD where the first treatment that is intended to manage a PATIENT's disease, condition or injury will be a subsequent ACTIVITY~~
The first ACTIVITY in a REFERRAL TO TREATMENT PERIOD where the First Definitive Treatment will be a subsequent ACTIVITY
- 10 first ACTIVITY - first ACTIVITY in a REFERRAL TO TREATMENT PERIOD
- ~~11 active monitoring end - first activity at the start of a new REFERRAL TO TREATMENT PERIOD following active monitoring~~
- 11 Active Monitoring end - first ACTIVITY at the start of a new REFERRAL TO TREATMENT PERIOD following Active Monitoring
- ~~12 consultant referral - the first activity at the start of a new REFERRAL TO TREATMENT PERIOD following a decision to refer directly to the CONSULTANT for a separate condition~~
- 12 consultant referral - the first ACTIVITY at the start of a new REFERRAL TO TREATMENT PERIOD following a decision to refer directly to the CONSULTANT for a separate condition
- Subsequent ACTIVITY during a REFERRAL TO TREATMENT PERIOD**
- 20 subsequent ACTIVITY during a REFERRAL TO TREATMENT PERIOD - further ACTIVITIES anticipated
- 21 transfer to another Health Care Provider - subsequent ACTIVITY by another Health Care Provider during a REFERRAL TO TREATMENT PERIOD anticipated
- ACTIVITY that ends the REFERRAL TO TREATMENT PERIOD**
- ~~30 first treatment - the start of the first treatment that is intended to manage a PATIENT's disease, condition or injury in a REFERRAL TO TREATMENT PERIOD.~~
- 30 Start of First Definitive Treatment.
- ~~31 start of active monitoring initiated by the PATIENT~~
- 31 start of Active Monitoring initiated by the PATIENT
- ~~32 start of active monitoring initiated by the CARE PROFESSIONAL~~
- 32 start of Active Monitoring initiated by the CARE PROFESSIONAL
- ~~33 failure to attend - the PATIENT failed to attend the first CARE ACTIVITY after the referral[†]~~
- ~~34 decision not to treat - decision not to treat made or no further contact required~~
- 33 Did not attend - the PATIENT did not attend the first CARE ACTIVITY after the referral¹
- 34 decision not to treat - decision not to treat made or no further contact required²
- 35 PATIENT declined offered treatment
- 36 PATIENT died before treatment
- ACTIVITY that is not part of a REFERRAL TO TREATMENT PERIOD**
- ~~90 after treatment - first treatment occurred previously (e.g. admitted as an emergency from A&E or the activity is after the start of treatment)~~
- 90 after treatment - First Definitive Treatment occurred previously (e.g. admitted as an emergency from A&E or the activity is after the start of treatment)
- ~~91 active monitoring - CARE ACTIVITY during period of active monitoring~~
- 91 Active Monitoring - CARE ACTIVITY during Active Monitoring
- ~~92 not yet referred - not yet referred for treatment, undergoing diagnostic tests by GP before referral~~
- 92 not yet referred - not yet referred for treatment, undergoing diagnostic tests by GENERAL PRACTITIONER before referral
- 98 not applicable - ACTIVITY not applicable to REFERRAL TO TREATMENT PERIODS
- ACTIVITY where the REFERRAL TO TREATMENT PERIOD STATUS is not yet known**
- 99 not yet known

~~Active monitoring is when there is a period during the PATIENT PATHWAY when a decision is made (and agreed with the PATIENT) that the PATIENT will not receive any specific treatment but will be observed. The start of active monitoring will end the REFERRAL TO TREATMENT PERIOD. During this time the PATIENT will remain under the care of the CONSULTANT although the GENERAL MEDICAL PRACTITIONER will be updated with the progress of their PATIENT.~~

Where the REFERRAL TO TREATMENT PERIOD STATUS is National Code 99 - "not yet known" the status is treated as if the ACTIVITY is a subsequent ACTIVITY during a REFERRAL TO TREATMENT PERIOD. In this case the REFERRAL TO TREATMENT PERIOD STATUS should be corrected once it is possible to determine the correct value.

[†] Children Act 2004 and Children Act 1989 ¹ PATIENTS who do not attend an appointment

~~National code 33 - "failure to attend - the PATIENT failed to attend the first CARE ACTIVITY after the referral" must not be used for a child. National code 10 - "first ACTIVITY - first ACTIVITY in a REFERRAL TO TREATMENT PERIOD" should be used instead. For the purposes of the Children Acts a child includes. National code 33 - "Did not attend - the PATIENT did not attend the first CARE ACTIVITY after the referral" may only be used where~~

- ~~any person under the age of 16~~
- the PATIENT did not attend their first APPOINTMENT following the REFERRAL REQUEST that started the REFERRAL TO TREATMENT PERIOD, provided that the Health Care Provider can demonstrate that the APPOINTMENT was clearly communicated to the PATIENT. REFERRAL TO TREATMENT PERIODS with REFERRAL TO TREATMENT PERIOD STATUS of National code 33 are excluded from the measurement of the 18 weeks Referral To Treatment Period Included In Target
- ~~any person under the age of 21 who has been looked after by a local authority at any time after attaining the age of 16. A person is "looked after by a local authority" if:~~
 1. ~~for the purposes of the Children Act 1989 (c. 41), he is looked after by a local authority in England and Wales;~~
 2. ~~for the purposes of the Children (Scotland) Act 1995 (c. 36), he is looked after by a local authority in Scotland;~~
 3. ~~for the purposes of the Children (Northern Ireland) Order 1995 (S.I.1995/755 (N.I.2)), he is looked after by an authority in Northern Ireland;~~
- ~~any person under the age of 21 who has a learning disability, that is a state of arrested or incomplete development of mind which induces significant impairment of intelligence and social functioning.~~

2 Decision not to treat

National Code 34 - "decision not to treat - decision not to treat made or no further contact required" includes

- o a Discharge After Patient Did Not Attend the second or a subsequent CARE ACTIVITY after the referral.
- o a change resulting in care no longer being commissioned by the English NHS.
- o a referral to a Consultant Led Service during a Referral To Treatment Period Excluded From Target for the same condition, disease or injury. A new REFERRAL TO TREATMENT PERIOD will start.

This attribute is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIOD STATUSES

APPOINTMENT DATE

Change to Data Element: Change to Description

Format/length:	see DATE
HES item:	
National Codes:	
Default Codes:	

Notes: Notes:

For APPOINTMENTS for a FIRST ATTENDANCE with a CONSULTANT, if a PATIENT indicates that he/she is unable to take up a reasonable telephone or written offer of an APPOINTMENT, the refusal should be counted as a self-deferral, and the waiting time calculation is counted from the first offered APPOINTMENT DATE.

For a verbal 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. This is the same as APPOINTMENT DATE.

For a written offer to be deemed reasonable, the PATIENT is to be offered an APPOINTMENT DATE with a minimum of three weeks notice.

Usage in the CDS:

Usage in the CDS:

The Outpatient and Future Outpatient CDS Types use the Data Field Notes as the "CDS ORIGINATING DATE" as a mandatory requirement of the CDS Exchange Protocol, see CDS ACTIVITY DATE.

For the Future Outpatient CDS where no APPOINTMENT DATE is available from the healthcare system, a default date value of 2999-12-31 may be applied.

Care must be taken to generate the correct CDS Exchange Protocol when using this default value.

This data element is also known by these names:

Context	Alias
plural	APPOINTMENT DATES

DECISION TO TREAT DATE (ACTIVE MONITORING)

Change to Data Element: Change to Description

Format/length:	see DATE
HES item:	
National Codes:	
Default Codes:	

Notes:

DECISION TO TREAT DATE (ACTIVE MONITORING) is the same as the attribute DECISION TO TREAT DATE.

This data element is only mandatory when applicable in the National Cancer Waiting Times Dataset which is when the planned first definitive treatment is active monitoring.

~~It is the DECISION TO TREAT DATE of the Planned Cancer Treatment with a PLANNED CANCER TREATMENT TYPE National Code 09 'Active monitoring' and where the FIRST DEFINITIVE TREATMENT PLANNED is classification a.~~ It is the DECISION TO TREAT DATE of the Planned Cancer Treatment with a PLANNED CANCER TREATMENT TYPE National Code 09 'Active Monitoring' and where the FIRST DEFINITIVE TREATMENT PLANNED is classification a. 'first definitive treatment planned'.

Planned Cancer Treatment is a PLANNED ACTIVITY where PLANNED ACTIVITY TYPE is National Code 02 'Cancer Treatment'.

This data element is also known by these names:

Context	Alias
plural	DECISION TO TREAT DATES (ACTIVE MONITORING)

EARLIEST REASONABLE OFFER DATE

Change to Data Element: Change to Description

Format/length:	see DATE
National Codes:	
National Codes:	
Default Codes:	

Notes:

~~For an APPOINTMENT this is the earliest reasonable APPOINTMENT DATE OFFERED.~~ It is the date of the earliest of the Reasonable Offers made to a PATIENT for an APPOINTMENT or Elective Admission. It should only be included on the Commissioning Data Sets where the PATIENT has declined at least two Reasonable Offers.

~~For an Elective Admission this is the earliest reasonable OFFERED FOR ADMISSION DATE. Note that the reasonableness criteria defined in data element OFFERED FOR ADMISSION DATE are still valid for statutory returns Admitted Patient Flows Data Set and Admitted Patient Stocks Data Set (formerly KH07). These reasonableness criteria are different to those required for EARLIEST REASONABLE OFFER DATE~~ For an APPOINTMENT this is the earliest of the APPOINTMENT

DATES OFFERED where the REASONABLE OFFER INDICATOR of the APPOINTMENT OFFER is National code 1 - Reasonable Offer.

~~Where, for any reason, a PATIENT cancels an APPOINTMENT or an OFFER OF ADMISSION the EARLIEST REASONABLE OFFER DATE for the rearranged APPOINTMENT or OFFER OF ADMISSION will be the EARLIEST REASONABLE OFFER DATE of the cancelled APPOINTMENT or OFFER OF ADMISSION. For an OFFER OF ADMISSION this is the earliest of the OFFERED FOR ADMISSION DATES where the REASONABLE OFFER INDICATOR of the OFFER OF ADMISSION is National code 1 - Reasonable Offer.~~

~~Where, for any reason, any PROVIDER IN SERVICE AGREEMENT cancels and re-arranges an APPOINTMENT or an OFFER OF ADMISSION, the EARLIEST REASONABLE OFFER DATE for the re-arranged APPOINTMENT or Elective Admission will be the DATE of the earliest reasonable offer made following the cancellation.~~

Patient Cancellations

Where, for any reason, a PATIENT cancels or does not attend an APPOINTMENT or an OFFER OF ADMISSION the EARLIEST REASONABLE OFFER DATE for the rearranged APPOINTMENT or OFFER OF ADMISSION will be the EARLIEST REASONABLE OFFER DATE of the cancelled APPOINTMENT or OFFER OF ADMISSION.

~~Staff will need to make a judgement on whether an offer is reasonable. They will need to take into account the priority of the APPOINTMENT. It is not appropriate for a national definition of a reasonable offer - it will depend on the PATIENTS individual circumstances.~~ **Provider Cancellations**

Where, for any reason, any Health Care Provider cancels and re-arranges an APPOINTMENT or an OFFER OF ADMISSION, the EARLIEST REASONABLE OFFER DATE for the re-arranged APPOINTMENT or OFFER OF ADMISSION will be the date of the earliest Reasonable Offer made following the cancellation.

~~Where a PATIENT accepts an offer, the offer is a reasonable offer.~~ **Patients who are unavailable**

Where a PATIENT makes themselves unavailable for a longer period of time, for example a PATIENT who is a teacher who wishes to delay their admission until the summer holidays, making a Reasonable Offer may be inappropriate.

~~For the first Genitourinary Care Contact in a Genitourinary Episode the EARLIEST REASONABLE OFFER DATE will be the earliest DATE offered to the PATIENT. In these circumstances, so long as the Health Care Provider could have made at least two Reasonable Offers, the EARLIEST REASONABLE OFFER DATE will be the date of the earliest Reasonable Offer that the provider could have offered the PATIENT. This must be communicated to the PATIENT.~~

This data element is also known by these names:

Context	Alias
plural	EARLIEST REASONABLE OFFER DATES

EARLIEST REASONABLE OFFER DATE

Change to Data Element: Change to Relationships

Ink APPOINTMENT DATE OFFERED (created)

Ink OFFERED FOR ADMISSION DATE (created)

MAIN SPECIALTY CODE

Change to Data Element: Change to Description

Format/length:	n3
HES item:	MAINSPEF
National Codes:	
National Codes:	See Main Specialty And Treatment Function Codes for the full list of codes.
Default Codes:	199 - Non-UK provider; specialty function not known, treatment mainly surgical 499 - Non-UK provider; specialty function not known, treatment mainly medical 560 - Non-Consultant Led Activity - Midwife Episode

950 - Non-Consultant Led Activity - Nursing Episode

960 - Non-Consultant Led Activity - Allied Health Professional Episode

Notes:

~~This is the specialty in which the CONSULTANT is contracted or recognised. MAIN SPECIALTY CODE is the same as attribute MAIN SPECIALTY CODE.~~

It is the specialty in which the CONSULTANT is contracted or recognised. MAIN SPECIALTY classifies clinical work divisions more precisely for a limited number of specialties.

~~See Main Specialty And Treatment Function Codes for the full list of codes.~~

~~All Midwife Episodes and Nursing Episodes are identified in the Admitted Patient care CDS and HES by a pseudo MAIN SPECIALTY CODE of 560 for midwives and 950 for nurses. All Non-Consultant Led Activity is identified in the Admitted Patient care CDS and HES by a pseudo MAIN SPECIALTY CODE of 560 for midwives, 950 for nurses and 960 for Allied Health Professionals.~~

The default codes 199 and 499 are only applicable for overseas providers.

This data element is also known by these names:

Context	Alias
plural	MAIN SPECIALTY CODES

OFFERED FOR ADMISSION DATE

Change to Data Element: Change to Description

Format/length:	see DATE
HES item:	
National Codes:	
Default Codes:	

Notes:

~~The date offered for admission to hospital to start a Hospital Provider Spell.~~

~~If a PATIENT indicates that he/she is unable to take up a reasonable telephone or written offer, the refusal should be counted as a self-deferral, and the waiting time calculation is counted from the first offered admission date.~~

~~For a verbal offer 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 offered 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.~~

~~Hospital Provider Spell is an ACTIVITY GROUP where ACTIVITY GROUP TYPE is National Code 21 "Hospital Provider Spell". This is the same as attribute OFFERED FOR ADMISSION DATE.~~

This data element is also known by these names:

Context	Alias
plural	OFFERED FOR ADMISSION DATES

REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED)

Change to Data Element: New Data Element

REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED)

Format/length:	n4
HES item:	
National Codes:	
Default Codes:	9997 - 9997 days or more 9998 - Not applicable 9999 - Not known (i.e. no date known for REFERRAL TO TREATMENT PERIOD END DATE)

The duration (or anticipated duration) of a REFERRAL TO TREATMENT PERIOD adjusted to take account of the duration of the time between the earliest of at least two Reasonable Offers and the date from which the PATIENT makes themselves available again for admission.

- For a REFERRAL TO TREATMENT PERIOD which does not end with First Definitive Treatment during an Elective Admission it is the same as REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED).
- For a REFERRAL TO TREATMENT PERIOD which ends with First Definitive Treatment during an Elective Admission and the PATIENT has declined at least two Reasonable Offers, it is REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED) less the number of completed days between the EARLIEST REASONABLE OFFER DATE of the Elective Admission and the REFERRAL TO TREATMENT PERIOD END DATE.
- For a REFERRAL TO TREATMENT PERIOD which ends with First Definitive Treatment during an Elective Admission where the PATIENT has not declined at least two Reasonable Offers, it is the same as REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED).

Example:

Where a REFERRAL TO TREATMENT PERIOD which ends with First Definitive Treatment during an Elective Admission has a REFERRAL TO TREATMENT PERIOD START DATE of 1 January, REFERRAL TO TREATMENT PERIOD END DATE of 30 January and EARLIEST REASONABLE OFFER DATE of 28 January the REFERRAL TO TREATMENT PERIOD DURATION (ADJUSTED) will be 0027 days (29 days REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED) less 2 days for the adjustment).

This data element is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIOD DURATIONS (ADJUSTED)

REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED)

Change to Data Element: New Data Element

REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED)

Format/length:	n4
HES item:	
National Codes:	
Default Codes:	9997 - 9997 days or more 9998 - Not applicable 9999 - Not known (i.e. no date known or planned for REFERRAL TO TREATMENT PERIOD END DATE)

The duration (or anticipated duration) of a REFERRAL TO TREATMENT PERIOD.

It is the number of completed days between the REFERRAL TO TREATMENT PERIOD START DATE and REFERRAL TO TREATMENT PERIOD END DATE.

Example:

Where a REFERRAL TO TREATMENT PERIOD has a REFERRAL TO TREATMENT PERIOD START DATE of 1 January and REFERRAL TO TREATMENT PERIOD END DATE of 28 January the REFERRAL TO TREATMENT PERIOD DURATION (UNADJUSTED) will be 0027 days.

This data element is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT PERIOD DURATIONS (UNADJUSTED)

START DATE (ACTIVE MONITORING)

Change to Data Element: Change to Description

Format/length:	see DATE
HES item:	
National codes	
Default codes	

Notes:

~~START DATE (ACTIVE MONITORING) should be recorded if the first definitive treatment is active monitoring.~~ START DATE (ACTIVE MONITORING) should be recorded if the PLANNED CANCER TREATMENT TYPE is National Code 09 - Active Monitoring.

START DATE (ACTIVE MONITORING) is the CARE PLAN AGREED DATE of the Cancer Care Plan where the Planned Cancer Treatment is for PLANNED CANCER TREATMENT TYPE National Code 09 'Active monitoring' and FIRST DEFINITIVE TREATMENT PROVIDED is classification a. 'first definitive treatment provided'.

Cancer Care Plan is a CARE PLAN where CARE PLAN TYPE is National Code 01 'Cancer Care Plan'.

Planned Cancer Treatment is a PLANNED ACTIVITY where PLANNED ACTIVITY TYPE is National Code 02 'Cancer Treatment'.

This data element is also known by these names:

Context	Alias
plural	START DATES (ACTIVE MONITORING)

NHS Data Model and Dictionary enquiries should be directed to datastandards@nhs.net

For 18 weeks measurement enquiries the Department of Health 18 weeks Measurement team can be contacted at data18weeks@dh.gsi.gov.uk