

Sponsoring Organisation:	Implementation Date:	Immediate
Department of Health	Subject:	
	Data Standards: Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS)	
DATA SET CHANGE NOTICE		
<p>This DSCN informs users of an update or clarification to the NHS Dictionary or Data Model that has been approved by the Information Standards Board for Health and Social Care (ISB HaSC).</p> <p>This was approved by ISB HaSC at its meeting on 19th December 2007.</p>		
Summary: <p>DSCN 44/2007 mandated the transfer of administrative data to allow the monitoring of a patient's progress along an 18 Weeks pathway where care has been transferred between providers. This data set is known as the Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS).</p> <p>The transfer of this data set was mandated from 1st January 2008 with full conformance by the service from April 2008.</p> <p>This DSCN provides the definitional, technical, and modelling detail that will be included in the NHS Data Model and Dictionary. It should be read in conjunction with DSCN 44/2007.</p> <p>The IPTAMDS is a paper based data collection. This DSCN models the sample form that supports that collection; however, the content of this DSCN will be of interest to those providers who are seeking to extract the data from systems and exchange the IPTAMDS electronically, for example via email.</p>		
Related DSCNs: <p>DSCN 17/2006, DSCN 18/2006, DSCN 18/2007, DSCN 30/2007, DSCN 44/2007</p>		
Impact of Change:		
Service:	Minor	System Suppliers: Minor
<p>The Information Standards Board for Health and Social Care (ISB HaSC) is responsible for approving information standards. Documents relating to the approval of this standard can be found at:</p> <p>www.isb.nhs.uk/docs/inter-providers</p>		

Change Request

NHS Connecting for Health

NHS Data Model and Dictionary Service

Reference:	Change Request 900
Version No:	1.0
Subject:	Inter-Provider Transfer Administrative Minimum Data Set
Type of Change:	Changes to NHS Data Standards
Effective Date:	1 January 2008
Reason for Change:	Introduction of the Inter-Provider Transfer Administration Data Set

Background:

The solution for enabling the NHS to measure and monitor the length of the Referral To Treatment Period will be delivered through the Secondary Uses Service.

The NHS needs to adopt solutions to measure and monitor the length of the Referral To Treatment Period for patients that may have periods of their patient pathways provided by other organisations. This means that referring organisations need to share with receiving organisations the Referral To Treatment Period Status data at the time of transfer of care, so that reporting, as required by DSCNs 17/2006 and 18/2006, can take place.

This paper provides data standards for the introduction of a new data set.

Summary of changes:

Class Definitions

DECISION TO REFER	New Class
PERSON RELATIONSHIP	Change to Attributes
SERVICE REQUEST	Change to Attributes
SERVICE REQUEST	Change to Relationships

Attribute Definitions

DECISION TO REFER DATE	New Attribute
LEAD CONTACT INDICATOR	New Attribute
SERVICE REQUEST RAISED REASON	New Attribute

Data Elements

CARE PROFESSIONAL NAME (RECEIVING)	New Data Element
CARE PROFESSIONAL NAME (REFERRING)	New Data Element
CONTACT EMAIL ADDRESS (PATIENT OR LEAD CONTACT)	New Data Element
CONTACT EMAIL ADDRESS (REFERRING ORGANISATION)	New Data Element
CONTACT TELEPHONE NUMBER (HOME)	New Data Element
CONTACT TELEPHONE NUMBER (MOBILE)	New Data Element
CONTACT TELEPHONE NUMBER (REFERRING ORGANISATION)	New Data Element
CONTACT TELEPHONE NUMBER (WORK)	New Data Element
CORRESPONDENCE ADDRESS	Change to Description
DECISION TO REFER DATE (INTER-PROVIDER TRANSFER)	New Data Element
GP NAME (NAME OF REGISTERED OR REFERRING GMP)	Change to Name
GP NAME (NAME OF REGISTERED OR REFERRING GMP) renamed PERSON NAME (SPECIFIED GENERAL MEDICAL PRACTITIONER)	Change to Aliases
ORGANISATION CODE (ON PATHWAY)	New Data Element
ORGANISATION CODE (RECEIVING)	New Data Element
ORGANISATION NAME (RECEIVING)	New Data Element

ORGANISATION NAME (REFERRING)	New Data Element
PERSON FULL NAME (PATIENT LEAD CONTACT)	New Data Element
PERSON FULL NAME (REFERRER CONTACT)	New Data Element
REFERRAL RAISED REASON (INTER-PROVIDER TRANSFER)	New Data Element
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	New Data Element
REFERRAL TO TREATMENT PERIOD START DATE	Change to Relationships
REFERRAL TO TREATMENT STATUS (INTER-PROVIDER TRANSFER)	New Data Element
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)	New Data Element
TREATMENT FUNCTION CODE (RECEIVING SERVICE)	New Data Element
TREATMENT FUNCTION CODE (REFERRING SERVICE)	New Data Element

Dataset

INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET	New Dataset
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Diagrams

PATIENT PATHWAY	Change to Diagram Contents
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Supporting Information

INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET OVERVIEW	New Supporting Information
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Date: 16 April 2008

Sponsor: Nick Chapman, 18 weeks and 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.

INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET

Change to Dataset: New Dataset

[Inter-Provider Transfer Administrative Minimum Data Set](#)

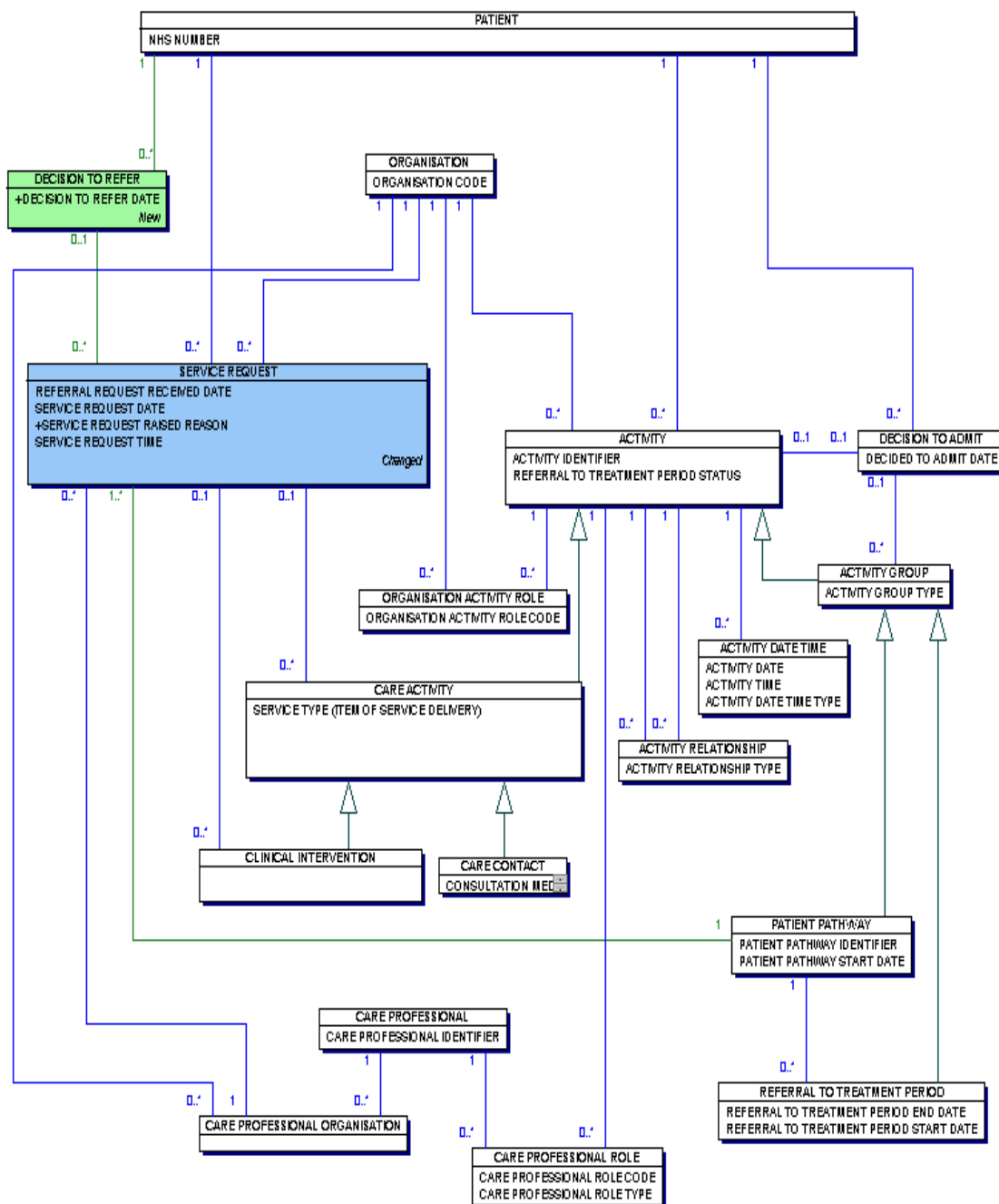
[Inter-Provider Transfer Administrative Minimum Data Set Overview](#)

Opt	Data Set Data Elements
Patient details - To carry patient demographic details	
M	PERSON FAMILY NAME
M	PERSON GIVEN NAME
M	PERSON TITLE
M	CORRESPONDENCE ADDRESS
M	POSTCODE OF CORRESPONDENCE ADDRESS
M	PERSON BIRTH DATE
M	NHS NUMBER
M	LOCAL PATIENT IDENTIFIER
Patient contact details - The contact details of the patient or lead contact as applicable. If the name of a lead contact for the patient is present, the contact details apply to the lead contact and not the patient	
O	PERSON FULL NAME (PATIENT LEAD CONTACT)
O	CONTACT TELEPHONE NUMBER (HOME)
O	CONTACT TELEPHONE NUMBER (WORK)
O	CONTACT TELEPHONE NUMBER (MOBILE)

O	CONTACT EMAIL ADDRESS (PATIENT OR LEAD CONTACT)
General Practitioner Details - To carry details of the patient's registered General Medical Practitioner	
M	PERSON NAME (SPECIFIED GENERAL MEDICAL PRACTITIONER)
M	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)
Referring Organisation	
M	ORGANISATION NAME (REFERRING)
M	REFERRING ORGANISATION CODE
M	CARE PROFESSIONAL NAME (REFERRING)
M	REFERRER CODE
M	TREATMENT FUNCTION CODE (REFERRING SERVICE)
M	PERSON FULL NAME (REFERRER CONTACT)
O	CONTACT TELEPHONE NUMBER (REFERRING ORGANISATION)
O	CONTACT EMAIL ADDRESS (REFERRING ORGANISATION)
Referral To Treatment - To carry details of the patient's Referral To Treatment Status and Patient Pathway Information	
M	PATIENT PATHWAY IDENTIFIER
M	ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)
M	REFERRAL TO TREATMENT STATUS (INTER-PROVIDER TRANSFER)
M	DECISION TO REFER DATE (INTER-PROVIDER TRANSFER)
M	REFERRAL TO TREATMENT PERIOD START DATE
M	REFERRAL RAISED REASON (INTER-PROVIDER TRANSFER)
Organisation along the Patient Pathway - Repeating group to carry all the Organisations involved in the Pathway up until this Service Request	
M	ORGANISATION CODE (ON PATHWAY)
Receiving Organisation - To carry details of the receiving Organisation and Care Professional	
M	ORGANISATION NAME (RECEIVING)
M	ORGANISATION CODE (RECEIVING)
O	CARE PROFESSIONAL NAME (RECEIVING)
M	TREATMENT FUNCTION CODE (RECEIVING SERVICE)
Details of the dates of the transfer information was sent and received	
M	SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)
O	REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

PATIENT PATHWAY

Change to Diagram: Change to Diagram Contents



INTER-PROVIDER TRANSFER ADMINISTRATIVE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

Inter-Provider Transfer Administrative Minimum Data Set Overview

Contextual Overview

The NHS need to measure and monitor the REFERRAL TO TREATMENT PERIOD within PATIENT PATHWAYS to ensure that they are progressing as planned to achieve the 18 weeks target.

In an estimated 10% to 20% of cases, responsibility for the PATIENT PATHWAY will be transferred between Health Care Providers. The receiving Health Care Provider would be unable to report on the 18 week target for these cases unless the referring Health Care Provider supplied the PATIENT PATHWAY information at the time of transfer.

This data set specifies the data necessary to permit the receiving Health Care Provider to be able to report the PATIENT's progress along their PATIENT PATHWAY and, in particular, their REFERRAL TO TREATMENT PERIOD.

Scope and Collection

- Completion is mandatory for all PATIENTS with a REFERRAL TO TREATMENT PERIOD where there has been a transfer of care to an alternative Health Care Provider.
- Completion is advisable for PATIENTS without a REFERRAL TO TREATMENT PERIOD, where there has been a transfer of care to an alternative Health Care Provider, but this is voluntary.
- The referring ORGANISATION should send the data set within 48 hours of DECISION TO REFER DATE (INTER-PROVIDER TRANSFER).
- Inter-provider transfer SERVICE REQUESTS for clinical opinion or diagnostics, where the care of the PATIENT remains with the referring Health Care Provider, are voluntary.
- SERVICE REQUESTS associated with the following PATIENT PATHWAYS are also not currently included:
 - Non-elective PATIENTS
 - Planned admissions (usually part of a planned sequence of clinical care determined mainly on social or clinical criteria, for example, a check cystoscopy).

Further Guidance

Further guidance on the data set can be found in 'The Inter-Provider Transfer Administrative Data Set Operational Information Standard' and in DSCN 30/2007.

Further guidance and definitions on REFERRAL TO TREATMENT PERIODS and those PATIENT PATHWAYS included within the 18 weeks target can be found in the Department of Health policy document [Tackling hospital waiting: the 18 week patient pathway](#) and on the [18 weeks website](#).

DECISION TO REFER

Change to Class: New Class

DECISION TO REFER

A decision to refer a PATIENT to another CARE PROFESSIONAL made by or on behalf of a CARE PROFESSIONAL. This decision denotes that a SERVICE REQUEST is intended to be submitted, either immediately or subsequently in the future.

This class is also known by these names:

Context	Alias
plural	DECISIONS TO REFER

Attributes of this Class are:

K DECISION TO REFER DATE

Each DECISION TO REFER

K must be the decision for one and only one PATIENT may be resulting in one or more SERVICE REQUEST

PERSON RELATIONSHIP

Change to Class: Change to Attributes

Attributes of this Class are:

K PERSON RELATIONSHIP TYPE
LEAD CONTACT INDICATOR
PERSON RELATIONSHIP END DATE
PERSON RELATIONSHIP START DATE
RELATIONSHIP TO PERSON
RELATION WITH CANCER

SERVICE REQUEST

Change to Class: Change to Attributes

Attributes of this Class are:

K SERVICE REQUEST IDENTIFIER
APPOINTMENT CLASSIFICATION CODE
APPOINTMENT OFFER VERBAL OR WRITTEN
DECISION TO OFFER AN APPOINTMENT DATE
DIAGNOSTIC SERVICE REQUEST TYPE
REFERRAL REQUEST CANCELLED DATE
REFERRAL REQUEST RECEIVED DATE
SERVICE REQUEST DATE
SERVICE REQUEST RAISED REASON
SERVICE REQUEST TIME

SERVICE REQUEST

Change to Class: Change to Relationships

Each SERVICE REQUEST

K must be for one and only one PATIENT
must be made by one and only one CARE PROFESSIONAL ORGANISATION
or must be made by one and only one ORGANISATION
or may be the reason for one or more TRANSPORT REQUIREMENT
must be made to one and only one CARE PROFESSIONAL ORGANISATION
or must be made to one and only one SERVICE POINT
must be part of one and only one PATIENT PATHWAY
must be categorised by one and only one TREATMENT FUNCTION
may be resultant in one or more APPOINTMENT
may be the result of one and only one CARE ACTIVITY
may be the initiator of one or more CARE ACTIVITY
may be the result of one and only one CLINICAL INTERVENTION
may be for one or more CLINICAL INTERVENTION
may be the result of one and only one DECISION TO REFER
may be offered from one and only one HEALTH PROGRAMME
may be the reason for one or more PLANNED ACTIVITY
may be the main one linked to one or more SERVICE REQUEST RELATIONSHIP
may be a subsequent one in one or more SERVICE REQUEST RELATIONSHIP

DECISION TO REFER DATE

Change to Attribute: New Attribute

DECISION TO REFER DATE

The date that a decision was made, by or on behalf of a CARE PROFESSIONAL, to refer a PATIENT to a particular Health Care Provider as a SERVICE REQUEST.

This attribute is also known by these names:

Context	Alias
plural	DECISION TO REFER DATES

LEAD CONTACT INDICATOR

Change to Attribute: New Attribute

LEAD CONTACT INDICATOR

An indicator that the first PERSON in the PERSON RELATIONSHIP is a lead contact to the second PERSON.

That is the PERSON acting as a lead contact or proxy for the other PERSON, in circumstances where the second PERSON is unable to communicate effectively or lacks the capacity to make medical decisions and the proxy is authorised to act for that PERSON. This may be the case if the PERSON requiring a lead contact is an infant, has a disability or has an illness preventing direct communication.

National Codes:

- 1 Lead contact
- 2 Not the lead contact
- 9 Not known

This attribute is also known by these names:

Context	Alias
plural	LEAD CONTACT INDICATORS

SERVICE REQUEST RAISED REASON

Change to Attribute: New Attribute

SERVICE REQUEST RAISED REASON

The reason a SERVICE REQUEST has been raised.

National Codes:

- 01 Transfer of Clinical Responsibility
- 02 Opinion Only
- 03 Diagnostic Test

- 96 Other
- 98 Not Applicable
- 99 Not Known

This attribute is also known by these names:

Context	Alias
plural	SERVICE REQUEST RAISED REASONS

CARE PROFESSIONAL NAME (RECEIVING)

Change to Data Element: New Data Element

CARE PROFESSIONAL NAME (RECEIVING)

Format/length:	see PERSON FULL NAME
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the PERSON FULL NAME for the CARE PROFESSIONAL to whom the SERVICE REQUEST is sent.

This data element is also known by these names:

Context	Alias
plural	CARE PROFESSIONAL NAMES (RECEIVING)

CARE PROFESSIONAL NAME (REFERRING)

Change to Data Element: New Data Element

CARE PROFESSIONAL NAME (REFERRING)

Format/length:	see PERSON FULL NAME
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the PERSON FULL NAME for the CARE PROFESSIONAL from whom the SERVICE REQUEST is sent.

This data element is also known by these names:

Context	Alias
plural	CARE PROFESSIONAL NAMES (REFERRING)

CONTACT EMAIL ADDRESS (PATIENT OR LEAD CONTACT)

Change to Data Element: New Data Element

CONTACT EMAIL ADDRESS (PATIENT OR LEAD CONTACT)

Format/length:	see INTERNET E-MAIL ADDRESS
HES item:	
National Codes:	
Default Codes:	

Notes:

The email address of the PATIENT or the PATIENT's lead contact who is the designated contact.

This data element is also known by these names:

Context	Alias
plural	CONTACT EMAIL ADDRESSES (PATIENT OR LEAD CONTACT)

CONTACT EMAIL ADDRESS (REFERRING ORGANISATION)

Change to Data Element: New Data Element

CONTACT EMAIL ADDRESS (REFERRING ORGANISATION)

Format/length:	see INTERNET E-MAIL ADDRESS
HES item:	
National Codes:	
Default Codes:	

Notes:

The email address of the PERSON who is the designated contact of the referring ORGANISATION.

This data element is also known by these names:

Context	Alias
plural	CONTACT EMAIL ADDRESSES (REFERRING ORGANISATION)

CONTACT TELEPHONE NUMBER (HOME)

Change to Data Element: New Data Element

CONTACT TELEPHONE NUMBER (HOME)

Format/length:	see UK TELEPHONE NUMBER
HES item:	
National Codes:	
Default Codes:	

Notes:

The home telephone number for a PERSON who is the designated contact.

This data element is also known by these names:

Context	Alias
plural	CONTACT TELEPHONE NUMBERS (HOME)

CONTACT TELEPHONE NUMBER (MOBILE)

Change to Data Element: New Data Element

CONTACT TELEPHONE NUMBER (MOBILE)

Format/length:	see UK TELEPHONE NUMBER
HES item:	
National Codes:	
Default Codes:	

Notes:

The mobile telephone number for a PERSON who is the designated contact.

This data element is also known by these names:

Context	Alias
plural	CONTACT TELEPHONE NUMBERS (MOBILE)

CONTACT TELEPHONE NUMBER (REFERRING ORGANISATION)

Change to Data Element: New Data Element

CONTACT TELEPHONE NUMBER (REFERRING ORGANISATION)

Format/length:	see UK TELEPHONE NUMBER
HES item:	
National Codes:	
Default Codes:	

Notes:

The telephone number for a PERSON who is the designated contact of the referring ORGANISATION.

This data element is also known by these names:

Context	Alias
plural	CONTACT TELEPHONE NUMBERS (REFERRING ORGANISATION)

CONTACT TELEPHONE NUMBER (WORK)

Change to Data Element: New Data Element

CONTACT TELEPHONE NUMBER (WORK)

Format/length: see UK TELEPHONE NUMBER
HES item:
National Codes:
Default Codes:

Notes:

The work telephone number for a PERSON who is the designated contact.

This data element is also known by these names:

Context	Alias
plural	CONTACT TELEPHONE NUMBERS (WORK)

CORRESPONDENCE ADDRESS

Change to Data Element: Change to Description

Format/length: an175
Format/length: an175 (5 lines each an35) BUILDING NAME, BUILDING NUMBER, STREET OR ROAD NAME, POST TOWN, POSTAL COUNTY
HES item:
National Codes:
Default Codes:

Notes:

~~Each REFERRAL REQUEST nominates a contact address specifically for that referral.~~ This is the correspondence ADDRESS (ADDRESS STRUCTURED) nominated by a PERSON, with ADDRESS ASSOCIATION TYPE of 'correspondence'.

For a REFERRAL REQUEST, a contact address is specifically for that referral. This allows any correspondence about the referral to be directed appropriately. ~~The correspondence address need not be the initiator's practice address.~~ The CORRESPONDENCE ADDRESS need not be the initiator's practice address.

This data element is also known by these names:

Context	Alias
plural	CORRESPONDENCE ADDRESSES

DECISION TO REFER DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: New Data Element

DECISION TO REFER DATE (INTER-PROVIDER TRANSFER)

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

Notes:

This is the DECISION TO REFER DATE of the referring ORGANISATION for an inter-provider transfer.

This is required if the referral is a continuation of an existing PATIENT PATHWAY.

This data element is also known by these names:

Context	Alias
plural	DECISION TO REFER DATES (INTER-PROVIDER TRANSFER)

GP NAME (NAME OF REGISTERED OR REFERRING GMP)

Change to Data Element: Change to Name

~~GP NAME (NAME OF REGISTERED OR REFERRING GMP)~~ PERSON NAME (SPECIFIED GENERAL MEDICAL PRACTITIONER)

GP NAME (NAME OF REGISTERED OR REFERRING GMP) renamed PERSON NAME (SPECIFIED GENERAL MEDICAL PRACTITIONER)

Change to Data Element: Change to Aliases

Format/length:	an70
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the PERSON NAME TEXT of a PERSON NAME UNSTRUCTURED for the PATIENT's specified GENERAL MEDICAL PRACTITIONER.

This data element is also known by these names:

Context	Alias
plural	GP NAME (NAME OF REGISTERED OR REFERRING GMP)
plural	PERSON NAMES (SPECIFIED GENERAL MEDICAL PRACTITIONERS)
formerly	GP NAME (NAME OF REGISTERED OR REFERRING GMP)

ORGANISATION CODE (ON PATHWAY)

Change to Data Element: New Data Element

ORGANISATION CODE (ON PATHWAY)

Format/length:	see ORGANISATION CODE
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the same as the attribute ORGANISATION CODE.

This is the code of an ORGANISATION that has been involved in the PATIENT PATHWAY following the ORGANISATION that issued the PATIENT PATHWAY IDENTIFIER.

For the Inter-Provider Transfer Administrative Minimum Data Set, multiple occurrences of the ORGANISATION CODE (ON PATHWAY) may be recorded to reflect all ORGANISATIONS involved in the PATIENT PATHWAY.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION CODES (ON PATHWAY)

ORGANISATION CODE (RECEIVING)

Change to Data Element: New Data Element

ORGANISATION CODE (RECEIVING)

Format/length:	see ORGANISATION CODE
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the same as the attribute ORGANISATION CODE.

This is the code of the ORGANISATION that is receiving the PATIENT from another Health Care Provider.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION CODES (RECEIVING)

ORGANISATION NAME (RECEIVING)

Change to Data Element: New Data Element

ORGANISATION NAME (RECEIVING)

Format/length:	max 255 characters
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the same as ORGANISATION NAME.

This is the name of the ORGANISATION that is receiving the PATIENT from another Health Care Provider.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION NAME (RECEIVING)

ORGANISATION NAME (REFERRING)

Change to Data Element: New Data Element

ORGANISATION NAME (REFERRING)

Format/length:	max 255 characters
HES item:	
National Codes:	
Default Codes:	

Notes:

This is the same as ORGANISATION NAME.

This is the name of the ORGANISATION that is referring the PATIENT to another Health Care Provider.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION NAMES (REFERRING)

PERSON FULL NAME (PATIENT LEAD CONTACT)

Change to Data Element: New Data Element

PERSON FULL NAME (PATIENT LEAD CONTACT)

Format/length:	see PERSON FULL NAME
HES item:	
National Codes:	
Default Codes:	

Notes:

The PERSON FULL NAME of the PERSON with a PERSON RELATIONSHIP with the PATIENT with a LEAD CONTACT INDICATOR of National Code 1 'Lead contact'.

This data element is also known by these names:

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Context	Alias
plural	PERSON FULL NAMES (PATIENT LEAD CONTACT)

PERSON FULL NAME (REFERRER CONTACT)

Change to Data Element: New Data Element

PERSON FULL NAME (REFERRER CONTACT)

Format/length:	see PERSON FULL NAME
HES item:	
National Codes:	
Default Codes:	

Notes:

The PERSON FULL NAME of the designated contact for a referring ORGANISATION.

This data element is also known by these names:

Context	Alias
plural	PERSON FULL NAMES (REFERRER CONTACT)

REFERRAL RAISED REASON (INTER-PROVIDER TRANSFER)

Change to Data Element: New Data Element

REFERRAL RAISED REASON (INTER-PROVIDER TRANSFER)

Format/length:	n2
HES item:	
National Codes:	See below
Default Codes:	

Notes:

The reason for referral of the PATIENT as part of an inter-provider transfer. This is the same as SERVICE REQUEST RAISED REASON, but has a restricted national code list.

For inter-provider transfers, use one of the following

National Codes:

01	Transfer of Clinical Responsibility
02	Opinion Only
03	Diagnostic Test
98	Not Applicable
99	Not Known

This data element is also known by these names:

Context	Alias
plural	REFERRAL RAISED REASONS (INTER-PROVIDER TRANSFER)

REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: New Data Element

REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

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

Notes:

This is the REFERRAL REQUEST RECEIVED DATE for an inter-provider transfer of a PATIENT from one Health Care Provider to another. That is the date the ORGANISATION where the PATIENT is being transferred to, received the SERVICE REQUEST from the referring ORGANISATION.

This data element is also known by these names:

Context	Alias
plural	REFERRAL REQUEST RECEIVED DATES (INTER-PROVIDER TRANSFER)

REFERRAL TO TREATMENT PERIOD START DATE

Change to Data Element: Change to Relationships

REFERRAL TO TREATMENT STATUS (INTER-PROVIDER TRANSFER)

Change to Data Element: New Data Element

REFERRAL TO TREATMENT STATUS (INTER-PROVIDER TRANSFER)

Format/length:	n2
HES item:	
National Codes:	See below
Default Codes:	

Notes:

This is the same as attribute REFERRAL TO TREATMENT PERIOD STATUS.

For inter-provider transfers, a restricted list of REFERRAL TO TREATMENT PERIOD STATUSES are used. Allowable values are

For first and subsequent activity

- 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
- 20 subsequent ACTIVITY during a REFERRAL TO TREATMENT PERIOD - further ACTIVITIES anticipated

For activity 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)
- 98 not applicable - ACTIVITY not applicable to REFERRAL TO TREATMENT PERIODS

This data element is also known by these names:

Context	Alias
plural	REFERRAL TO TREATMENT STATUSES (INTER-PROVIDER TRANSFER)

SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: New Data Element

SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)

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

Notes:

This is the SERVICE REQUEST DATE for an inter-provider transfer of a PATIENT from one Health Care Provider to another. That is the date the referring Health Care Provider raised a SERVICE REQUEST.

This data element is also known by these names:

Context	Alias
plural	SERVICE REQUESTED DATES (INTER-PROVIDER TRANSFER)

TREATMENT FUNCTION CODE (RECEIVING SERVICE)

Change to Data Element: New Data Element

TREATMENT FUNCTION CODE (RECEIVING SERVICE)

Format/length:	see TREATMENT FUNCTION CODE
HES item:	
National Codes:	see TREATMENT FUNCTION CODE
Default Codes:	

Notes:

This is the TREATMENT FUNCTION CODE under which the CARE PROFESSIONAL or SERVICE receiving the inter-provider transfer SERVICE REQUEST is expected to treat the PATIENT.

This data element is also known by these names:

Context	Alias
plural	TREATMENT FUNCTION CODES (RECEIVING SERVICE)

TREATMENT FUNCTION CODE (REFERRING SERVICE)

Change to Data Element: New Data Element

TREATMENT FUNCTION CODE (REFERRING SERVICE)

Format/length:	see TREATMENT FUNCTION CODE
HES item:	
National Codes:	see TREATMENT FUNCTION CODE
Default Codes:	

Notes:

This is the TREATMENT FUNCTION CODE under which the CARE PROFESSIONAL or SERVICE has been treating the PATIENT before referring the PATIENT as an inter-provider transfer to another Health Care Provider.

This data element is also known by these names:

Context	Alias
plural	TREATMENT FUNCTION CODES (REFERRING SERVICE)

Enquiries concerning the NHS Data Model and Dictionary should be directed to the NHS Data Model and Dictionary Service Email: datastandards@nhs.net