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| <b>Sponsor:</b><br><br><h1>Department of Health</h1> | <b>Implementation Date:</b> January 2007<br><b>Subject:</b><br><br>Changes to the NHS Data Dictionary to support the measurement of 18 week referral to treatment periods |
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## DATA SET CHANGE NOTICE

This paper informs users of changes to mandatory national data collections, central returns and datasets.

This change was approved by the Review of Central Returns Steering Committee (ROCR). The ROCR Reference number is: ROCR/OR/0186

### Summary:

This DSCN defines essential new data items required to support both initial and ongoing monitoring requirements for the measurement of 18 week referral to treatment periods. The Department of Health will assess the implementation of these items during the first year of operation.

This DSCN provides details of changes to the NHS Data Model and Dictionary to:

1. Update the NHS Data Model to facilitate the measurement of 18 week REFERRAL TO TREATMENT PERIODS.
2. Introduce the Referral to Treatment dataset that models the mandatory central return for the submission of patient Referral to Treatment times from January 2007 to support the monitoring of DH PSA target 13 – “By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment...” This central return is mandated for submission from January 2007 and supports both the stages of implementation as described in DSCN 17/2006
3. Define additional data items that are optional for use within systems to support the collection and analysis of Referral to Treatment data. These are:
  - a. PATIENT PATHWAY IDENTIFIER
  - b. REFERRAL TO TREATMENT PERIOD START DATE
  - c. REFERRAL TO TREATMENT PERIOD END DATE
  - d. REFERRAL TO TREATMENT PERIOD STATUS

The formats will not change – the definitions may be extended in light of future developments in policy.

New guidance on Referral to Treatment was issued on 11 December 2006. This guidance supersedes previous guidance and can be accessed via the 18 weeks website from the New Clock Start and Stop Rules heading <http://www.18weeks.nhs.uk/public/default.aspx>

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/docs/dscn18-2006output.pdf](http://www.isb.nhs.uk/docs/dscn18-2006output.pdf)

More information about the ISB can be found at [www.isb.nhs.uk](http://www.isb.nhs.uk)  
Dataset change notices can be found at [www.connectingforhealth.nhs.uk/dscn](http://www.connectingforhealth.nhs.uk/dscn)

## Change Request

### NHS Connecting for Health

#### NHS Data Model and Dictionary Service

|                           |   |
|---------------------------|---|
| <b>Reference:</b>         | Change Request 768  |
| <b>Version No:</b>        | 1.0   |
| <b>Subject:</b>           | Changes to support managing and monitoring referral to treatment pathways   |
| <b>Type of Change:</b>    | Changes to NHS Data Standards   |
| <b>Effective Date:</b>    | 1 January 2007  |
| <b>Reason for Change:</b> | The NHS Data Dictionary has been updated to enable measurement of patient pathways to support delivery of 18 weeks. |

#### Background:

This DSCN provides notification of changes to the NHS Data Dictionary to facilitate the measurement of REFERRAL TO TREATMENT PERIODS to support delivery of the 18 week patient pathway by December 2008 and the mandatory data collection to monitor patient referral to treatment times. This supports monitoring of DH PSA target 13 - "By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment".

This DSCN should be read in conjunction with the Department of Health policy document *Tackling hospital waiting: the 18 Week patient pathway. An implementation framework* at: "<http://www.dh.gov.uk/assetRoot/04/13/46/69/04134669.pdf>" and DSCNs 10/2006 and 17/2006.

#### National Monitoring

Following ROCR (Review of Central Returns) and ISB approval, the Department of Health are introducing a new national data collection to monitor patient referral to treatment (RTT) times from January 2007. Returns are required on a provider and a commissioner basis. The national data collection will be introduced in two stages:

1. Stage one covers January to March 2007.
2. Stage two commences April 2007.

Full details of the submission requirements are in DSCN 17/2006.

#### Changes supporting National Monitoring

A new REFERRAL TO TREATMENT data set has been introduced detailing the requirements of the return, including an explicit list of the TREATMENT FUNCTIONS required. New attributes have been introduced to support the collection and analysis of Referral to Treatment data. These are:

PATIENT PATHWAY IDENTIFIER  
REFERRAL TO TREATMENT PERIOD START DATE  
REFERRAL TO TREATMENT PERIOD END DATE  
REFERRAL TO TREATMENT PERIOD STATUS.

New data elements have been introduced to support the new central return.

#### Summary of changes:

##### Class Definitions

[ACTIVITY](#)

Change to Attributes

[ORGANISATION](#)

Change to Relationships

[PATIENT PATHWAY](#)

New Class

[REFERRAL TO TREATMENT PERIOD](#)

New Class

[REPORTING PERIOD](#)

Change to Description

### **Attribute Definitions**

|   |                       |
|---|-----------------------|
| <a href="#">ACTIVITY GROUP TYPE</a>                     | Change to Description |
| <a href="#">PATIENT PATHWAY IDENTIFIER</a>              | New Attribute         |
| <a href="#">PATIENT PATHWAY START DATE</a>              | New Attribute         |
| <a href="#">REFERRAL TO TREATMENT PERIOD END DATE</a>   | New Attribute         |
| <a href="#">REFERRAL TO TREATMENT PERIOD START DATE</a> | New Attribute         |
| <a href="#">REFERRAL TO TREATMENT PERIOD STATUS</a>     | New Attribute         |
| <a href="#">TREATMENT FUNCTION CODE</a>                 | Change to Description |

### **Data Elements**

|  |                       |
|--|-----------------------|
| <a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>                                  | New Data Element      |
| <a href="#">PATIENT PATHWAY IDENTIFIER</a>   | New Data Element      |
| <a href="#">REFERRAL REQUEST RECEIVED DATE</a>   | Change to Description |
| <a href="#">REFERRAL TO TREATMENT PERIOD COMPLETED BY ADMITTED PATIENT WITHIN TIME BAND NUMBER</a>     | New Data Element      |
| <a href="#">REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER</a> | New Data Element      |
| <a href="#">REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER</a>                        | New Data Element      |
| <a href="#">REFERRAL TO TREATMENT PERIOD TIME BAND</a>   | New Data Element      |
| <a href="#">TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)</a>                                 | New Data Element      |

### **Dataset**

|                                       |             |
|---------------------------------------|-------------|
| <a href="#">REFERRAL TO TREATMENT</a> | New Dataset |
|---------------------------------------|-------------|

### **Diagrams**

|                                 |             |
|---------------------------------|-------------|
| <a href="#">PATIENT PATHWAY</a> | New Diagram |
|---------------------------------|-------------|

**Date:** 28 December 2006

**Sponsor:** Nick Chapman, Department of Health

**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.

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## **REFERRAL TO TREATMENT**

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Change to Dataset: New Dataset

### **REFERRAL TO TREATMENT**

## **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.

The minimum requirements for this dataset 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 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 of *unknown*.
- 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 GP REFERRAL REQUEST to a CONSULTANT in secondary care. In addition, this dataset also covers REFERRAL REQUESTS TO CONSULTANTS from:

- General Dental Practitioners (GDP)
- General Practitioners with a Special Interest (GPwSIs)
- Optometrists and Orthoptists
- Accident & 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)
- Genito-urinary medicine clinics
- National screening programmes (for non-malignant conditions)
- Specialist nurses or allied health professionals where PCTs have approved these mechanisms locally

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

| Dataset Data Elements  |
|--|
| <b>Organisation and Reporting Period</b>   |
| REPORTING PERIOD START DATE  |
| REPORTING PERIOD END DATE  |
| ORGANISATION CODE (CODE OF PROVIDER)   |
| ORGANISATION CODE (CODE OF COMMISSIONER)   |
| <b>Part 1A - Length of referral to treatment period for patients whose 18 week clock stopped during the month by an inpatient/day case admission</b><br>To carry the total length of REFERRAL TO TREATMENT PERIOD with no adjustments made. Where there are no waiting lengths in the Reporting Period for all the sub-groups for the TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD) then no length of referral to treatment period should be recorded for it.                     |
| TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)   |
| REFERRAL TO TREATMENT PERIOD TIME BAND   |
| REFERRAL TO TREATMENT PERIOD COMPLETED BY ADMITTED PATIENT WITHIN TIME BAND NUMBER   |
| <b>Part 1B - Length of referral to treatment period for patients whose 18 week clock stopped during the month for reasons other than an inpatient/day case admission</b><br>To carry the total length of REFERRAL TO TREATMENT PERIOD with no adjustments made. Where there are no waiting lengths in the Reporting Period for all the sub-groups for the TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD) then no length of referral to treatment period should be recorded for it. |
| TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)   |
| REFERRAL TO TREATMENT PERIOD TIME BAND   |
| REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER   |
| <b>Part 2 - Length of referral to treatment period for patients whose 18 week clock is still running during the month</b>  |

To carry the length of REFERRAL TO TREATMENT PERIOD so far with no adjustments made. Where there are no waiting lengths in the Reporting Period for all the sub-groups for the TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD) then no length of referral to treatment period should be recorded for it.

TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)

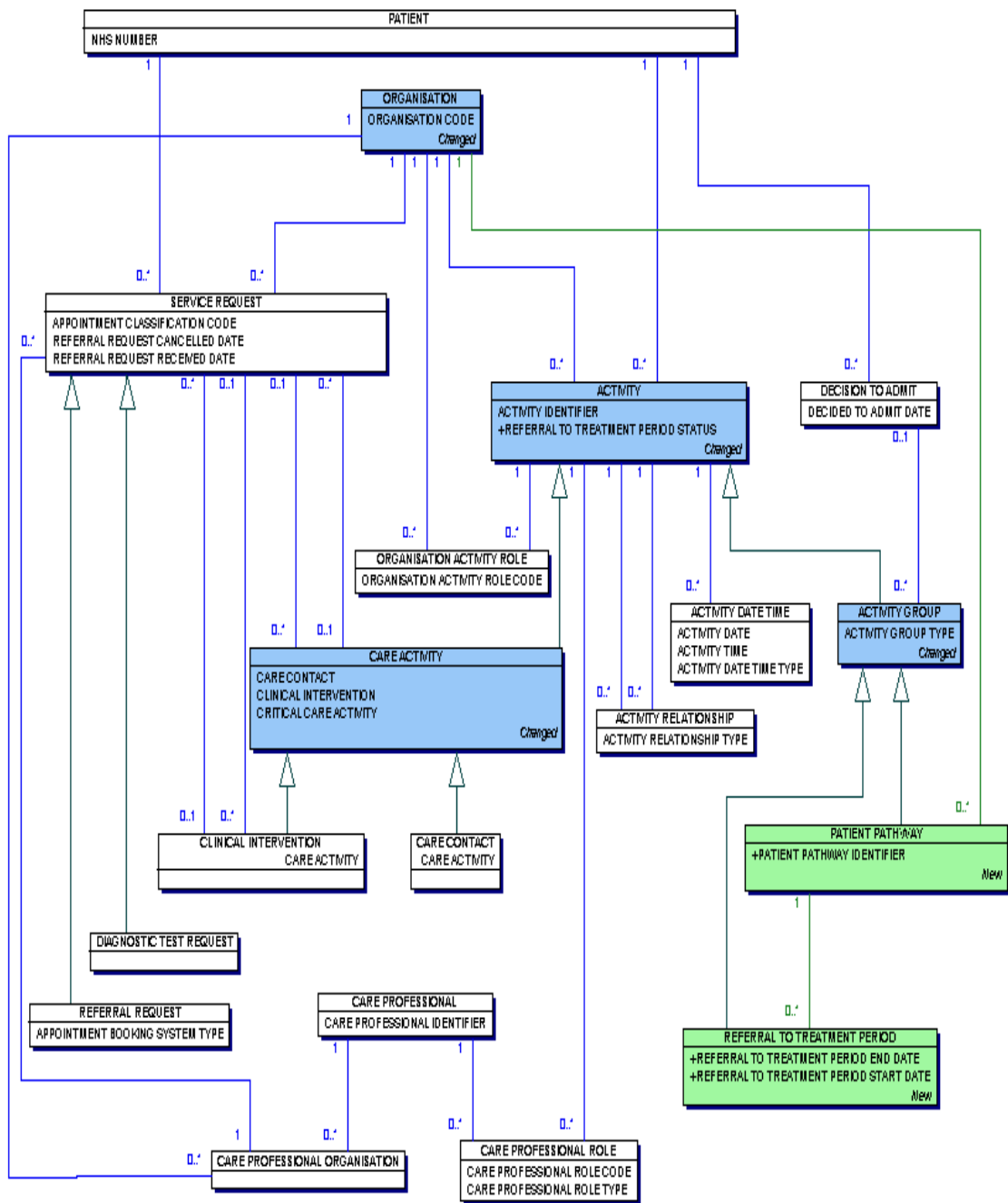
REFERRAL TO TREATMENT PERIOD TIME BAND

REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER

# PATIENT PATHWAY

Change to Diagram: New Diagram

## Patient Pathway



## ACTIVITY

Change to Class: Change to Attributes

Attributes of this Class are:

- K ACTIVITY IDENTIFIER
- REFERRAL TO TREATMENT PERIOD STATUS

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## ORGANISATION

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Change to Class: Change to Relationships

Each ORGANISATION

may be a supplier of one or more ACTIVITY  
may be the originator of one or more CARE PLAN  
may be the employer of one or more CARE PROFESSIONAL ORGANISATION  
may be related to one or more CLINICAL INVESTIGATION SERVICE PROVIDER  
may be contacted by one or more COMMUNICATION CONTACT INFORMATION  
may be the operator and manager of one or more DEPARTMENT  
may be the subject of one or more ELECTIVE ADMISSION LIST  
may be the employer of one or more EMPLOYEE IN ORGANISATION  
may be the resident in one or more GEOGRAPHIC AREA  
may be related to one or more GEOGRAPHIC AREA ASSOCIATION  
may be the subject of one or more GMP CLAIM FOR PAYMENT OR REIMBURSEMENT  
may be the recipient of one or more GMP CLAIM FOR PAYMENT OR REIMBURSEMENT  
may be the payee of one or more GMP PAYMENT OR REIMBURSEMENT  
may be the lead for one or more HEALTH PROGRAMME  
may be the creator and updater of one or more LOCATION  
may be commissioner of one or more NHS SERVICE AGREEMENT  
may be playing one or more ORGANISATION ACTIVITY ROLE  
may be the owner of one or more ORGANISATION DEPARTMENT  
may be recorded as one or more ORGANISATION REGISTRATION  
may be the second party in one or more ORGANISATION RELATIONSHIP  
may be the first party in one or more ORGANISATION RELATIONSHIP  
may be related to one or more ORGANISATION REPORTING PERIOD  
may be operator or manager of one or more ORGANISATION SITE  
may be the registered organisation for one or more PATIENT ORGANISATION  
may be the issuer of the identifier of one or more PATIENT PATHWAY  
may be related to one or more PERSON OR ORGANISATION ADDRESS  
may be intending to provide one or more PLANNED ACTIVITY  
may be the place of treatment for one or more PRIOR NOTIFICATION LIST ENTRY  
may be the subject of one or more PRIOR NOTIFICATION LIST FOR CYTOLOGY  
may be play a role within one or more PROVIDER IN SERVICE AGREEMENT  
may be give one or more RIGHT OF ADMISSION  
may be request one or more SERVICE REPORT  
may be receive a copy of one or more SERVICE REPORT  
may be issue one or more SERVICE REPORT  
may be the originator of one or more SERVICE REQUEST  
may be the subject of one or more SINGLE SEX ACCOMMODATION TARGET  
may be the recipient of one or more TRANSPORT REQUEST  
may be the responsible owner organisation of one or more WAITING LIST  
may be the receiver of one or more WRITTEN COMPLAINT

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## PATIENT PATHWAY

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Change to Class: New Class

PATIENT PATHWAY

A subtype of ACTIVITY GROUP.

The specific route that a particular PATIENT takes from the first REFERRAL REQUEST RECEIVED DATE of a

SERVICE REQUEST or the ACTIVITY DATE of the first emergency ACTIVITY where there is no related SERVICE REQUEST.

Where a PATIENT has more than one referral for unrelated clinical reasons, each referral will have its own PATIENT PATHWAY.

The start of the PATIENT PATHWAY may start the first REFERRAL TO TREATMENT PERIOD although there may be a number of subsequent REFERRAL TO TREATMENT PERIODS.

For a particular PATIENT PATHWAY, there may not be a related REFERRAL TO TREATMENT PERIOD if treatment starts immediately such as an emergency admission.

A PATIENT PATHWAY will continue for chronic or recurrent conditions and it will also continue even if the PATIENT declines treatment as they may have treatment for the same condition at a future date.

**This class is also known by these names:**

| Context | Alias            |
|---------|------------------|
| plural  | PATIENT PATHWAYS |

*Attributes of this Class are:*

- K PATIENT PATHWAY IDENTIFIER
- PATIENT PATHWAY START DATE

*Each PATIENT PATHWAY*

- K must be identified by and the identifier issued by one and only one ORGANISATION may be including one or more REFERRAL TO TREATMENT PERIOD

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## REFERRAL TO TREATMENT PERIOD

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Change to Class: New Class

REFERRAL TO TREATMENT PERIOD

A subtype of ACTIVITY GROUP.

This is the part of a PATIENT PATHWAY covered by the 18 week referral to treatment 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.

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.

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).
- 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 GP, and thereby complete the REFERRAL TO TREATMENT PERIOD.
- 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 GP, thereby complete the REFERRAL TO TREATMENT PERIOD.

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 |

*Attributes of this Class are:*

- K REFERRAL TO TREATMENT PERIOD START DATE
- REFERRAL TO TREATMENT PERIOD END DATE

*Each REFERRAL TO TREATMENT PERIOD*

- K must be part of one and only one PATIENT PATHWAY

**REPORTING PERIOD**

Change to Class: Change to Description

A period of time which is required to be defined for reporting purposes. It may be of a calendar or financial nature and may be, for example, a day, a week, a month or a year.

The REPORTING PERIOD START DATE and REPORTING PERIOD END DATE are inclusive within the REPORTING PERIOD. For example, a REPORTING PERIOD of 1st October to 31st October includes any activity occurring on the 1st October and 31st October as well as all other dates within October.

**This class is also known by these names:**

| Context | Alias             |
|---------|-------------------|
| plural  | REPORTING 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 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

Note: The list is not in alphabetical order.

This attribute is also known by these names:

| Context | Alias                |
|---------|----------------------|
| plural  | ACTIVITY GROUP TYPES |

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## PATIENT PATHWAY IDENTIFIER

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Change to Attribute: New Attribute

### PATIENT PATHWAY IDENTIFIER

An identifier, which together with the ORGANISATION CODE of the issuer, uniquely identifies a PATIENT PATHWAY.

This is a specific type of the attribute ACTIVITY IDENTIFIER.

Where a pathway is initiated by a SERVICE REQUEST using the Choose and Book system, the PATIENT PATHWAY will be uniquely identified by the Unique Booking Reference Number (UBRN) of the first referral and the ORGANISATION CODE of NHS Connecting for Health which is X09.

Where the pathway is initiated by some other method, the PATIENT PATHWAY IDENTIFIER will be allocated by the ORGANISATION receiving the SERVICE REQUEST which together with that ORGANISATION's ORGANISATION CODE will uniquely identify the PATIENT PATHWAY.

This attribute is also known by these names:

| Context | Alias                       |
|---------|-----------------------------|
| plural  | PATIENT PATHWAY IDENTIFIERS |

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## PATIENT PATHWAY START DATE

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Change to Attribute: New Attribute

### PATIENT PATHWAY START DATE

The start date of a PATIENT PATHWAY.

This is a specific type of the attribute ACTIVITY DATE.

This attribute is also known by these names:

| Context | Alias                       |
|---------|-----------------------------|
| plural  | PATIENT PATHWAY START DATES |

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## REFERRAL TO TREATMENT PERIOD END DATE

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Change to Attribute: New Attribute

## REFERRAL TO TREATMENT PERIOD END DATE

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.
- 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.

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.

### **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 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.

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 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 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

This attribute is also known by these names:

| Context | Alias                                  |
|---------|--|
| plural  | REFERRAL TO TREATMENT PERIOD END DATES |

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## REFERRAL TO TREATMENT PERIOD START DATE

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Change to Attribute: New Attribute

### REFERRAL TO TREATMENT PERIOD START DATE

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*').

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.

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.

References:

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

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: New Attribute

### REFERRAL TO TREATMENT PERIOD STATUS

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**

- 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
- 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.
- 31 start of active monitoring initiated by the PATIENT
- 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<sup>1</sup>
- 34 decision not to treat - decision not to treat made or no further contact required

- 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)
- 91 active monitoring - CARE ACTIVITY during period of active monitoring
- 92 not yet referred - not yet referred for treatment, undergoing diagnostic tests by GP before referral
- 98 not applicable - ACTIVITY not applicable to REFERRAL TO TREATMENT PERIODS
- ACTIVITY where the REFERRAL TO TREATMENT PERIOD STATUS is not yet know**
- 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.

**<sup>1</sup> Children Act 2004 and and Children Act 1989**

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:

- any person under the age of 18
- 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.

**This attribute is also known by these names:**

| Context | Alias                                 |
|---------|---------------------------------------|
| plural  | REFERRAL TO TREATMENT PERIOD STATUSES |

---

**TREATMENT FUNCTION CODE**

---

Change to Attribute: Change to Description

A unique identifier for a TREATMENT FUNCTION.

This attribute is also known by these names:

| Context | Alias                    |
|---------|--------------------------|
| plural  | TREATMENT FUNCTION CODES |

---

## ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)

---

Change to Data Element: New Data Element

### ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)

|                 |     |
|-----------------|-----|
| Format/length:  | an5 |
| National Codes: |     |
| Default Codes:  |     |

**Notes:**

This is the ORGANISATION CODE of the ORGANISATION issuing the PATIENT PATHWAY IDENTIFIER.

Where Choose and Book has been used, the ORGANISATION CODE for NHS Connecting For Health (X09) should be used.

---

## PATIENT PATHWAY IDENTIFIER

---

Change to Data Element: New Data Element

### PATIENT PATHWAY IDENTIFIER

|                 |      |
|-----------------|------|
| Format/length:  | an20 |
| National Codes: |      |
| Default Codes:  |      |

**Notes:**

This is the same as attribute PATIENT PATHWAY IDENTIFIER.

This data element is also known by these names:

| Context | Alias                       |
|---------|-----------------------------|
| plural  | PATIENT PATHWAY IDENTIFIERS |

---

## REFERRAL REQUEST RECEIVED DATE

---

Change to Data Element: Change to Description

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

**Notes:**

This is the same as attribute REFERRAL REQUEST RECEIVED DATE.



The waiting time for a first Out-Patient Appointment should be calculated from the date when the REFERRAL REQUEST is received.

For electronic REFERRAL REQUESTS the REFERRAL REQUEST RECEIVED DATE is the date the REFERRAL REQUEST is received electronically by the Health Care Provider. For Choose and Book, the referral is received when the PATIENT's Unique Booking Reference Number (UBRN) is used to book the first outpatient appointment slot (i.e. converted).

For written REFERRAL REQUESTS letters must be opened and date stamped on the day of receipt. It is this date that must be entered on any PAS or similar system, not the date on which the information is fed into the system if this is later than the date of receipt.

If the REFERRAL REQUEST takes the form of a phone call followed by a letter, record the date when the letter arrives. If there is no following letter, the date of the verbal request should be recorded.

**This data element is also known by these names:**

| Context | Alias                           |
|---------|---------------------------------|
| plural  | REFERRAL REQUEST RECEIVED DATES |

---

## REFERRAL TO TREATMENT PERIOD COMPLETED BY ADMITTED PATIENT WITHIN TIME BAND NUMBER

---

Change to Data Element: New Data Element

### REFERRAL TO TREATMENT PERIOD COMPLETED BY ADMITTED PATIENT WITHIN TIME BAND NUMBER

|                 |    |
|-----------------|----|
| Format/length:  | n6 |
| HES item:       |    |
| National Codes: |    |
| Default Codes:  |    |

#### Notes:

The number of completed REFERRAL TO TREATMENT PERIODS during the reporting month where the PATIENT was referred to a CONSULTANT and where a Hospital Provider Spell ACTIVITY ended the REFERRAL TO TREATMENT PERIOD reported by REFERRAL TO TREATMENT PERIOD TIME BAND and TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD).

The number of completed weeks is the period from the REFERRAL TO TREATMENT PERIOD START DATE and the REFERRAL TO TREATMENT PERIOD END DATE.

That is the number of REFERRAL TO TREATMENT PERIODS where:

- a. the REFERRAL TO TREATMENT PERIOD has a REFERRAL TO TREATMENT PERIOD END DATE within the REPORTING PERIOD.

and

- b. the SERVICE REQUEST is made to a CONSULTANT ORGANISATION

and

- c. the ACTIVITY is a SERVICE PROVIDED UNDER AGREEMENT

i.e. only commissioned care is included, private patients and patients from overseas are excluded.

and

- d. the ACTIVITY that ends the REFERRAL TO TREATMENT PERIOD is a Hospital Provider Spell.

This data element is also known by these names:

| Context | Alias   |
|---------|---|
| plural  | REFERRAL TO TREATMENT PERIOD COMPLETED BY ADMITTED PATIENT WITHIN TIME BAND NUMBERS |

---

## REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER

---

Change to Data Element: New Data Element

REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBER

|                 |    |
|-----------------|----|
| Format/length:  | n6 |
| HES item:       |    |
| National Codes: |    |
| Default Codes:  |    |

### Notes:

The number of completed REFERRAL TO TREATMENT PERIODS during the reporting month where the PATIENT was referred to a CONSULTANT and where there is no Hospital Provider Spell within the REFERRAL TO TREATMENT PERIOD reported by REFERRAL TO TREATMENT PERIOD TIME BAND and TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD).

The number of completed weeks is the period from the REFERRAL TO TREATMENT PERIOD START DATE and the REFERRAL TO TREATMENT PERIOD END DATE.

That is the number of REFERRAL TO TREATMENT PERIODS where:

- a. the REFERRAL TO TREATMENT PERIOD has a REFERRAL TO TREATMENT PERIOD END DATE within the REPORTING PERIOD.

and

- b. the SERVICE REQUEST is made to a CONSULTANT ORGANISATION

and

- c. the ACTIVITY is a SERVICE PROVIDED UNDER AGREEMENT  
i.e. only commissioned care is included, private patients and patients from overseas are excluded.

and

- d. the ACTIVITY that ends the REFERRAL TO TREATMENT PERIOD is not a Hospital Provider Spell

This data element is also known by these names:

| Context | Alias   |
|---------|---|
| plural  | REFERRAL TO TREATMENT PERIOD COMPLETED BY NON-ADMITTED PATIENT WITHIN TIME BAND NUMBERS |

---

## REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER

---

Change to Data Element: New Data Element

## REFERRAL TO TREATMENT PERIOD INCOMPLETE WITHIN TIME BAND NUMBER

|                 |    |
|-----------------|----|
| Format/length:  | n6 |
| HES item:       |    |
| National Codes: |    |
| Default Codes:  |    |

### Notes:

The number of REFERRAL TO TREATMENT PERIODS during the reporting month where the PATIENTS was referred to a CONSULTANT with no REFERRAL TO TREATMENT PERIOD END DATE reported by REFERRAL TO TREATMENT PERIOD TIME BAND and TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD).

The number of completed weeks is the period from the REFERRAL TO TREATMENT PERIOD START DATE to the reporting date.

That is the number of REFERRAL TO TREATMENT PERIODS where:

- a. the REFERRAL TO TREATMENT PERIOD does not have a REFERRAL TO TREATMENT PERIOD END DATE
- and
- b. the SERVICE REQUEST is made to a CONSULTANT ORGANISATION
- and
- c. the ACTIVITY is a SERVICE PROVIDED UNDER AGREEMENT  
i.e. only commissioned care is included, private patients and patients from overseas are excluded.

---

## REFERRAL TO TREATMENT PERIOD TIME BAND

---

Change to Data Element: New Data Element

### REFERRAL TO TREATMENT PERIOD TIME BAND

|                 |     |
|-----------------|-----|
| Format/length:  | an7 |
| HES item:       |     |
| National Codes: |     |
| Default Codes:  |     |

### Notes:

The time band for the REFERRAL TO TREATMENT dataset in weeks. For example, the 17-18 week timeband covers days 120 - 126.

This is expressed as below:

|        |                                   |
|--------|-----------------------------------|
| 0-1    | less than or equal to 1 week      |
| >1-2   | greater than 1 week to 2 weeks    |
| >2-3   | greater than 2 weeks to 3 weeks   |
| >3-4   | greater than 3 weeks to 4 weeks   |
| >4-5   | greater than 4 weeks to 5 weeks   |
| >5-6   | greater than 5 weeks to 6 weeks   |
| >6-7   | greater than 6 weeks to 7 weeks   |
| >7-8   | greater than 7 weeks to 8 weeks   |
| >8-9   | greater than 8 weeks to 9 weeks   |
| >9-10  | greater than 9 weeks to 10 weeks  |
| >10-11 | greater than 10 weeks to 11 weeks |
| >11-12 | greater than 11 weeks to 12 weeks |

|         |   |
|---------|---|
| >12-13  | greater than 12 weeks to 13 weeks                             |
| >13-14  | greater than 13 weeks to 14 weeks                             |
| >14-15  | greater than 14 weeks to 15 weeks                             |
| >15-16  | greater than 15 weeks to 16 weeks                             |
| >16-17  | greater than 16 weeks to 17 weeks                             |
| >17-18  | greater than 17 weeks to 18 weeks                             |
| >18-19  | greater than 18 weeks to 19 weeks                             |
| >19-20  | greater than 19 weeks to 20 weeks                             |
| >20-21  | greater than 20 weeks to 21 weeks                             |
| >21-22  | greater than 21 weeks to 22 weeks                             |
| >22-23  | greater than 22 weeks to 23 weeks                             |
| >23-24  | greater than 23 weeks to 24 weeks                             |
| >24-25  | greater than 24 weeks to 25 weeks                             |
| >25-26  | greater than 25 weeks to 26 weeks                             |
| >26-27  | greater than 26 weeks to 27 weeks                             |
| >27-28  | greater than 27 weeks to 28 weeks                             |
| >28-29  | greater than 28 weeks to 29 weeks                             |
| >29-30  | greater than 29 weeks to 30 weeks                             |
| >30-31  | greater than 30 weeks to 31 weeks                             |
| >31-32  | greater than 31 weeks to 32 weeks                             |
| >32-33  | greater than 32 weeks to 33 weeks                             |
| >33-34  | greater than 33 weeks to 34 weeks                             |
| >34-35  | greater than 34 weeks to 35 weeks                             |
| >35-36  | greater than 35 weeks to 36 weeks                             |
| >36-37  | greater than 36 weeks to 37 weeks                             |
| >37-38  | greater than 37 weeks to 38 weeks                             |
| >38-39  | greater than 38 weeks to 39 weeks                             |
| >39-40  | greater than 39 weeks to 40 weeks                             |
| >40-41  | greater than 40 weeks to 41 weeks                             |
| >41-42  | greater than 41 weeks to 42 weeks                             |
| >42-43  | greater than 42 weeks to 43 weeks                             |
| >43-44  | greater than 43 weeks to 44 weeks                             |
| >44-45  | greater than 44 weeks to 45 weeks                             |
| >45-46  | greater than 45 weeks to 46 weeks                             |
| >46-47  | greater than 46 weeks to 47 weeks                             |
| >47-48  | greater than 47 weeks to 48 weeks                             |
| >48-49  | greater than 48 weeks to 49 weeks                             |
| >49-50  | greater than 49 weeks to 50 weeks                             |
| >50-51  | greater than 50 weeks to 51 weeks                             |
| >51-52  | greater than 51 weeks to 52 weeks                             |
| 52+     | more than 52 weeks  |
| unknown | Patients with unknown REFERRAL TO TREATMENT PERIOD START DATE |

---

## TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)

---

Change to Data Element: New Data Element

### TREATMENT FUNCTION CODE (REFERRAL TO TREATMENT PERIOD)

|                 |     |
|-----------------|-----|
| Format/length:  | an3 |
| National Codes: |     |
| Default codes:  |     |

**Notes:**

This is the TREATMENT FUNCTION under which the PATIENT is to be treated or has been treated for the

REFERRAL TO TREATMENT PERIOD. It may be the same as the MAIN SPECIALTY CODE of the CONSULTANT.

The valid codes for a REFERRAL TO TREATMENT PERIOD are:

*National Codes:*

|     |   |
|-----|---|
| 100 | General Surgery   |
| 101 | Urology   |
| 110 | Trauma & Orthopaedics                                   |
| 120 | Ear, Nose & Throat (ENT)                                |
| 130 | Ophthalmology   |
| 140 | Oral Surgery  |
| 150 | Neurosurgery  |
| 160 | Plastic Surgery   |
| 170 | Cardiothoracic Surgery                                  |
| 191 | Pain Management   |
| 300 | General Medicine  |
| 301 | Gastroenterology  |
| 320 | Cardiology  |
| 330 | Dermatology   |
| 340 | Thoracic Medicine                                       |
| 400 | Neurology   |
| 410 | Rheumatology  |
| 430 | Geriatric Medicine                                      |
| 502 | Gynaecology   |
| X01 | All other TREATMENT FUNCTIONS not reported individually |

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Enquiries concerning the NHS Data Model and Dictionary should be directed to

Email: [datastandards@nhs.net](mailto:datastandards@nhs.net)

Enquiries concerning the referral to treatment monthly monitoring

18 weeks team

Department of Health

Room 4E57,

Quarry House,

Quarry Hill,

LEEDS

LS2 7UE

Email: [data18weeks@dh.gsi.gov.uk](mailto:data18weeks@dh.gsi.gov.uk)