

Sponsoring Organisation:	Implementation Date:	Immediate
NHS Connecting for Health	Subject: NHS Data Model and Dictionary Maintenance Update - Policy Definitions	
DATA SET CHANGE NOTICE		
<p>This DSCN informs users of changes to the NHS Data Model and Dictionary that have been approved by the Information Standards Board for Health and Social Care.</p>		
Summary:		
<p>The NHS Data Model and Dictionary Service receives help desk queries regarding policy and other areas of NHS business which are not contained within the NHS Data Model and Dictionary.</p> <p>This Data Set Change Notice updates the NHS Data Model and Dictionary as follows:</p> <ul style="list-style-type: none">• Introduces new NHS Business Definitions for:<ul style="list-style-type: none">○ 18 Weeks○ Healthcare Resource Groups○ Payment by Results○ Reference Costs○ The Casemix Service• Adds links to the existing references for these new definitions• Updates the Contact Page to provide contact details for the Department of Health and the NHS Information Centre for health and social care• Updates the front page with links to information as requested by users of the NHS Data Model and Dictionary. <p>This will ensure users are aware of contact details for areas of business not contained within the NHS Data Model and Dictionary.</p> <p>All new NHS Business Definitions have been approved by the appropriate organisation.</p>		
Other data sets / return affected: None		
Related DSCNs: None		
Impact of Change:		
Service: Minor	System Suppliers:	Minor
The Information Standards Board for Health and Social Care (ISB) is responsible for approving information standards in England.		

Change Request

NHS Connecting for Health

NHS Data Model and Dictionary Service

Reference: Change Request 1125
Version No: 1.0
Subject: NHS Data Model and Dictionary Maintenance Update - Policy Definitions
Effective Date: Immediate
Reason for Change: New NHS Business Definitions
Publication Date: 1 March 2010

Background:

The NHS Data Model and Dictionary Service receive help desk queries regarding policy and other areas of NHS business which are not contained within the NHS Data Model and Dictionary.

This Data Set Change Notice updates the NHS Data Model and Dictionary as follows:

- Introduces new NHS Business Definitions for:
 - 18 Weeks
 - Healthcare Resource Groups
 - Payment by Results
 - Reference Costs
 - The Casemix Service
- Adds links to the existing references for these new definitions
- Updates the Contact Page to provide contact details for the Department of Health and Information Centre for Health and Social Care
- Updates the front page with links to information as requested by users of the NHS Data Model and Dictionary.

This will ensure users are aware of contact details for areas of business not contained within the NHS Data Model and Dictionary.

All new NHS Business Definitions have been approved by the appropriate organisation.

Summary of changes:

Supporting Information

18 WEEKS	New Supporting Information
CASEMIX SERVICE	New Supporting Information
CDS MANDATED DATA FLOWS	Changed Description
CDS SUBMISSION AND PCT MERGERS	Changed Description
COMMISSIONING DATA SET OVERVIEW	Changed Description
CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
HEALTHCARE RESOURCE GROUP	New Supporting Information
INDEX	Changed Description
NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
ORGANISATIONS MENU	Changed Description
PAEDIATRIC CRITICAL CARE MINIMUM DATA SET OVERVIEW	Changed Description
PAYMENT BY RESULTS	New Supporting Information
POLICY INTRODUCTION	New Supporting Information
POLICY MENU	New Supporting Information
PUBLICATION INFORMATION CONTACT DETAILS	Changed Description
REFERENCE COSTS	New Supporting Information

SUPPORTING DATA SETS INTRODUCTION	Changed Description
SUPPORTING INFORMATION INTRODUCTION	Changed Description
SUPPORTING INFORMATION MENU	Changed Description

Attribute Definitions

BRACHYTHERAPY PRESCRIBED FRACTION	Changed Description
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Data Elements

COMMISSIONING SERIAL NUMBER	Changed Description
HEALTHCARE RESOURCE GROUP CODE	Changed Description
HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER	Changed Description
HRG DOMINANT GROUPING VARIABLE-PROCEDURE	Changed Description
ORGANISATION CODE (CODE OF COMMISSIONER)	Changed Description
ORGANISATION CODE (CODE OF PROVIDER)	Changed Description

Date: 1 March 2010

Sponsor: Ken Lunn, NHS Connecting for Health

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

18 WEEKS

Change to Supporting Information: New Supporting Information

The **18 Weeks** operational standard is set out in the Operating Framework for the NHS in England published by the Department of Health.

The **18 week** referral to treatment pathway is about improving **PATIENTS'** experience of the NHS - ensuring all **PATIENTS** receive high quality elective care without any unnecessary delay.

18 Weeks applies to pathways that do or might involve Consultant Led Activity, setting a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary for all **PATIENTS** where it is clinically appropriate and where **PATIENTS** want it.

For further information on **18 Weeks**, see:

- the Department of Health "18 weeks referral to treatment statistics" website;
- Department of Health Contact Us.

CASEMIX SERVICE

Change to Supporting Information: New Supporting Information

The **Casemix Service** is delivered by the Health and Social Care Information Centre.

The **Casemix Service** designs and refines classifications that are used by the English NHS to describe healthcare **ACTIVITY**. These classifications underpin **Payment by Results** from costing through to payment, and support local commissioning and performance management.

The **Casemix Service** enables the NHS to:

- **support ACTIVITY costing:** to inform the national tariff setting processes
- **report PATIENT ACTIVITY information:** to ensure that providers are paid for the SERVICES they deliver
- **provide information:** to support epidemiological studies and service planning.

For further information on The Casemix Service, see the Information Centre for Health and Social Care website.

CDS MANDATED DATA FLOWS

Change to Supporting Information: Changed Description

The minimum Commissioning Data Set information flow requirement to enable [Hospital Episode Statistics](#), 18 weeks activity reporting, and Payment by Results to be supported by the [Secondary Uses Service](#) is shown in the table below. The minimum Commissioning Data Set information flow requirement to enable [Hospital Episode Statistics](#), 18 Weeks ACTIVITY reporting, and Payment by Results to be supported by the [Secondary Uses Service](#) is shown in the table below.

The [Secondary Uses Service](#) supports every CDS TYPE but only a subset is mandated to flow.

Commissioning Data Sets may flow to the [Secondary Uses Service](#) using either Net Change or Bulk Replacement [Commissioning Data Set Submission Protocols](#). Many Standard NHS Contracts between [Health Care Providers](#) and the commissioners of their [SERVICES](#), now specify weekly submission of initially-coded data sets to the [Secondary Uses Service](#). The use of Net Change [Commissioning Data Set Submission Protocols](#) is recommended for submissions of this frequency.

CDS TYPE	DESCRIPTION	MIN FREQ	DIRECTIVE	DATA FLOW
CDS 010	Accident And Emergency	Monthly	Accident And Emergency Attendances were mandated to flow nationally from 1st April 2005, see DSCN 32/2004	All Accident And Emergency Attendances occurring during the time period being reported and defined by the Commissioning Data Set Submission Protocol being used.
CDS 020	Out-Patient	Monthly	Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the Secondary Uses Service from 1st October 2001, see DSCN 05/2001. Out-Patient Attendance CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009. Nurse and Midwife attendances and Attendances for nursing care were enabled to be carried in the Out-Patient Attendance CDS from 1 April 2005, DSCN 32/2004. Other Care Professional Attendances where an appropriate Treatment Function exists may also be submitted.	Due to the high volumes involved, these are often submitted on a weekly basis.
CDS 021	Future Out-Patients	As Required for piloting	From 01/01/2008, submissions to support local activities and commissioning will be supported for piloting purposes only.	.
CDS 030	Elective Admission List End of Period (Standard)	Monthly if used	All Providers should endeavour to support this data flow. Elective Admission List End of	All entries where at the end of the time period being reported and defined by the Commissioning Data Set Submission Protocol , the PATIENT remains on the ELECTIVE

			Period Census (Standard)CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	ADMISSION LIST . Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the ELECTIVE ADMISSION LIST may be included.
CDS 040	Elective Admission List End of Period (New)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 050	Elective Admission List End of Period (Old)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 060	Elective Admission List Event During Period (Add)	Monthly if used	Optional Elective Admission List Event During Period (Add) CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an entry has been added to the ELECTIVE ADMISSION LIST during the time period reported.
CDS 070	Elective Admission List Event During Period (Remove)	Monthly if used	Optional Elective Admission List Event During Period (Remove) CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an entry has been removed from the ELECTIVE ADMISSION LIST during the time period reported.
CDS 080	Elective Admission List Event During Period (Offer)	Monthly if used	Optional Elective Admission List Event During Period (Offer) CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an offer has been made during the time period reported.
CDS 090	Elective Admission List Event During Period (Available / Unavailable)	Monthly if used	Optional	May be submitted where a patient becomes Available or Unavailable during the time period reported.
CDS 100	Elective Admission List Event During Period (Old Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 110	Elective Admission List Event During Period (New Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 120	Finished Birth Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity .	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 130	Finished General Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity . Finished General Episode CDS	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.

			records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	
CDS 140	Finished Delivery Episode	Monthly	All finished Admitted Patient Care data must be submitted at least monthly (EL - Dec 1995). This includes Non-Contract Activity .	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 150	Other Birth	Monthly	This includes Home Birth.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 160	Other Delivery	Monthly	This includes Home Delivery.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 170	The Detained and/or Long Term Psychiatric Census	Annually	Required by the Health and Social Care Information Centre . May <i>optionally</i> be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre . May optionally be sent more regularly, usually monthly. Unfinished General Episode CDS records where the activity relates to a Referral To Treatment Period Included In 18 Weeks Target must include the PATIENT PATHWAY data group items, from 1st October 2009.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .
CDS 200	Unfinished Delivery Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre . May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service .

In the above data flows, the validation criteria for each data element is shown in the [Commissioning Data Set Validation Table](#).

CDS SUBMISSION AND PCT MERGERS

Change to Supporting Information: Changed Description

[ORGANISATIONS](#) can function as independent senders of Commissioning Data Sets and have service level agreements with [Primary Care Trusts](#), Acute or Mental Health Trusts for the submission of this data. These agreements usually relate to clinical services that are subcontracted to that provider or where clinical services are facilitated on that site but owned by the commissioner of the agreement.

Organisational mergers of [Primary Care Trusts](#) and [NHS Trusts](#) do not always result in an immediate merger of IT facilities and their often disparate systems to enable a single flow of commissioning data to the [Secondary Uses Service](#). In this case, data flows to the [Secondary Uses Service](#) for multiple sites from multiple senders must be very carefully managed in order to avoid inadvertent deletion or duplication of records in the [Secondary Uses Service](#).

In these cases, Senders are strongly advised to only use the Net Change Update Mechanism of the [CDS Submission Protocol](#) as data integrity is more manageable using the Net Change process rather than the Bulk Replacement process.

CDS Net Change

When using the Net Change process, multiple data flows from different sites or systems using the same [CDS INTERCHANGE SENDER IDENTITY](#) must ensure that each Commissioning Data Set record has a properly maintained [CDS UNIQUE IDENTIFIER](#).

If not, these submissions will most likely conflict and overwrite each other causing substantial data corruption in the [Secondary Uses Service](#) data base. It is recommended that wherever possible, individual sites or systems use a uniquely allocated [CDS INTERCHANGE SENDER IDENTITY](#) for submissions to the [Secondary Uses Service](#).

CDS Bulk Replacement

When using the Bulk Replacement process, a sender must not make multiple data flows from different organisation sites or systems using the same [CDS SENDER IDENTITY](#) and provider site code or the interchanges will conflict and overwrite each other causing substantial data corruption in the [Secondary Uses Service](#) data base.

To prevent this happening, individual sites and systems within an organisation must use a unique [CDS SENDER IDENTITY](#) and provider site code combination for Commissioning Data Set submissions to the [Secondary Uses Service](#). This can be achieved by utilising Provider and Site Codes already registered with the [Organisation Data Service](#) which will then differentiate multiple Commissioning Data Set flows for the same provider by using the last 2 digits of the [ORGANISATION CODE](#).

End Of Year Considerations

It may be necessary to avoid changes to systems processes for multiple flows at the end of the financial year, and retain the ability to use the previously used [Commissioning Data Set Submission Protocol](#) for data submitted earlier in the year, until the organisation has completed any refresh of data for that year. ~~This would then ensure a complete set of commissioning data for that year for Payment By Results and Hospital Episode Statistics purposes.~~ This would then ensure a complete set of commissioning data for that year for Payment by Results and Hospital Episode Statistics purposes.

COMMISSIONING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The primary purpose of national data sets is to enable conformant health information to be generated across the country, independent of the [ORGANISATION](#) or system that maintains it. In achieving this, the [Health and Social Care Information Centre](#) will enable healthcare professionals to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals and [ORGANISATIONS](#).

Information Requirements

- monitor and manage [NHS SERVICE AGREEMENTS](#);
- develop commissioning plans;
- ~~support the Payment By Results processes.~~

- support the [Payment by Results](#) processes;
- support NHS Comparators;
- monitor Health Improvement Programmes;
- underpin clinical governance;
- understand the health needs of the population.
- support reporting against 18 week wait targets

Information on care provided for all [PATIENTS](#) by NHS Hospitals and [Primary Care Trusts](#) and Independent Sector Providers (for NHS [PATIENTS](#) only) is specified in the Commissioning Data Sets and must be submitted to the [Secondary Uses Service](#) according to issued guidelines.

Commissioners need access to data to monitor [Non-Contract Activity](#) as part of the management of their [NHS SERVICE AGREEMENTS](#). [Primary Care Trusts](#) also need to monitor in-year referrals to investigate the sources and reasons for [Non-Contract Activity](#).

Independent Sector Treatment Centres (TC) are responsible for providing Admitted Patient Care and Out-Patient Attendance Commissioning Data Sets and may submit this data on their own behalf or via a third party. Other Independent Sector activity for NHS [PATIENTS](#) is the responsibility of the NHS commissioning body for the provision of the appropriate central returns and data sets.

The [Department of Health](#) requires accurate data of all [PATIENTS](#) admitted to or treated as out-patients, or treated as an Accident And Emergency Attendance by NHS [Hospital Providers](#) and [Primary Care Trusts](#), including [PATIENTS](#) receiving private treatment. The data also includes NHS [PATIENTS](#) treated electively in the independent sector and overseas. These [Hospital Episode Statistics](#) (HES) are derived from the Admitted Patient Care, Out-Patient Attendance and Accident and Emergency Attendance Commissioning Data Sets as stored in the [Secondary Uses Service](#). This data provides information about hospital and [PATIENT](#) management, epidemiological data on [PATIENT DIAGNOSES](#) and [OPERATIVE PROCEDURES](#).

[Referral To Treatment Clock Stop Administrative Events](#) may also flow using the [CDS V6 TYPE 020 - OUTPATIENT CDS](#). This allows the [Secondary Uses Service](#) to build accurate [PATIENT PATHWAYS](#) for the reporting of 18 weeks activity.

Commissioning Data Set Data Flow Definitions

[CDS TYPES](#)

The Commissioning Data Set is the basic structure used for the submission of commissioning data to the [Secondary Uses Service](#) and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Out-Patient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data etc.

Commissioning Data Set Messages have been defined in specific components known as a [CDS TYPE](#). Each Commissioning Data Set Type as configured into the Commissioning Data Set Message carries only one specific Commissioning Data Set Type, an examples being the Finished Consultant Episode Commissioning Data Set Type etc.

CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Scope:

The [Critical Care Minimum Data Set](#) was developed by the Critical Care Information Advisory Group (CCIAG) and endorsed by the Intensive Care Society.

~~The [Critical Care Minimum Data Set](#) contains a subset of mandatory items for the generation of Critical Care Healthcare Resource Groups (HRGs). The Critical Care HRG subset replaced the Augmented Care Period data elements in the Commissioning Data Sets.~~ [The Critical Care Minimum Data Set](#) contains a subset of mandatory items

for the generation of Critical Care Healthcare Resource Groups (HRGs). The Critical Care HRG subset replaced the Augmented Care Period data elements in the Commissioning Data Sets.

~~The purpose of the Critical Care Minimum Data Set is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, Resource Management, Commissioning and national policy analysis.~~ The purpose of the Critical Care Minimum Data Set is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, Resource Management, Commissioning and national policy analysis. The full Critical Care Minimum Data Set has been incorporated into and is consistent with the ICNARC (Intensive Care National Audit and Research Centre) data collection.

The Critical Care Minimum Data Set has been developed to be used in all units where Critical Care is provided. That is where the CRITICAL CARE LEVEL is National Code:

- 02 Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care

or

- 03 Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.

Neonates up to and including 28 days of age are excluded from the data set. The recording of Critical Care Minimum Data Set for older babies (over 28 days) on Neonatal and Paediatric Intensive Care Units is optional. However, the activity for children treated on adult critical care units should be recorded.

HEALTHCARE RESOURCE GROUP

Change to Supporting Information: New Supporting Information

Developed by The Casemix Service, Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments which use common levels of healthcare resource.

Healthcare Resource Groups offer ORGANISATIONS the ability to understand their ACTIVITY in terms of the types of PATIENTS they care for and the treatments they undertake. They enable the comparison of ACTIVITY within and between different ORGANISATIONS and provide an opportunity to benchmark treatments and services to support trend analysis over time.

Healthcare Resource Groups are currently used as a means of determining fair and equitable reimbursement for care services delivered by Health Care Providers. Their use as consistent 'units of currency' supports standardised healthcare commissioning across the NHS. They improve the flow of finances within - and sometimes beyond - the NHS. HRG4 has been in use for Reference Costs since April 2007 (for financial year 2006/7 onwards) and for Payment by Results (PbR) since April 2009 (for financial year 2009 onwards).

HRG4 was a major revision that introduced Healthcare Resource Groups to new clinical areas, to support the Department of Health's policy of Payment by Results. It includes a portfolio of new and updated HRG groupings that accurately record PATIENTS treatment to reflect current practice and anticipated trends in healthcare.

For further information on Healthcare Resource Groups, see the Information Centre for Health and Social Care website.

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Change to Supporting Information: Changed Description

NHS DATA MODEL AND DICTIONARY

Version 3

[What's New: January 2010](#)



The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England.

It has been developed for everyone who is actively involved in the collection of data and the management of information in the NHS.



The NHS Data Model and Dictionary is maintained and published by the [NHS Data Model and Dictionary Service](#) and all changes are assured by the [Information Standards Board for Health and Social Care](#) and published as [Data Set Change Notices](#). **Classes** are shown in **Red Text**, **Attributes** are shown in **Purple**, **Data Elements** are shown in **Green**, **Data Sets** are shown in **Aqua-Blue**, **Central Return Forms** are shown in **Pink** and other pages are shown in **Blue**.



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Related Links
[Frequently Asked Questions](#)
[Useful Links](#)
[Department of Health website](#)

NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Scope:

~~The definition of the Neonatal Critical Care is linked to the definition of Neonatal Critical Care Healthcare Resource Groups.~~ The definition of the Neonatal Critical Care is linked to the definition of Neonatal Critical Care Healthcare Resource Groups. These closely follow the definitions contained in the 2003 [Department of Health](#) report 'Report of the Neonatal Intensive Care Services Review Group'.

This takes account of related definitions which have been developed for the Maternity and Child Health data sets which are currently being drafted by the [Health and Social Care Information Centre](#).

The scope of the [Neonatal Critical Care Minimum Data Set](#) is:

- a) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) *Neonatal Intensive Care Unit* regardless of care being delivered.
- b) All [PATIENTS](#) (excluding Mothers) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) *Facility for Babies on a Neonatal Transitional Care Ward or Facility for Babies on a Maternity Ward* to whom one or more of the following [CRITICAL CARE ACTIVITIES](#) applies for a period greater than 4 hours:
 - 01 Respiratory support via a tracheal tube
 - 02 Nasal Continuous Positive Airway Pressure (nCPAP)
 - 04 Exchange Transfusion
 - 05 Peritoneal Dialysis
 - 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin
 - 07 Parenteral Nutrition
 - 08 Convulsions
 - 09 Oxygen Therapy
 - 10 Neonatal abstinence syndrome
 - 11 Care of an intra-arterial catheter or chest drain
 - 12 Dilution Exchange Transfusion
 - 13 Tracheostomy cared for by nursing staff
 - 14 Tracheostomy cared for by external carer
 - 15 Recurrent apnoea
 - 16 Haemofiltration
 - 22 Continuous monitoring
 - 23 Intravenous glucose and electrolyte solutions
 - 24 Tube-fed
 - 25 Barrier nursed
 - 26 Phototherapy
 - 27 Special monitoring
 - 28 Observations at regular intervals
 - 29 Intravenous medication

If one or more of these [CRITICAL CARE ACTIVITIES](#) apply to a [PATIENT](#), then the [PATIENT](#) would be counted as receiving Neonatal Critical Care at the level of Intensive Care, High Dependency Care or Special Care depending on the [CRITICAL CARE ACTIVITIES](#) which apply.

Except in very exceptional circumstances, [CRITICAL CARE ACTIVITIES](#) 01 to 16 will only occur in a Neonatal Intensive Care Unit environment where all [PATIENTS](#) are covered by [Neonatal Critical Care Minimum Data Set](#) regardless of treatment. Care on [WARDS](#) with a [CRITICAL CARE UNIT FUNCTION](#) of 'Facility for Babies on a Neonatal Transitional Care Ward' or 'Facility for Babies on a Maternity Ward' will only be in respect of [CRITICAL CARE ACTIVITIES](#) 22 to 29 unless very exceptional circumstances apply. This does not prevent these [WARDS](#) recording [CRITICAL CARE ACTIVITIES](#) 01 to 16 on the [Neonatal Critical Care Minimum Data Set](#) if they occur. However, it does mean that such settings will in practice be dealing with a much shorter list of [CRITICAL CARE ACTIVITIES](#) which would determine whether the [Neonatal Critical Care Minimum Data Set](#) applied or not.

ORGANISATIONS MENU

Change to Supporting Information: Changed Description

- **Referenced Organisations:**

- [British Psychological Society](#)
- [Care Quality Commission](#)
- [Department for Children, Schools and Families](#)
- [Department of Health](#)
- [Health and Social Care Information Centre](#)
- [Health Protection Agency](#)
- [Health Solutions Wales](#)
- [Information Standards Board for Health and Social Care](#)
- [International Health Terminology Standards Development Organisation](#)
- [Local Health Board \(Wales\)](#)
- [NHS Dental Services](#)
- [NHS Prescription Services](#)
- [Office for National Statistics](#)
- [Organisation Data Service](#)
- [UK Terminology Centre](#)

- **Referenced Organisations:**

- [British Psychological Society](#)
- [Care Quality Commission](#)
- [Department for Children, Schools and Families](#)
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- [Health and Social Care Information Centre](#)
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- [Health Solutions Wales](#)
- [Information Standards Board for Health and Social Care](#)
- [International Health Terminology Standards Development Organisation](#)
- [Local Health Board \(Wales\)](#)
- [NHS Dental Services](#)
- [NHS Prescription Services](#)
- [Office for National Statistics](#)
- [Organisation Data Service](#)
- [The Casemix Service](#)
- [UK Terminology Centre](#)

- **Regulatory Bodies:**

- [General Chiropractic Council](#)
- [General Dental Council](#)
- [General Medical Council](#)
- [General Optical Council](#)
- [General Osteopathic Council](#)
- [General Social Care Council](#)
- [Health Professions Council](#)

- o [Nursing and Midwifery Council](#)
- o [Ophthalmic Qualifications Committee](#)
- o [Royal Pharmaceutical Society of Great Britain](#)

PAEDIATRIC CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The [Paediatric Critical Care Minimum Data Set](#) has been specified as a simple data specification but will be carried within the existing framework of the Commissioning Data Set as supported by the [Secondary Uses Service](#).

Scope:

~~The definition of Paediatric Critical Care is linked to the definition of Paediatric Critical Care Healthcare Resource Groups.~~ The definition of Paediatric Critical Care is linked to the definition of Paediatric Critical Care [Healthcare Resource Groups](#).

The scope of the [Paediatric Critical Care Minimum Data Set](#) is:

- a) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) *Paediatric Intensive Care Unit* regardless of care being delivered
- b) All [PATIENTS](#) on a [WARD](#) with a [CRITICAL CARE UNIT FUNCTION](#) with National Code of either:
 - 04 Paediatric Intensive Care Unit (Paediatric critical care patients predominate)
 - 16 Ward for children and young people
 - 17 High Dependency Unit for children and young people
 - 18 Renal Unit for children and young people
 - 19 Burns Unit for children and young people
 - 92 Non standard location using the operating department for children and young people

to whom one or more of the following [CRITICAL CARE ACTIVITIES](#) applies for a period greater than 4 hours:

- 04 Exchange transfusion
- 05 Peritoneal dialysis (acute patients only i.e. excluding chronic)
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin
- 09 Supplemental oxygen therapy (irrespective of ventilatory state)
- 13 Tracheostomy cared for by nursing staff
- 16 Haemofiltration
- 50 Continuous electrocardiogram monitoring
- 51 Invasive ventilation via endotracheal tube
- 52 Invasive ventilation via tracheostomy tube
- 53 Non-invasive ventilatory support
- 55 Nasopharyngeal airway
- 56 Advanced ventilatory support (Jet or Oscillatory ventilation)
- 57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
- 58 Apnoea requiring intervention
- 59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
- 60 Arterial line monitoring
- 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
- 62 Central venous pressure monitoring
- 63 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
- 64 Cardio-pulmonary resuscitation (CPR)
- 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
- 66 Haemodialysis (acute patients only i.e. excluding chronic)
- 67 Plasma filtration or Plasma exchange
- 68 ICP-intracranial pressure monitoring

- 69 Intraventricular catheter or external ventricular drain
- 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
- 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
- 72 Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS)
- 73 Continuous pulse oximetry
- 74 Patient nursed in single occupancy cubicle

If one or more of these items apply to a [PATIENT](#), then the [PATIENT](#) would be counted as receiving Paediatric Critical Care at one of the levels of Intensive Care or High Dependency Care depending on the conditions/interventions which apply.

A number of these interventions will only occur in a Paediatric Intensive Care Unit environment where all [PATIENTS](#) are covered by the [Paediatric Critical Care Minimum Data Set](#) regardless of treatment. Care for [PATIENTS](#) outside of a Paediatric Intensive Care Unit will in practice be dealing with a shorter list of interventions. The [Paediatric Critical Care Minimum Data Set](#) should not be collected in facilities other than those with [CRITICAL CARE UNIT FUNCTION](#):

- Paediatric Intensive Care Unit; or
- Ward for children and young people; or
- High Dependency Unit for children and young people; or
- Renal Unit for children and young people; or
- Burns Unit for children and young people; or
- Non standard location using the operating department for children and young people.

The Commissioning Data Set message will prevent submission of [Paediatric Critical Care Minimum Data Set](#) when submitted with a [CRITICAL CARE UNIT FUNCTION](#) other than those listed above.

The [Paediatric Critical Care Minimum Data Set](#) will be carried as part of the following Admitted Patient Care Commissioning Data Set Types:

- The Admitted Patient Care Finished General Episode (Commissioning Data Set TYPE 130)
- The Admitted Patient Care Unfinished General Episode (Commissioning Data Set TYPE 190)
- The Admitted Patient Care Delivery Episode (Commissioning Data Set TYPE 140)
- The Admitted Patient Care Unfinished Delivery Episode (Commissioning Data Set TYPE 200)
- The Admitted Patient Care Finished Birth Episode (Commissioning Data Set TYPE 120)
- The Admitted Patient Care Unfinished Birth Episode (Commissioning Data Set TYPE 180)

PAYMENT BY RESULTS

Change to Supporting Information: New Supporting Information

[Payment by Results \(PbR\)](#) is managed by the [Department of Health](#) and provides a transparent, rules-based system for paying NHS funded care in England.

It rewards efficiency, supports [PATIENT](#) choice and diversity and encourages [ACTIVITY](#) for sustainable waiting time reductions.

Payment is linked to [ACTIVITY](#) and adjusted for casemix. Importantly, this system ensures a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.

For further information on [Payment by Results](#), see the:

- [Department of Health website](#)
- [Department of Health Payment by Results Frequently Asked Questions – available from the Payment by Results website](#)

- [Department of Health "Contact Us"](#).

POLICY INTRODUCTION

Change to Supporting Information: New Supporting Information

[NHS Policies](#), such as [Payment by Results](#), [18 Weeks](#) etc which are included in the NHS Data Model and Dictionary.

This section will be extended over time to include more [Policies](#).

POLICY MENU

Change to Supporting Information: New Supporting Information

- **NHS Policies:**
 - [18 Weeks](#)
 - [Payment by Results](#)
 - [Reference Costs](#)
-

PUBLICATION INFORMATION CONTACT DETAILS

Change to Supporting Information: Changed Description

- **NHS Data Model and Dictionary:**

NHS Data Model and Dictionary Service
NHS Connecting for Health
Princes Exchange
Princes Square
Leeds
LS1 4HY

Email: datastandards@nhs.net

NHS Data Model and Dictionary Service Website:

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/datamodeldictionary>

- **[Information Standards Board for Health and Social Care:](#)**

[Information Standards Board for Health and Social Care](#)

Princes Exchange
Princes Square
Leeds
LS1 4HY

Website: <http://www.isb.nhs.uk/>

Email: isb@nhs.net

- [Department of Health](#)

Website: [Department of Health website](#)

Queries: [Contact Us Details](#)

Email: dhmail@dh.gsi.gov.uk

- [Health and Social Care Information Centre](#)

Website: [Information Centre for Health and Social Care website](#)

Queries: [Contact Us Details](#)

Email: enquiries@ic.nhs.uk

- [Hospital Episode Statistics \(HES\)](#):

Website: [HES online](#)

Queries: [HES queries](#)

- **Clinical Coding general enquiries:**

International Classification of Diseases (ICD-10);
OPCS-4 Classification of Interventions and Procedures;
Clinical Terms (The Read Codes);
SNOMED CT (Systematised Nomenclature of Medicine Clinical Terms)

For all general enquiries, contact:

NHS Connecting for Health
Data Standards and Products Help Desk

E-mail: datastandards@nhs.net

Website: <http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/>

- Electronic copies of ***International Classification of Diseases (ICD-10)*** Volumes 1, 2 and 3
 - The ICD-10 metadata file and its specification;
 - The ICD-10 Codes and Titles (on diskette);
 - The ICD-10 Tables of Equivalence (on diskette);
- ***OPCS-4 Classification of Interventions and Procedures***;
 - OPCS-4 Codes and Titles;
 - OPCS-4 metadata file;
 - OPCS-4 Tables of Coding Equivalence;
 - Electronic format of Index and Tabular List of OPCS-4;
- ***Clinical Terms (The Read Codes)*** and ***SNOMED CT® (Systematised Nomenclature of Medicine Clinical Terms)*** are released to licensees every six months (March and September) via the Terminology Reference Data Update Distribution Service (TRUD).

Information on the Terminology Reference Data Update Distribution Service (TRUD) can be found at:
<https://www.uktcregistration.nss.cfh.nhs.uk/trud/>

Hard copy versions of ICD-10 and the Tabular List of OPCS-4 are available from The Stationery Office (formerly HMSO).

- [Organisation Data Service](#) **Queries:**

[Organisation Data Service](#)

Hexagon House
Pynes Hill
Rydon Lane
Exeter
Devon EX2 5SE

Email: exeter_helpdesk@nhs.net

Telephone: 01392 251 289

[Organisation Data Service](#) website pages:

- NHSnet pages where data is published: <http://nww.connectingforhealth.nhs.uk/ods/>
- Public domain pages: <http://www.nhs.uk/ods/>
- Information pages on the NHS Connecting for Health website:
<http://www.connectingforhealth.nhs.uk/systemsandservices/data/standards/ods/index.html>

Information on the Terminology Reference Data Update Distribution Service can be found at:

<https://www.uktcregistration.nss.cfh.nhs.uk/trud/>

- **Postcodes:**

[Office for National Statistics](#)

Telephone: 0845 601 3034

Fax: 01633 652747

Email: info@statistics.gov.uk

Website: <http://www.ons.gov.uk/about>

National Health Service Postcode Directory (NHSPD) Website: <http://www.ons.gov.uk/about>

REFERENCE COSTS

Change to Supporting Information: New Supporting Information

Reference Costs are the average cost to the NHS of providing a defined service in a given financial year. **NHS Health Care Providers** are mandated to provide annual reference cost data (for a wider range of services) to the **Department of Health**. **Reference Costs** have been collected annually since 1998.

There are many uses of reference cost data, for example, they are used to underpin the **Payment by Results National Tariff**, **Programme Budgeting** analysis and are also used by the NHS to performance manage and benchmark their services.

For further information on Reference Costs, see the **Department of Health website**.

SUPPORTING DATA SETS INTRODUCTION

Change to Supporting Information: Changed Description

~~The purpose of these Data Sets is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, Resource Management, Commissioning and national policy analysis.~~ **The purpose of these Data**

Sets is to provide a standardised set of data to support [Payment by Results](#), [Healthcare Resource Groups](#), [Resource Management](#), [Commissioning](#) and national policy analysis.

SUPPORTING INFORMATION INTRODUCTION

Change to Supporting Information: Changed Description

Supporting Information provides information to help users understand the NHS Data Model and Dictionary.

Use the following links to access more detailed information:

Codes

- [Administrative Codes](#)
- [Clinical Coding](#)
- [Default Codes Summary Table](#)
- [Location Type Codes](#)
- [Main Specialty and Treatment Function Codes](#)
- [Mental Health Act Table](#)
- [Metadata Files](#)

Organisations and Policies

- [NHS Postcode Directory](#)
- [NHS Trust Mergers](#)
- [Organisations](#)
- [NHS Policies](#)

NHS Data Model and Dictionary Information

- [About the NHS Data Model and Dictionary Version 3](#)
- [Change Request Log](#)
- [Disclaimer](#)
- [Glossary of Terms](#)
- [Meta Model](#)
- [Navigating the NHS Data Model and Dictionary](#)
- [NHS Data Model and Dictionary Items](#)
- [Publication Version](#)

Contacts/ Links

- [Contact Details](#)
 - [Data Set Change Notices \(DSCNs\)](#)
 - [NHS Data Model and Dictionary Service Website](#)
-

SUPPORTING INFORMATION MENU

Change to Supporting Information: Changed Description

- **Codes**
- [Administrative Codes](#)
- [Clinical Coding](#)
- [Default Codes](#)
- [Location Type Codes](#)
- [Main Specialty and Treatment Function Codes](#)
- [Mental Health Act Table](#)

- [Metadata Files](#)
- **Organisations**
- **Organisations and NHS Policies**
- [NHS Postcode Directory](#)
- [NHS Trust Mergers](#)
- [Organisations](#)
- [NHS Policies](#)
- **NHS Data Model and Dictionary Information**
- [About Version 3](#)
- [Change Request Log](#)
- [Disclaimer](#)
- [Glossary of Terms](#)
- [Meta Model](#)
- [Navigation](#)
- [NHS Data Model and Dictionary Items](#)
- [Publication Version](#)
- **Contacts/ Links**
- [Contact Details](#)
- [Data Set Change Notices](#)
- [NHS Data Model and Dictionary Service Website](#)

BRACHYTHERAPY PRESCRIBED FRACTION

Change to Attribute: Changed Description

The prescribed number of [Fractions](#) of a [Brachytherapy Treatment Course](#).

References:

National Cancer Dataset Version1.1_ISB October 2001

~~Reference Costs for Radiotherapy Services based on Healthcare Resource Groups~~ [Reference Costs for Radiotherapy Services based on Healthcare Resource Groups](#)

COMMISSIONING SERIAL NUMBER

Change to Data Element: Changed Description

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

Notes:

This is the same as attribute [NHS SERVICE AGREEMENT NUMBER](#).

From 01/04/2001 this data item will be used to identify [PATIENTS](#) treated under [Non-Contract Activities](#). [NHS Trusts](#) are required to insert the letters 'OAT' (mandated input as capitals) in the first three characters of the [COMMISSIONING SERIAL NUMBER](#) field of the Admitted Patient Care Commissioning Data Set. The remaining three characters will continue to be defined locally, see DSCN 17/2000.

~~From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the Payment by Results tariff.~~ From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the [Payment by Results tariff](#). The position of the last character depends on any preceding characters eg 1st character if field is otherwise blank, 4th character if following 'OAT', up to a maximum of 6th position. This provides a general exclusion facility for unusual circumstances or where more specific rules regarding coding in other fields cannot be implemented due to local software restrictions.

HEALTHCARE RESOURCE GROUP CODE

Change to Data Element: Changed Description

Format/length:	an3
HES item:	HRGNHS
National Codes:	
Default Codes:	

Notes:

The National Schedule of Reference Costs, developed by the [Department of Health](#), uses Healthcare Resource Groups as the basis for costing inpatient and daycase services.

Healthcare Resource Groups for Admitted Patient Care are derived from existing Commissioning Data Set data items. [HEALTHCARE RESOURCE GROUP CODE](#) is the code of the Healthcare Resource Group.

Healthcare Resource Groups for Out-Patient Attendances are directly assigned and cannot be derived from the Out-Patient Attendance Commissioning Data Set data items. This data element does not need to be populated and transmitted to the [Secondary Uses Service \(SUS\)](#) via the Commissioning Data Sets.

[HEALTHCARE RESOURCE GROUP CODES](#) identify the HRGs.

DSCN 08/2000 includes [HEALTHCARE RESOURCE GROUP CODES](#) in the Commissioning Data Set to standardise the handling of this data item within the Commissioning Data Set and thus stored by the [Secondary Uses Service](#). It is mandatory from 01/10/2001.

HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER

Change to Data Element: Changed Description

Format/length:	an3
HES item:	HRGNHSVN
National Codes:	OP (applies to out-patient HRGs only)
National Codes:	OP (applies to out-patient HRGs only)
Default Codes:	

Notes:

The version number should be 'OP' when designating an out-patient [HEALTHCARE RESOURCE GROUP CODE](#), rather than a numeric value.

The National Schedule of Reference Costs, developed by the [Department of Health](#), uses Healthcare Resource Groups as the basis for costing inpatient and day case services. **Notes:**

Healthcare Resource Groups are derived for Admitted Patient Care from existing Commissioning Data Set data items. [HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBER](#) is the version number of the [Healthcare Resource Group](#).

Healthcare Resource Groups for Out-Patient Attendances are directly assigned and cannot be derived from the Out-Patient Attendance Commissioning Data Set data items. This data element does not need to be populated and transmitted to the [Secondary Uses Service \(SUS\)](#) via the Commissioning Data Sets.

[HEALTHCARE RESOURCE GROUP CODE-VERSION NUMBERS](#) identify which version of the Healthcare Resource Group has been used to identify the Healthcare Resource Group.

This will facilitate the management of regular Healthcare Resource Group updates issued by the [Health and Social Care Information Centre](#).

HRG DOMINANT GROUPING VARIABLE-PROCEDURE

Change to Data Element: Changed Description

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

Notes:

The National Schedule of Reference Costs, developed by the [Department of Health](#), uses Healthcare Resource Groups as the basis for costing in-patient and day case services. Healthcare Resource Groups are derived from existing Commissioning Data Set data items using an algorithm and a software package developed by the [Health and Social Care Information Centre](#).

The [HRG DOMINANT GROUPING VARIABLE-PROCEDURES](#) is a field derived by the Healthcare Resource Group Acute Inpatient Grouper. It represents the procedure that the Healthcare Resource Group grouping algorithm has identified as having the greatest effect upon the resources consumed by a [PATIENT](#). It is required for the production of the National Schedule of Reference Costs reports. The [HRG DOMINANT GROUPING VARIABLE-PROCEDURES](#) was a field derived by the Healthcare Resource Group Acute Inpatient Grouper Version 3.5. It represented the procedure that the Healthcare Resource Group grouping algorithm identified as having the greatest effect upon the resources consumed by a [PATIENT](#).

The [HRG DOMINANT GROUPING VARIABLE-PROCEDURES](#) have the same data format, rules and attributes as [OPCS-4](#) codes for [Patient Procedure](#), see also [PROCEDURE CODING](#). This concept was retired 31 March 2009 and therefore should not be reported to [Secondary Uses Service](#) via the Commissioning Data Sets.

DSCN 08/2000 includes [HRG DOMINANT GROUPING VARIABLE-PROCEDURES](#) in the Commissioning Data Set to standardise the handling of this data item within the Commissioning Data Set and the [Secondary Uses Service](#) database. It is mandatory from 01/10/2001.

[Patient Procedure](#) is a [CLINICAL INTERVENTION](#) where [CLINICAL INTERVENTION TYPE](#) is National Code 25 'Patient Procedure'.

ORGANISATION CODE (CODE OF COMMISSIONER)

Change to Data Element: Changed Description

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

Notes:

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the same as the attribute [ORGANISATION CODE](#).

This is the [ORGANISATION CODE](#) of the [ORGANISATION](#) commissioning health care. This should always be the [ORGANISATION CODE](#) of the original commissioner for Commissioning Data Sets to support Payment by Results. This should always be the [ORGANISATION CODE](#) of the original commissioner for Commissioning Data Sets to support Payment by Results.

Commissioning responsibility for individual [PATIENTS](#) rests with the [Primary Care Trust](#) with whom the [PATIENT](#) is

registered. This means that [PATIENTS](#) registered with a [General Medical Practitioner Practice](#) in one [Primary Care Trust](#) area may reside in a neighbouring or other area but remain the responsibility of the [Primary Care Trust](#) with whom their [General Medical Practitioner Practice](#) of registration is associated. [Primary Care Trusts](#) are also responsible for non-registered [PATIENTS](#) who are resident within their boundaries.

For [Non-Contract Activity](#), for English registered [PATIENTS](#) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the responsible [Primary Care Trust](#).

For [Non-Contract Activity](#) on [PATIENTS](#) from Wales, Scotland and Northern Ireland (devolved administrations) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) is the commissioner from the devolved administration. Where specialised services are commissioned by *Health Commission Wales* the code W01HC should be used.

Charge-exempt overseas [PATIENTS](#) are identified by the [OVERSEAS VISITORS STATUS CLASSIFICATION](#) where the National Code is either 1 '*Exempt from payment - subject to reciprocal health agreement*' or 2 '*Exempt from payment - other*'. Charge-exempt overseas [PATIENT](#) activity is funded via the main (host) commissioner - normally the [Primary Care Trust](#) with the highest value of service agreements with the [NHS Trust](#). However, for [ACTIVITY](#) that is 'exempt from payment - subject to reciprocal health agreement' TDH00 should be used in the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) field. The code for the Overseas country should be given in the [POSTCODE](#) field. [ACTIVITY](#) that is given the TDH00 code will be captured centrally by the [Secondary Uses Service](#) (SUS), sent to the provider's host commissioner to pay, and copied to Leeds [Primary Care Trust](#). [ACTIVITY](#) under the 'exempt from payment - other' category eg infectious diseases, should be given the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) of the main commissioner as the activity is not required by Leeds [Primary Care Trust](#).

For [PATIENTS](#) from the Channel Islands, Gibraltar and the Isle of Man it is recommended that TDH00 should be used in the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#). The code for the Overseas country should be given in the [POSTCODE](#) field.

For overseas chargeable [PATIENTS](#) and private [PATIENTS](#) the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) should be VPP00.

For Specialised Services, the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) required would be that of the commissioning consortium. The code may be the [ORGANISATION CODE](#) of the 'lead' commissioner or a valid pseudo [ORGANISATION CODE](#) registered by the [Organisation Data Service](#). See the [Organisation Data Service](#) website at [Contact Details](#).

For episodes funded directly by the National Specialised Commissioning Group (NSCG) the code YDD82 should be used. Charge-exempt overseas visitors who require services covered by the National Specialised Commissioning Group arrangements are funded through the National Specialised Commissioning Group.

ORGANISATION CODE (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/length:	see ORGANISATION CODE
HES item:	PROCEDURE
National Codes:	
Default Codes:	89997 - Non-UK provider where no organisation code has been issued 89999 - Non-NHS UK provider where no organisation code has been issued

Notes:

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) is the same as the attribute [ORGANISATION CODE](#).

This is the [ORGANISATION CODE](#) of the [ORGANISATION](#) acting as a [Health Care Provider](#).

For the Commissioning Data Sets, this should always be the [ORGANISATION CODE](#) of the [Health Care Provider](#) receiving the Payment by Results tariff income. For the **Commissioning Data Sets**, this should always be the

ORGANISATION CODE of the Health Care Provider receiving the Payment by Results tariff income. Where NHS PATIENT care is sub-commissioned to independent or overseas providers, the NHS Service Agreement should specify that the non-NHS provider has requested an identifying ORGANISATION CODE from the Organisation Data Service.

~~Where NHS PATIENT care is sub-commissioned to independent or overseas providers, the NHS Service Agreement should specify that the non-NHS provider has requested an identifying ORGANISATION CODE from the Organisation Data Service.~~

For enquiries about this Data Set Change Notice, please email datastandards@nhs.net