

<b>Sponsoring Organisation:</b>	<b>Implementation Date:</b>	01 April 2010
<b>Information Standards Board for Health and Social Care</b>	<b>Subject:</b>	<b>Information Standards Notice (ISN)</b>
<b>DATA SET CHANGE NOTICE</b> Following approval of DSCN 26/2009 by the Information Standards Board for Health and Social Care, this DSCN informs users of changes to the NHS Data Model and Dictionary.		
<b>Summary:</b>  Following publication of DSCN 26/2009 announcing the ISN, this DSCN provides details of the changes to the data dictionary. In response to feedback from users including the supplier community, the ISB will no longer use the term Data Set Change Notice (DSCN) and instead will issue an Information Standards Notice (ISN). This is in recognition of the varied scope of information standards being approved by ISB. <ul style="list-style-type: none"><li>• From 01 April 2010 the ISB will issue ISNs. Each one will note that “Information Standards Notices (ISNs) were previously known as Data Set Change Notices (DSCNs)”.</li><li>• From 01 April 2011 the ISB will no longer make reference to the term DSCN for new notifications.</li></ul> All users of information standards should note the change in name and understand that a DSCN is the same as an ISN but with a new name. The term should be used in: <ul style="list-style-type: none"><li>• New contracts for commissioned patient services.</li><li>• New contracts for IM&amp;T services (whether wholly or in part).</li></ul> The ISB definition of an ISN is given below.  An <b>Information Standards Notice (ISN)</b> is “notice of an Information Standard approved by the Information Standards Board. When a health and social care organisation in England receives an ISN they will ensure that they and their contractors comply with the standard in a reasonable time (such time defined within the ISN). An ISN was previously known as a Data Set Change Notice (DSCN)”.		
<b>Other data sets / return affected:</b> None		
<b>Related DSCNs:</b> DSCN 26/2009		
<b>Impact of Change:</b>		
<b>Service:</b>	Minor	<b>System Suppliers:</b> Minor
The Information Standards Board for Health and Social Care (ISB) is responsible for approving information standards.		

## Change Request

### NHS Connecting for Health

#### NHS Data Model and Dictionary Service

**Reference:** Change Request 1123  
**Version No:** 1.0  
**Subject:** Information Standards Notice (ISN)  
**Effective Date:** 1 April 2010  
**Reason for Change:** Change to Data Standards  
**Publication Date:** 26 March 2010

#### Background:

In response to feedback from users including the supplier community, the Information Standards Board for Health and Social Care (ISB) will deprecate the use of Data Set Change Notice (DSCN) and instead will issue an Information Standards Notice (ISN) as follows:

- From 01 April 2010 the Information Standards Board for Health and Social Care will issue Information Standards Notices. Each one will note that "Information Standards Notice (ISNs) were previously known as Data Set Change Notices (DSCNs)".
- From 01 April 2011 the Information Standards Board for Health and Social Care will no longer make reference to the term Data Set Change Notice.

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

- introduces a NHS Business Definition for "Information Standards Notice";
- adds links to the existing references for this new definition;
- updates references in the NHS Data Model and Dictionary from "Data Set Change Notice" to "Information Standards Notice" where appropriate;
- adds hyperlinks, expands abbreviations and corrects html.

#### Summary of changes:

##### Data Set

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET](#) Changed Description

##### Central Return Forms

[KC60 1A](#) Changed Description

[KC60 1B](#) Changed Description

[KC60 3](#) Changed Description

[KC60 4](#) Changed Description

[KO41\(A\) 5](#) Changed Description

[KO41\(A\) 6](#) Changed Description

[KO41\(B\) 4](#) Changed Description

[KO41\(B\) 5](#) Changed Description

##### Supporting Information

[ABOUT THE NHS DATA MODEL AND DICTIONARY VERSION 3](#) Changed Description

[CDS ADDRESSING GRID](#) Changed Description

[CDS MANDATED DATA FLOWS](#) Changed Description

[CDS-XML MESSAGE SCHEMA DOCUMENTATION](#) Changed Description

[CDS-XML MESSAGE SCHEMA OVERVIEW](#) Changed Description

[CENTRAL RETURN FORMS INTRODUCTION](#) Changed Description

[INDEX](#) Changed Description

[INFORMATION STANDARDS NOTICE](#) New Supporting Information

[MENTAL HEALTH MINIMUM DATA SET OVERVIEW](#) Changed Description

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW](#) Changed Description

[NHS DATA MODEL AND DICTIONARY ITEMS](#) Changed Description

[REFERRAL TO TREATMENT CLOCK STOP ADMINISTRATIVE EVENT](#) Changed Description

[SPECIALIST PALLIATIVE CARE DATE](#) Changed Description

[SUPPORTING INFORMATION INTRODUCTION](#) Changed Description

[SUPPORTING INFORMATION MENU](#) Changed Description

##### Attribute Definitions

[CANCER REFERRAL PRIORITY TYPE](#) Changed Description

[CANCER SPECIALIST REFERRAL DATE](#) Changed Description

<a href="#">FIRST CANCER DIAGNOSTIC TEST</a>	Changed Description
<a href="#">FIRST DEFINITIVE TREATMENT PLANNED</a>	Changed Description
<a href="#">FIRST DEFINITIVE TREATMENT PROVIDED</a>	Changed Description
<a href="#">PLANNED CANCER TREATMENT TYPE</a>	Changed Description
<a href="#">PLANNED DEFINITIVE TREATMENT</a>	Changed Description
<a href="#">PRIMARY SCREENING</a>	Changed Description
<a href="#">TWO WEEK WAIT EXCLUSION INDICATOR</a>	Changed Description

#### Data Elements

<a href="#">AGE GROUP INTENDED</a>	Changed Description
<a href="#">COMMISSIONING SERIAL NUMBER</a>	Changed Description
<a href="#">INTENDED CLINICAL CARE INTENSITY</a>	Changed Description
<a href="#">SEX OF PATIENTS</a>	Changed Description
<a href="#">WARD DAY PERIOD AVAILABILITY</a>	Changed Description
<a href="#">WARD NIGHT PERIOD AVAILABILITY</a>	Changed Description
<a href="#">WARD TYPE AT PSYCHIATRIC CENSUS DATE</a>	Changed Description
<a href="#">WARD TYPE AT START OF EPISODE</a>	Changed Description

**Date:** 26 March 2010

**Sponsor:** Mark Reynolds, Information Standards Board for Health and Social Care

**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.

---

## NATIONAL CANCER WAITING TIMES MONITORING DATA SET

---

Change to Data Set: Changed Description

### [National Cancer Waiting Times Monitoring Data Set Overview](#)

The [National Cancer Waiting Times Monitoring Data Set](#) contains the data required for monitoring the cancer waiting time standards introduced by DSCN 22/2002, and has been updated to include those introduced by the Cancer Reform Strategy (2007). The [National Cancer Waiting Times Monitoring Data Set](#) contains the data required for monitoring the cancer waiting time standards introduced by Data Set Change Notice 22/2002, and has been updated to include those introduced by the Cancer Reform Strategy (2007).

The data items are presented in the same order as the Comma Separated Values (.csv) file which can be exported from Provider-based systems and uploaded to the Cancer Waiting Times system. This system is hosted nationally on NHSnet.

The seven columns show whether the data item is Mandatory or Optional for:

- The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or an urgent referral from an NHS Cancer [Screening Programme](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or an urgent referral from an NHS Cancer [Screening Programme](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or an urgent referral from an NHS Cancer [Screening Programme](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a consultant upgrade onto a 62 day [Patient Pathway](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day [Patient Pathway](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#)
  - The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#)
- M – Mandatory – the Standard Contract Schedule 5 requires NHS provider organisations to submit this information on a monthly basis. The [Department of Health](#) require the data to be submitted 25 working days after the end of each month or quarter.
  - M = Mandatory - the Standard Contract Schedule 5 requires NHS provider ORGANISATIONS to submit this information on a monthly basis. The [Department of Health](#) require the data to be submitted 25 working days after the end of each month or quarter.
  - M\* – Mandatory if applicable - the Standard Contract Schedule 5 requires NHS provider organisations to submit this information on a monthly basis, where collection of the item was applicable to them. The [Department of Health](#) require the data to be submitted 25 working days after the end of each month or quarter.
  - M\* = Mandatory if applicable - the Standard Contract Schedule 5 requires NHS provider ORGANISATIONS to submit this information on a monthly basis, where collection of the item was applicable to them. The [Department of Health](#) require the data to be submitted 25 working days after the end of each month or quarter.

- O = Optional
- O\* = Optional if applicable
- N/A = Not Applicable

Data Item	Trust where patient first seen following referral with PRIORITY TYPE 3 'Two Week Wait', or referral is from Cancer Screening Service	Trust where patient receives first definitive treatment for cancer following referral with PRIORITY TYPE 3 'Two Week Wait', or referral is from Cancer Screening Service	Trust where patient receives second or subsequent treatment for cancer following referral with PRIORITY TYPE 3 'Two Week Wait', or referral is from Cancer Screening Service	Trust where patient receives first definitive treatment for cancer following consultant upgrade onto a 62 day patient pathway	Trust where patient receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day patient pathway	Trust where patient receives first definitive treatment for cancer following referral from another SOURCE OF REFERRAL FOR OUT-PATIENTS or a different PRIORITY TYPE	Trust where patient receives second or subsequent treatment for cancer following referral from another SOURCE OF REFERRAL FOR OUT-PATIENTS or a different PRIORITY TYPE
<a href="#">NHS NUMBER</a>	M	M	M	M	M	M	M
<a href="#">PATIENT PATHWAY IDENTIFIER</a>	M	M*	M*	M*	M*	M*	M*
<a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>	M	M*	M*	M*	M*	M*	M*
<a href="#">DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)</a>	M*	N/A	N/A	N/A	N/A	O	N/A
<a href="#">SOURCE OF REFERRAL FOR OUT-PATIENTS</a>	M	N/A	N/A	M	N/A	O	N/A
<a href="#">PRIORITY TYPE</a>	M	N/A	N/A	M	N/A	O	N/A
<a href="#">CANCER REFERRAL TO TREATMENT PERIOD START DATE</a>	M	M	M	O	N/A	O	N/A
<a href="#">TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</a>	M	N/A	M	N/A	N/A	O	N/A
<a href="#">CONSULTANT UPGRADE DATE</a>	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">ORGANISATION CODE (PROVIDER CONSULTANT UPGRADE)</a>	N/A	N/A	N/A	M	N/A	O	N/A
<a href="#">DATE FIRST SEEN</a>	M	N/A	N/A	M	N/A	O	N/A
<a href="#">ORGANISATION CODE (PROVIDER FIRST SEEN)</a>	M	N/A	N/A	N/A	N/A	N/A	N/A
<a href="#">WAITING TIME ADJUSTMENT (FIRST SEEN)</a>	M*	N/A	N/A	N/A	N/A	N/A	N/A
<a href="#">WAITING TIME ADJUSTMENT REASON (FIRST SEEN)</a>	M*	N/A	N/A	N/A	N/A	N/A	N/A
<a href="#">DELAY REASON COMMENT (FIRST SEEN)</a>	M*	N/A	N/A	M*	N/A	N/A	N/A
<a href="#">DELAY REASON REFERRAL TO FIRST</a>	M*	N/A	N/A	N/A	N/A	N/A	N/A

<a href="#">SEEN (CANCER OR BREAST SYMPTOMS)</a>								
<a href="#">MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR</a>	M*	M*	M*	M*	M*	M*	M*	M*
<a href="#">MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)</a>	M*	M*	M*	M*	M*	M*	M*	M*
<a href="#">CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS</a>	M	M	M	M	M	M	M	M
<a href="#">PRIMARY DIAGNOSIS (ICD)</a>	N/A	M	M	M	M	M	M	M
<a href="#">TUMOUR LATERALITY</a>	N/A	M	M	M	M	M	M	M
<a href="#">CANCER TREATMENT EVENT TYPE</a>	N/A	M	M	M	M	M	M	M
<a href="#">METASTATIC SITE</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">ORGANISATION CODE (PROVIDER DECISION TO TREAT (CANCER))</a>	M*	M	M	M	M	M	M	M
<a href="#">CANCER TREATMENT PERIOD START DATE</a>	N/A	M	M	M	M	M	M	M
<a href="#">TREATMENT START DATE (CANCER)</a>	N/A	M	M	M	M	M	M	M
<a href="#">CANCER TREATMENT MODALITY</a>	N/A	M	M	M	M	M	M	M
<a href="#">CANCER CARE SETTING (TREATMENT)</a>	N/A	M	M	M	M	M	M	M
<a href="#">CLINICAL TRIAL INDICATOR</a>	N/A	M	M	M	M	M	M	M
<a href="#">ORGANISATION CODE (PROVIDER TREATMENT START DATE (CANCER))</a>	N/A	M	M	M	M	M	M	M
<a href="#">RADIOTHERAPY PRIORITY</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">RADIOTHERAPY INTENT</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">DELAY REASON COMMENT (DECISION TO TREATMENT)</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">DELAY REASON (DECISION TO TREATMENT)</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">WAITING TIME ADJUSTMENT (TREATMENT)</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">WAITING TIME ADJUSTMENT REASON (TREATMENT)</a>	N/A	M*	M*	M*	M*	M*	M*	M*
<a href="#">DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>	N/A	M*	N/A	M*	N/A	O*	N/A	N/A
<a href="#">DELAY REASON REFERRAL TO TREATMENT (CANCER)</a>	N/A	M*	N/A	M*	N/A	O*	N/A	N/A
<a href="#">DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>	N/A	M*	N/A	M*	N/A	O*	N/A	N/A
<a href="#">DELAY REASON (CONSULTANT UPGRADE)</a>	N/A	M*	N/A	M*	N/A	O*	N/A	N/A

## KC60 Central Return Form Guidance Text

### Contextual Overview

#### Contextual Overview

- The [Department of Health](#) requires information on services provided by Genitourinary Medicine Clinics and this information is collected on the [Department of Health](#) central return form KC60.
- The KC60 statistical return provides essential public health information about Sexually Transmitted Infection (STI) diagnoses and services provided by Genitourinary Medicine Clinics. The information provides key data to help monitor important standards in the Sexual Health and HIV Strategy.
- The Minimum Data Set to support the monitoring and implementation of the Sexual Health and HIV Strategy, is currently being developed and a staged roll-out of this enhanced surveillance programme will commence during 2003; however, the dataset is not likely to be fully implemented across all GUM clinics before January 2005. The KC60 central return form collects information to allow for the interim monitoring of HIV testing standards and goals, and to allow for the collection of more precise information about individual infections and screening.
- Summary information about Genitourinary Medicine Clinic services based on the KC60 return, is published by the Communicable Disease Surveillance Centre (CDSC) each year.

### Completing the KC60 Central Return Form - Guidance

#### Part A - Initial contacts in the quarter - Lines: 01 - 44

- This section of KC60 records the [Initial Contacts](#) in the quarter for the diagnosis and/or treatment of an infection or disease, during a [Genitourinary Episode](#).

[Initial Contact](#) is the first face to face [CARE CONTACT](#) occasion on which a [PATIENT](#) is seen. [Genitourinary Episode](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 18 '*Genitourinary Episode*'.

- A [Genitourinary Episode](#) being a period of time during which a [PATIENT](#) attends a [Consultant Clinic](#) or a [Nurse Clinic](#) for a Genitourinary problem.

[Consultant Clinic](#) and [Nurse Clinic](#) are both types of a [CLINIC OR FACILITY](#).

- Each [Genitourinary Episode](#) is for **one** [GENITOURINARY EPISODE TYPE](#), the type being the medical condition or reason for that [Genitourinary Episode](#).
- Collection of information on a male [PATIENT SEXUAL ORIENTATION](#), is required information against specific conditions/episodes (within Part-A). [SEXUAL ORIENTATION](#) identifies those male [PATIENTS](#) who are homo/bisexual.

- ~~The following guidance note is from DSCN 05/2003 and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual". DSCN 05/2003. This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below):~~

- ~~The following guidance note is from [Data Set Change Notice 05/2003](#) and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual": [Data Set Change Notice 05/2003](#): This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).~~

- *NB. If information is not available, please enter "Nil" in the appropriate boxes of the form.*

#### Part A - Services Provided - Lines: 45 - 51

- The 'Services provided' section is to be used to code [PATIENT](#) receiving services or undergoing tests. For example, if a [PATIENT](#) is offered a sexual health screen he/she would be coded S1 or S2 in the 'Services provided' section (see lines 45 and 46 below). If, as a result of that screen, a chlamydial infection was found, he/she would also be coded C4A/C4C in the 'Diagnosis and/or treatment of infection or disease' section. If, following the screen, no infections were found, the [PATIENT](#) would be coded S1 or S2 and D3.

## Diagnosis and/or treatment of infection or disease

### Line 01: Primary and Secondary Infectious syphilis: A1 & A2

- This refers to primary and secondary infectious syphilis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for A1, A2
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total Column:* Record here the total number of females diagnosed/treated for A1, A2

### Line 02: Early Latent Syphilis (first 2 years): A3

- This refers to latent syphilis in the first two years of infection.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for A3
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A3

### Line 03: Other acquired syphilis: A4, A5 & A6

- This refers to latent syphilis after the first two years of infection, cardiovascular syphilis, syphilis of the nervous system and all other latent syphilis. The [PATIENT](#) is only coded once in this category in the UK, i.e. the [PATIENT](#) is not given this code again unless after having been diagnosed as a case of late latent syphilis.

Therefore, [PATIENTS](#) attending for routine follow up of say, latent syphilis, are not recorded in this category; and if they attend another clinic elsewhere in the country, they are not to be coded as A4, A5, A6.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for A4, A5, A6
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A4, A5, A6

### Line 04: Congenital syphilis, aged under 2: A7

- *Male Total column:* Record here the total number of males diagnosed/treated for A7
- *Female Total column:* Record here the total number of females diagnosed/treated for A7

### Line 05: Congenital syphilis, aged 2 or over: A8

- *Male Total column:* Record here the total number of males diagnosed/treated for A8
- *Female Total column:* Record here the total number of females diagnosed/treated for A8

### Line 06: Epidemiological treatment of suspected syphilis: A9

- This should include **all** cases where syphilis has not been confirmed, but epidemiological treatment is prescribed because the index [PATIENT](#) (the partner) was found to be syphilis positive.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for A9
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A9

### Line 07: Uncomplicated gonorrhoea: B1, B2

- This includes all cases of uncomplicated gonorrhoea of the lower genitourinary tract, anorectum, mouth, throat and adult conjunctivitis:

Persistent/recurrent gonorrhoea:

- a) Treatment failures should not be given a new diagnosis
- b) [PATIENTS](#) who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for B1, B2

- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B1, B2

**Line 08: Gonococcal ophthalmia neonatorum: B3**

- *Male Total column:* Record here the total number of males diagnosed/treated for B3
- *Female Total column:* Record here the total number of females diagnosed/treated for B3

**Line 09: Epidemiological treatment of suspected gonorrhoea: B4**

- This should include **all** cases where gonorrhoea has not been confirmed, but where epidemiological treatment has been prescribed because the index [PATIENT](#) (the partner) was found to be infected with gonorrhoea.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for B4
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B4

**Line 10: Complicated gonococcal infection - including PID and epididymitis: B5**

- This includes **all** cases of complicated gonorrhoea e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), and systemic complications.
- Where a [PATIENT](#) has complications that are associated with both gonococcal and chlamydial infections, the patient should be included in B5 (line 10) and in C4B (line 13).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for B5
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B5

**Line 11: Chancroid/LGV/Donovanosis: C1, C2 & C3**

- Specific confirmation is advisable for each of these conditions.
- *Male Total column:* Record here the total number of males diagnosed/treated for C1, C2, C3
- *Female Total column:* Record here the total number of females diagnosed/treated for C1, C2, C3

**Line 12: Uncomplicated Chlamydial Infection: C4A & C4C**

- This includes **all** cases of uncomplicated chlamydial infections (diagnosed by culture or antigen detection) involving the lower genitourinary tract, and adult conjunctivitis.
- Persistent/recurrent Chlamydia:
  - a) Treatment failures should not be given a new diagnosis
  - b) [PATIENTS](#) who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4A, C4C
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4A, C4C

**Line 13: Complicated Chlamydial infection - including PID and epididymitis: C4B**

- This includes **all** cases of complicated chlamydial infections, e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), perihepatitis and arthritis. Diagnosis may be based on culture, antigen detection or high MIF titre.
- Where a [PATIENT](#) has complications that are associated with both gonococcal and chlamydial infections, the [PATIENT](#) should be included in B5 (line 10) and in C4B (line 13).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4B



- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4B

**Line 14: Chlamydia ophthalmia neonatorum: C4D**

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4D
- *Female Total column:* Record here the total number of females diagnosed/treated for C4D

**Line 15: Epidemiological treatment of suspected Chlamydia: C4E**

- This should include **all** cases where chlamydia has not been confirmed, but where epidemiological treatment has been prescribed because the index **PATIENT** (the partner) was found to be chlamydia positive. If a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4E
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4E

**Line 16: Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females: C4H**

- In males, this is diagnosed in the absence of gonorrhoea and laboratory confirmed chlamydia and the presence of polymorphonuclear leucocytes at >5 per high power field. Also, if a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E.

Females being treated for non-specific mucopurulent cervicitis are also to be coded C4H.

- Persistent/recurrent urethritis:
  - a) Treatment failures should not be given a new diagnosis
  - b) **PATIENTS** who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4H
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4H

**Line 17: Epidemiological treatment of NSGI: C4I**

- This diagnosis is used for either males or females; e.g. the female would be diagnosed as C4I if she tested negative for gonorrhoea and chlamydia and is treated because her partner has been diagnosed with uncomplicated or complicated non-specific infection (C4H-line 16, or C5-line 18).
- Similarly, the male partner is diagnosed as C4I if he tested negative for gonorrhoea and chlamydia, and is treated because the female partner has been diagnosed as C4H (line 16) or C5 (line 18).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4I
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4I

**Line 18: Complicated infection (non-chlamydial/non-gonococcal) - including PID and epididymitis: C5**

- This includes **all** cases of complicated non-specific infections requiring treatment and negative tests for gonorrhoea and chlamydia, e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), prostatitis and arthritis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C5
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C5

**Line 19: Trichomoniasis: C6A**

- If associated with bacterial vaginosis, then code C6A only should be used.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6A
- *Female Total column:* Record here the total number of females diagnosed/treated for C6A

**Line 20: Anaerobic/Bacterial vaginosis & Anaerobic balanitis: C6B**

- Diagnosis of bacterial vaginosis is generally based on microscopy, pH vaginal fluid and the amine test. This diagnosis is very rarely appropriate in males and used only if the [PATIENT](#) has confirmed anaerobic balanitis. Other and non-confirmed and anaerobic balanitis, should be coded as C6C. Asymptomatic [PATIENTS](#) who do not require treatment should be coded C6B.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6B
- *Female Total column:* Record here the total number of females diagnosed/treated for C6B

**Line 21: Other vaginosis/vaginitis/balanitis: C6C**

- *Male Total column:* Record here the total number of males diagnosed/treated for C6C
- *Female Total column:* Record here the total number of females diagnosed/treated for C6C

**Line 22: Anogenital candidosis: C7A**

- This is diagnosed only when there is microscopic or culture evidence of Candida infection. Asymptomatic [PATIENTS](#) who do not require treatment should not be coded C7A.
- *Male Total column:* Record here the total number of males diagnosed/treated for C7A
- *Female Total column:* Record here the total number of females diagnosed/treated for C7A

**Line 23: Epidemiological treatment of C6 & C7: C7B**

- This should include all cases where C6 and C7 have not been confirmed, but where epidemiological treatment has been prescribed.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6, C7, C7B
- *Female Total column:* Record here the total number of females diagnosed/treated for C6, C7, C7B

**Line 24: Scabies/pediculosis pubis: C8 & C9**

- This includes cases treated on either a clinical or epidemiological basis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C8 & C9
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C8 & C9

**Line 25: Anogenital herpes simplex: first attack: C10A**

- An episode should be recorded here only if the [PATIENT](#) has never (as far as can be ascertained) been previously diagnosed with anogenital herpes at any Genitourinary Medicine (GUM) clinic. Laboratory confirmation is essential.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C10A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C10A

**Line 26: Anogenital herpes simplex: recurrence: C10B**

- This should include **all** other episodes of anogenital herpes. If there has been previous confirmation, then clinical judgement is enough for this diagnosis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C10B

- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C10B

**Line 27: Anogenital warts: first attack: C11A**

- An episode should be recorded here only if the [PATIENT](#) has never (as far as can be ascertained) been previously treated for anogenital warts at any GUM clinic.
- C11A diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C11A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C11A

**Line 28: Anogenital warts: recurrence: C11B**

- This should include [PATIENTS](#) in whom warts reappeared after a wart-free interval of at least 3 months.
- C11B diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C11B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C11B

**Line 29: Anogenital warts: re-registered cases: C11C**

- This is to be used for a [PATIENT](#) previously diagnosed as C11A or C11B in whom warts persist and treatment continues for longer than three months, or which recur within 3 months of apparent eradication. This code is not to be re-entered for the same patient more than once every 3 months.
- C11C diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total column:* Record here the total number of males diagnosed/treated for C11C
- *Female Total column:* Record here the total number of females diagnosed/treated for C11C

**Line 30: Molluscum contagiosum: C12**

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C12
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C12

**Line 31: Viral hepatitis B (HbsAg positive): first diagnosis\*\*\*: C13A**

- C13 has been divided into 3 codes: C13A, C13B and C13C.
- C13A records a first diagnosis of antigen positive hepatitis B.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13A

**Line 32: \*\*number of which were acute viral hepatitis B: C13B**

- C13B is a subset of C13A, so that a [PATIENT](#) coded C13B **must** also be coded C13A.
- C13B records the number of first diagnoses of hepatitis B infections that were acute, where this is known. The definition of acute hepatitis B is newly identified HBsAg positive with anti-HBc 1gM positive (>200 iu/1) (MR) or discrete onset of

jaundice or anicteric illness accompanied by deranged LFTs (AST / ALT > 2x normal range) accompanied by HBsAg and anti-HBc IgM positive.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13B

**Line 33: Viral hepatitis B: subsequent presentation: C13C**

- All subsequent presentations of hepatitis B that require management, or known carriers of hepatitis B who present at a clinic for the first time, are to be coded as C13C. *Subsequent attendances* by carriers that are unrelated to hepatitis B management should not be coded as C13C.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13C
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13C

**Line 34: Viral hepatitis C: first diagnosis: C14**

- This code was changed from recording any other viral hepatitis to first diagnosis of hepatitis C only. The definition given in these guidelines are "Hepatitis C: anti-HCV positive or HRC RNA positive". All other hepatitis diagnoses are now coded as D2B/D3.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C14
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C14

**Line 35: Urinary tract infection: D2A**

- *Male Total column:* Record here the total number of males diagnosed/treated for D2A
- *Female Total column:* Record here the total number of females diagnosed/treated for D2A

**Line 36: Other conditions requiring treatment at GUM clinic: D2B**

- *Male Total column:* Record here the total number of males diagnosed/treated for D2B
- *Female Total column:* Record here the total number of females diagnosed/treated for D2B

**Line 37: New HIV diagnosis: asymptomatic: E1A**

- This is a new HIV diagnosis in a [PATIENT](#) without symptoms who is not known to have been diagnosed at any GUM clinic. It **includes** [PATIENTS](#) with seroconversion illness. A [PATIENT](#) can receive this code only once and it is mutually **exclusive** of E2A (line 38) and E3A1 (line 40).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E1A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E1A

**Line 38: New HIV diagnosis: symptomatic (not AIDS): E2A**

- This is a new HIV diagnosis in a [PATIENT](#) with symptoms who is not known to have been diagnosed previously at any GUM clinic. It **excludes** [PATIENTS](#) with seroconversion illness (see code E1A). A [PATIENT](#) can receive E2A only once and it is mutually **exclusive** of E1A (line 37) and E3A1 (line 40).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E2A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E2A

**Line 39: Subsequent HIV presentation (not AIDS): E1B & E2B**

- Codes E1B and E2B have merged to become E1B/E2B (all subsequent presentations by a [PATIENT](#) who has been diagnosed with HIV previously). It **includes** asymptomatic (E1B) and symptomatic (E2B) [PATIENTS](#), but **excludes** those with AIDS. The [PATIENT](#) should be given this code only once, during any quarterly period.

- *Male Total column:* Record here the total number of males diagnosed/treated for E1B, E2B

- *Female Total column:* Record here the total number of females diagnosed/treated for E1B, E2B

#### **Line 40: AIDS: first presentation - new HIV diagnosis: E3A1**

- An AIDS diagnosis is used for HIV infected [PATIENTS](#) with one or more AIDS indicator diseases. It is necessary to discriminate between first AIDS presentations, that are also the first HIV diagnosis and those for which HIV was diagnosed previously. Therefore, E3A is divided into E3A1 and E3A2 (line 41).

- E3A1 is a first presentation of AIDS, where HIV has not been diagnosed previously. The [PATIENT](#) (as far as can be ascertained) should not have been given an HIV or AIDS diagnosis at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again (E3A1 is mutually **exclusive** of E3A2).

- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3A1

- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual

- *Female Total column:* Record here the total number of females diagnosed/treated for E3A1

#### **Line 41: AIDS: first presentation - HIV diagnosed previously: E3A2**

- E3A2 is a first presentation of AIDS where HIV has been diagnosed previously. The [PATIENT](#) (as far as can be ascertained) should not have been given an AIDS diagnoses at any clinic in the United Kingdom. This [PATIENT](#) cannot be coded E1 or E2 ever again. E3A2 is mutually **exclusive** of E3A1 (line 40).

- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3A2

- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual

- *Female Total column:* Record here the total number of females diagnosed/treated for E3A2

#### **Line 42: AIDS: subsequent presentation: E3B**

- The [PATIENT](#) who has had an AIDS diagnosis at any time in the past, should be given this code only once during any quarterly period and cannot be coded E1, E2 or E3A ever again.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3B

- *Female Total column:* Record here the total number of females diagnosed/treated for E3B

#### **Line 43: Cervical cytology: minor abnormality: P4A**

- This includes inflammatory smears, warts virus infection only, borderline changes and mild dyskaryosis.

- *Female Total column:* Record here the total number of females diagnosed/treated for P4A

#### **Line 44: Cervical cytology: major abnormality: P4B**

- This includes moderate or severe dyskaryosis, or worse.

- *Female Total column:* Record here the total number of females diagnosed/treated for P4B

### **Services Provided**

#### **Line 45: Sexual health screen (no HIV antibody test): S1**

- S1 should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis, etc. It will be used to count **all** [PATIENTS](#) who are given a sexual health screen **excluding** an HIV test. This may be because the [PATIENT](#) refuses or is not offered an HIV test. However, if the [PATIENT](#) is known to be HIV antibody positive, he/she can be coded S1 and one of E1B/E2B/E3A2/E3B - lines 39, 41, 42.

- S1 is mutually exclusive of S2 (line 46) and P1A (line 47).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided: S1*

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* S1; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* S1

#### **Line 46: HIV antibody test and sexual health screen: S2**

- This code will be used to count **all PATIENTS** who are given a sexual health screen **including** an HIV test. It should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should **not** be used to record tests for recurrent candidosis/ bacterial vaginosis, etc. If the patient tests positive for HIV antibody, then they would be coded S2, E1A (line 37).

- S2 is mutually exclusive of S1 (line 45), P1A (line 47) and P1B (line 48).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* S2

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* S2; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* S2

#### **Line 47: HIV antibody test (no sexual health screen): P1A**

- This code is re-defined to mean all HIV antibody testing done, regardless of whether counselling was given in **PATIENTS** who refuse or who are **not** offered a general sexual health screen. This code is mutually exclusive of S1 (line 45), S2 (line 46) and P1B (line 48).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P1A

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P1A; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* P1A

#### **Line 48: HIV antibody test offered and refused: P1B**

- This code is redefined to mean all **PATIENTS** who are offered an HIV test, regardless of whether counselling was given, and who refuse the test. This code is mutually exclusive of S2 (line 46) and P1A (line 47).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P1B

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P1B; who are homo/bisexual

- *Female Total:* Record here the total number of females seen by the *Service Provided:* P1B

#### **Line 49: Hepatitis B vaccination (1st dose only): P2**

- Only the 1st dose of any new Hepatitis B vaccination course should be included. This would include those **PATIENTS** who have been vaccinated some time in the past, but who are now receiving the first dose of a new course of vaccination. Subsequent doses and boosters should be coded as D2B.

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P2

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P2; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* P2

#### **Line 50: Contraception (excluding condom provision): P3**

- This code will be used to record contraception (females only), including prescribing and family planning advice, and **excluding** condom provision. Condom provision should **not** be included on form KC60.

- *Female Total:* Record here the total number of females seen by the *Service Provided:* P3

#### **Line 51: Other Episodes:D3**

- D3 is used to code any new **PATIENT** episode where no treatment is given, whether or not a sexual health screen and/or an HIV test are/is performed. D3 can therefore be used to record an episode where a **PATIENT** tests negative for all tests

done, or where testing the [PATIENT](#) is not indicated and otherwise no treatment is given. This code may also be used to record any other contact with a patient for clinical purposes, but which does not result in treatment. [PATIENTS](#) who do not attend appointments should not be coded D3, unless the [PATIENT](#) has been triaged and a set of new notes has been generated. D3 can be used only once per [PATIENT](#) episode.

o *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* D3

o *Female Total:* Record here the total number of females seen by the *Service Provided:* D3

**Total Row: For all Conditions:**

o Male Total: Total for All Conditions: Record here the total initial contacts in the quarter for males, for **all** conditions

o Of which homo/bisexual: Total for All Conditions: Record here the total males from the male total, who are homo/bisexual, for initial contacts in the quarter, for **all** conditions

o Female Total: Total for All Conditions: Record here the total initial contacts in the quarter for females, for **all** conditions

**KC60 Central Return Form Guidance Text****KC60 Central Return Form Guidance Text****Contextual Overview****Contextual Overview**

- The [Department of Health](#) requires information on services provided by Genitourinary Medicine Clinics and this information is collected on the [Department of Health](#) central return form KC60.
- The KC60 statistical return provides essential public health information about Sexually Transmitted Infection (STI) diagnoses and services provided by Genitourinary Medicine Clinics. The information provides key data to help monitor important standards in the Sexual Health and HIV Strategy.
- The Minimum Data Set to support the monitoring and implementation of the Sexual Health and HIV Strategy, is currently being developed and a staged roll-out of this enhanced surveillance programme will commence during 2003; however, the dataset is not likely to be fully implemented across all GUM clinics before January 2005. The KC60 central return form collects information to allow for the interim monitoring of HIV testing standards and goals, and to allow for the collection of more precise information about individual infections and screening.
- Summary information about Genitourinary Medicine Clinic services based on the KC60 return, is published by the Communicable Disease Surveillance Centre (CDSC) each year.

**Completing the KC60 Central Return Form - Guidance****Part A - Initial contacts in the quarter - Lines: 01 - 44**

- This section of KC60 records the [Initial Contacts](#) in the quarter for the diagnosis and/or treatment of an infection or disease, during a [Genitourinary Episode](#).

[Initial Contact](#) is the first face to face [CARE CONTACT](#) occasion on which a [PATIENT](#) is seen. [Genitourinary Episode](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 18 'Genitourinary Episode'.

- A [Genitourinary Episode](#) being a period of time during which a [PATIENT](#) attends a [Consultant Clinic](#) or a [Nurse Clinic](#).  
[Consultant Clinic](#) and [Nurse Clinic](#) are both types of a [CLINIC OR FACILITY](#).
- Each [Genitourinary Episode](#) is for **one** [GENITOURINARY EPISODE TYPE](#), the type being the medical condition or reason for that [Genitourinary Episode](#).
- Collection of information on a male [PATIENTS SEXUAL ORIENTATION](#), is required information against specific conditions/episodes (within Part-A). [SEXUAL ORIENTATION](#) identifies those male [PATIENTS](#) who are homo/bisexual.

- ~~The following guidance note is from DSCN 05/2003 and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual". DSCN 05/2003. This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).~~

- The following guidance note is from [Data Set Change Notice 05/2003](#) and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual": [Data Set Change Notice 05/2003](#): This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).

- NB. If information is not available, please enter "Nil" in the appropriate boxes of the form.

**Part A - Services Provided - Lines: 45 - 51**

- The 'Services provided' section is to be used to code [PATIENTS](#) receiving services or undergoing tests. For example, if a [PATIENT](#) is offered a sexual health screen he/she would be coded S1 or S2 in the 'Services provided' section (see lines 45 and 46 below). If, as a result of that screen, a chlamydial infection was found, he/she would also be coded C4A/C4C in the 'Diagnosis and/or treatment of infection or disease' section. If, following the screen, no infections were found, the [PATIENT](#)



would be coded S1 or S2 and D3.

### **Diagnosis and/or treatment of infection or disease**

#### **Line 01: Primary and Secondary Infectious syphilis: A1 & A2**

- This refers to primary and secondary infectious syphilis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for A1, A2
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total Column:* Record here the total number of females diagnosed/treated for A1, A2

#### **Line 02: Early Latent Syphilis (first 2 years): A3**

- This refers to latent syphilis in the first two years of infection.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for A3
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A3

#### **Line 03: Other acquired syphilis: A4, A5 & A6**

- This refers to latent syphilis after the first two years of infection, cardiovascular syphilis, syphilis of the nervous system and all other latent syphilis. The [PATIENT](#) is only coded once in this category in the UK, i.e. the [PATIENT](#) is not given this code again unless after having been diagnosed as a case of late latent syphilis.

Therefore, [PATIENTS](#) attending for routine follow up of say, latent syphilis, are not recorded in this category; and if they attend another clinic elsewhere in the country, they are not to be coded as A4, A5, A6.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for A4, A5, A6
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A4, A5, A6

#### **Line 04: Congenital syphilis, aged under 2: A7**

- *Male Total column:* Record here the total number of males diagnosed/treated for A7
- *Female Total column:* Record here the total number of females diagnosed/treated for A7

#### **Line 05: Congenital syphilis, aged 2 or over: A8**

- *Male Total column:* Record here the total number of males diagnosed/treated for A8
- *Female Total column:* Record here the total number of females diagnosed/treated for A8

#### **Line 06: Epidemiological treatment of suspected syphilis: A9**

- This should include **all** cases where syphilis has not been confirmed, but epidemiological treatment is prescribed because the index [PATIENT](#) (the partner) was found to be syphilis positive.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for A9
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for A9

#### **Line 07: Uncomplicated gonorrhoea: B1, B2**

- This includes all cases of uncomplicated gonorrhoea of the lower genitourinary tract, anorectum, mouth, throat and adult conjunctivitis:

Persistent/recurrent gonorrhoea:

- a) Treatment failures should not be given a new diagnosis
- b) [PATIENT](#) who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for B1, B2
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B1, B2

**Line 08: Gonococcal ophthalmia neonatorum: B3**

- *Male Total column:* Record here the total number of males diagnosed/treated for B3
- *Female Total column:* Record here the total number of females diagnosed/treated for B3

**Line 09: Epidemiological treatment of suspected gonorrhoea: B4**

- This should include **all** cases where gonorrhoea has not been confirmed, but where epidemiological treatment has been prescribed because the index [PATIENT](#) (the partner) was found to be infected with gonorrhoea.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for B4
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B4

**Line 10: Complicated gonococcal infection - including PID and epididymitis: B5**

- This includes **all** cases of complicated gonorrhoea e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), and systemic complications.
- Where a [PATIENT](#) has complications that are associated with both gonococcal and chlamydial infections, the patient should be included in B5 (line 10) and in C4B (line 13).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for B5
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for B5

**Line 11: Chancroid/LGV/Donovanosis: C1, C2 & C3**

- Specific confirmation is advisable for each of these conditions.
- *Male Total column:* Record here the total number of males diagnosed/treated for C1, C2, C3
- *Female Total column:* Record here the total number of females diagnosed/treated for C1, C2, C3

**Line 12: Uncomplicated Chlamydial Infection: C4A & C4C**

- This includes **all** cases of uncomplicated chlamydial infections (diagnosed by culture or antigen detection) involving the lower genitourinary tract, and adult conjunctivitis.
- Persistent/recurrent Chlamydia:
  - a) Treatment failures should not be given a new diagnosis
  - b) [PATIENTS](#) who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4A, C4C
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4A, C4C

**Line 13: Complicated Chlamydial infection - including PID and epididymitis: C4B**

- This includes **all** cases of complicated chlamydial infections, e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), perihepatitis and arthritis. Diagnosis may be based on culture, antigen detection or high MIF titre.
- Where a [PATIENT](#) has complications that are associated with both gonococcal and chlamydial infections, the [PATIENT](#) should be included in B5 (line 10) and in C4B (line 13).

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4B

**Line 14: Chlamydia ophthalmia neonatorum: C4D**

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4D
- *Female Total column:* Record here the total number of females diagnosed/treated for C4D

**Line 15: Epidemiological treatment of suspected Chlamydia: C4E**

- This should include **all** cases where chlamydia has not been confirmed, but where epidemiological treatment has been prescribed because the index **PATIENT** (the partner) was found to be chlamydia positive. If a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4E
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4E

**Line 16: Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females: C4H**

- In males, this is diagnosed in the absence of gonorrhoea and laboratory confirmed chlamydia and the presence of polymorphonuclear leucocytes at >5 per high power field. Also, if a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E.

Females being treated for non-specific mucopurulent cervicitis are also to be coded C4H.

- Persistent/recurrent urethritis:
  - a) Treatment failures should not be given a new diagnosis
  - b) **PATIENTS** who are thought to be re-infected should be regarded as new cases, and be investigated, treated and diagnosed/coded accordingly
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4H
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4H

**Line 17: Epidemiological treatment of NSGI: C4I**

- This diagnosis is used for either males or females; e.g. the female would be diagnosed as C4I if she tested negative for gonorrhoea and chlamydia and is treated because her partner has been diagnosed with uncomplicated or complicated non-specific infection (C4H-line 16, or C5-line 18).
- Similarly, the male partner is diagnosed as C4I if he tested negative for gonorrhoea and chlamydia, and is treated because the female partner has been diagnosed as C4H (line 16) or C5 (line 18).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C4I
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C4I

**Line 18: Complicated infection (non-chlamydial/non-gonococcal) - including PID and epididymitis: C5**

- This includes **all** cases of complicated non-specific infections requiring treatment and negative tests for gonorrhoea and chlamydia, e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), prostatitic and arthritis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C5
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual

- *Female Total column:* Record here the total number of females diagnosed/treated for C5

**Line 19: Trichomoniasis: C6A**

- If associated with bacterial vaginosis, then code C6A only should be used.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6A
- *Female Total column:* Record here the total number of females diagnosed/treated for C6A

**Line 20: Anaerobic/Bacterial vaginosis & Anaerobic balanitis: C6B**

- Diagnosis of bacterial vaginosis is generally based on microscopy, pH vaginal fluid and the amine test. This diagnosis is very rarely appropriate in males and used only if the [PATIENT](#) has confirmed anaerobic balanitis. Other and non-confirmed and anaerobic balanitis, should be coded as C6C. Asymptomatic [PATIENTS](#) who do not require treatment should be coded C6B.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6B

- *Female Total column:* Record here the total number of females diagnosed/treated for C6B

**Line 21: Other vaginosis/vaginitis/balanitis: C6C**

- *Male Total column:* Record here the total number of males diagnosed/treated for C6C
- *Female Total column:* Record here the total number of females diagnosed/treated for C6C

**Line 22: Anogenital candidosis: C7A**

- This is diagnosed only when there is microscopic or culture evidence of Candida infection. Asymptomatic [PATIENTS](#) who do not require treatment should not be coded C7A.
- *Male Total column:* Record here the total number of males diagnosed/treated for C7A
- *Female Total column:* Record here the total number of females diagnosed/treated for C7A

**Line 23: Epidemiological treatment of C6 & C7: C7B**

- This should include all cases where C6 and C7 have not been confirmed, but where epidemiological treatment has been prescribed.
- *Male Total column:* Record here the total number of males diagnosed/treated for C6, C7, C7B
- *Female Total column:* Record here the total number of females diagnosed/treated for C6, C7, C7B

**Line 24: Scabies/pediculosis pubis: C8 & C9**

- This includes cases treated on either a clinical or epidemiological basis.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C8 & C9
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C8 & C9

**Line 25: Anogenital herpes simplex: first attack: C10A**

- An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously diagnosed with anogenital herpes at any Genitourinary Medicine (GUM) clinic. Laboratory confirmation is essential.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C10A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C10A

**Line 26: Anogenital herpes simplex: recurrence: C10B**

- This should include **all** other episodes of anogenital herpes. If there has been previous confirmation, then clinical judgement is enough for this diagnosis.

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C10B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C10B

**Line 27: Anogenital warts: first attack: C11A**

- An episode should be recorded here only if the [PATIENT](#) has never (as far as can be ascertained) been previously treated for anogenital warts at any GUM clinic.
- C11A diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C11A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C11A

**Line 28: Anogenital warts: recurrence: C11B**

- This should include [PATIENTS](#) in whom warts reappeared after a wart-free interval of at least 3 months.
- C11B diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C11B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C11B

**Line 29: Anogenital warts: re-registered cases: C11C**

- This is to be used for a [PATIENT](#) previously diagnosed as C11A or C11B in whom warts persist and treatment continues for longer than three months, or which recur within 3 months of apparent eradication. This code is not to be re-entered for the same patient more than once every 3 months.
- C11C diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
- *Male Total column:* Record here the total number of males diagnosed/treated for C11C
- *Female Total column:* Record here the total number of females diagnosed/treated for C11C

**Line 30: Molluscum contagiosum: C12**

- *Male Total\* column:* Record here the total number of males diagnosed/treated for C12
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C12

**Line 31: Viral hepatitis B (HbsAg positive): first diagnosis\*\* : C13A**

- C13 has been divided into 3 codes: C13A, C13B and C13C.
- C13A records a first diagnosis of antigen positive hepatitis B.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13A

**Line 32: \*\*number of which were acute viral hepatitis B: C13B**

- C13B is a subset of C13A, so that a [PATIENT](#) coded C13B **must** also be coded C13A.

- C13B records the number of first diagnoses of hepatitis B infections that were acute, where this is known. The definition of acute hepatitis B is newly identified HBsAg positive with anti-HBc 1gM positive (>200 iu/1) (MR) or discrete onset of jaundice or anicteric illness accompanied by deranged LFTs (AST / ALT> 2x normal range) accompanied by HBsAg and anti-HBc IgM positive.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13B
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13B

**Line 33: Viral hepatitis B: subsequent presentation: C13C**

- All subsequent presentations of hepatitis B that require management, or known carriers of hepatitis B who present at a clinic for the first time, are to be coded as C13C. *Subsequent attendances* by carriers that are unrelated to hepatitis B management should not be coded as C13C.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C13C
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C13C

**Line 34: Viral hepatitis C: first diagnosis: C14**

- This code was changed from recording any other viral hepatitis to first diagnosis of hepatitis C only. The definition given in these guidelines are "Hepatitis C: anti-HCV positive or HRC RNA positive". All other hepatitis diagnoses are now coded as D2B/D3.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for C14
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for C14

**Line 35: Urinary tract infection: D2A**

- *Male Total column:* Record here the total number of males diagnosed/treated for D2A
- *Female Total column:* Record here the total number of females diagnosed/treated for D2A

**Line 36: Other conditions requiring treatment at GUM clinic: D2B**

- *Male Total column:* Record here the total number of males diagnosed/treated for D2B
- *Female Total column:* Record here the total number of females diagnosed/treated for D2B

**Line 37: New HIV diagnosis: asymptomatic: E1A**

- This is a new HIV diagnosis in a [PATIENT](#) without symptoms who is not known to have been diagnosed at any GUM clinic. It **includes** [PATIENTS](#) with seroconversion illness. A [PATIENT](#) can receive this code only once and it is mutually **exclusive** of E2A (line 38) and E3A1 (line 40).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E1A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E1A

**Line 38: New HIV diagnosis: symptomatic (not AIDS): E2A**

- This is a new HIV diagnosis in a [PATIENT](#) with symptoms who is not known to have been diagnosed previously at any GUM clinic. It **excludes** [PATIENTS](#) with seroconversion illness (see code E1A). A [PATIENT](#) can receive E2A only once and it is mutually **exclusive** of E1A (line 37) and E3A1 (line 40).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E2A
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E2A

### **Line 39: Subsequent HIV presentation (not AIDS): E1B & E2B**

- Codes E1B and E2B have merged to become E1B/E2B (all subsequent presentations by a [PATIENT](#) who has been diagnosed with HIV previously). It **includes** asymptomatic (E1B) and symptomatic (E2B) [PATIENTS](#), but **excludes** those with AIDS. The [PATIENT](#) should be given this code only once, during any quarterly period.
- *Male Total column:* Record here the total number of males diagnosed/treated for E1B, E2B
- *Female Total column:* Record here the total number of females diagnosed/treated for E1B, E2B

### **Line 40: AIDS: first presentation - new HIV diagnosis: E3A1**

- An AIDS diagnosis is used for HIV infected [PATIENTS](#) with one or more AIDS indicator diseases. It is necessary to discriminate between first AIDS presentations, that are also the first HIV diagnosis and those for which HIV was diagnosed previously. Therefore, E3A is divided into E3A1 and E3A2 (line 41).
- E3A1 is a first presentation of AIDS, where HIV has not been diagnosed previously. The [PATIENT](#) (as far as can be ascertained) should not have been given an HIV or AIDS diagnosis at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again (E3A1 is mutually **exclusive** of E3A2).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3A1
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E3A1

### **Line 41: AIDS: first presentation - HIV diagnosed previously: E3A2**

- E3A2 is a first presentation of AIDS where HIV has been diagnosed previously. The [PATIENT](#) (as far as can be ascertained) should not have been given an AIDS diagnoses at any clinic in the United Kingdom. This [PATIENT](#) cannot be coded E1 or E2 ever again. E3A2 is mutually **exclusive** of E3A1 (line 40).
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3A2
- *\*of which homo/bisexual column:* Record here the number of males from the male total column who are homo/bisexual
- *Female Total column:* Record here the total number of females diagnosed/treated for E3A2

### **Line 42: AIDS: subsequent presentation: E3B**

- The [PATIENT](#) who has had an AIDS diagnosis at any time in the past, should be given this code only once during any quarterly period and cannot be coded E1, E2 or E3A ever again.
- *Male Total\* column:* Record here the total number of males diagnosed/treated for E3B
- *Female Total column:* Record here the total number of females diagnosed/treated for E3B

### **Line 43: Cervical cytology: minor abnormality: P4A**

- This includes inflammatory smears, warts virus infection only, borderline changes and mild dyskaryosis.
- *Female Total column:* Record here the total number of females diagnosed/treated for P4A

### **Line 44: Cervical cytology: major abnormality: P4B**

- This includes moderate or severe dyskaryosis, or worse.
- *Female Total column:* Record here the total number of females diagnosed/treated for P4B

### **Services Provided**

#### **Line 45: Sexual health screen (no HIV antibody test): S1**

- S1 should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis, etc. It will be used to count **all** [PATIENTS](#) who are given a sexual health screen **excluding** an HIV test. This may be because the [PATIENT](#) refuses or is not offered an HIV test. However, if the [PATIENT](#) is known to be HIV antibody positive, he/she can be coded S1 and one of E1B/E2B/E3A2/E3B - lines 39, 41, 42.
- S1 is mutually exclusive of S2 (line 46) and P1A (line 47).
- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* S1

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* S1; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* S1

#### **Line 46: HIV antibody test and sexual health screen: S2**

- This code will be used to count **all PATIENTS** who are given a sexual health screen **including** an HIV test. It should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should **not** be used to record tests for recurrent candidosis/ bacterial vaginosis, etc. If the patient tests positive for HIV antibody, then they would be coded S2, E1A (line 37).

- S2 is mutually exclusive of S1 (line 45), P1A (line 47) and P1B (line 48).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* S2

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* S2; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* S2

#### **Line 47: HIV antibody test (no sexual health screen): P1A**

- This code is re-defined to mean all HIV antibody testing done, regardless of whether counselling was given in **PATIENTS** who refuse or who are **not** offered a general sexual health screen. This code is mutually exclusive of S1 (line 45), S2 (line 46) and P1B (line 48).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P1A

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P1A; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* P1A

#### **Line 48: HIV antibody test offered and refused: P1B**

- This code is redefined to mean all **PATIENTS** who are offered an HIV test, regardless of whether counselling was given, and who refuse the test. This code is mutually exclusive of S2 (line 46) and P1A (line 47).

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P1B

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P1B; who are homo/bisexual

- *Female Total:* Record here the total number of females seen by the *Service Provided:* P1B

#### **Line 49: Hepatitis B vaccination (1st dose only): P2**

- Only the 1st dose of any new Hepatitis B vaccination course should be included. This would include those **PATIENTS** who have been vaccinated some time in the past, but who are now receiving the first dose of a new course of vaccination. Subsequent doses and boosters should be coded as D2B.

- *Male Total\* column:* Record here the total number of males seen by the *Service Provided:* P2

- *\*of which homo/bisexual column:* Record here the number of males seen by the *Service Provided:* P2; who are homo/bisexual

- *Female Total column:* Record here the total number of females seen by the *Service Provided:* P2

#### **Line 50: Contraception (excluding condom provision): P3**

- This code will be used to record contraception (females only), including prescribing and family planning advice, and **excluding** condom provision. Condom provision should **not** be included on form KC60.

- *Female Total:* Record here the total number of females seen by the *Service Provided:* P3

#### **Line 51: Other Episodes:D3**

- D3 is used to code any new **PATIENT** episode where no treatment is given, whether or not a sexual health screen and/or an HIV test are/is performed. D3 can therefore be used to record an episode where a **PATIENT** tests negative for all tests



done, or where testing the [PATIENT](#) is not indicated and otherwise no treatment is given. This code may also be used to record any other contact with a patient for clinical purposes, but which does not result in treatment. [PATIENTS](#) who do not attend appointments should not be coded D3, unless the [PATIENT](#) has been triaged and a set of new notes has been generated. D3 can be used only once per [PATIENT](#) episode.

o *Male Total\* column*: Record here the total number of males seen by the *Service Provided*: D3

o *Female Total*: Record here the total number of females seen by the *Service Provided*: D3

**Total Row: For all Conditions:**

o Male Total: Total for All Conditions: Record here the total initial contacts in the quarter for males, for **all** conditions

o Of which homo/bisexual: Total for All Conditions: Record here the total males from the male total, who are homo/bisexual, for initial contacts in the quarter, for **all** conditions

o Female Total: Total for All Conditions: Record here the total initial contacts in the quarter for females, for **all** conditions

**KC60 Central Return Form Guidance Text**

~~Completing the KC60 Central Return Form - Guidance~~

**Completing the KC60 Central Return Form - Guidance**

**Part B - Initial Contacts in the Quarter - By Age Range - For selected Codes and Conditions**

- Record in Part B of the KC60 Central Return form [Initial Contacts](#) in the quarter.

[Initial Contact](#) is the first face to face [CARE CONTACT](#) occasion on which a [PATIENT](#) is seen.

- An initial contact is an indication of whether a face to face contact is the first occasion on which a [PATIENT](#) is seen at a genitourinary clinic; that contact takes place during a [Genitourinary Episode](#).

A [Genitourinary Episode](#) is an [ACTIVITY GROUP](#) where the [ACTIVITY GROUP TYPE](#) is National Code 18 'Genitourinary Episode'.

- See the first page of the KC60 guidance form text: [kc60 1a](#) for the definition of [Genitourinary Episode](#).

- *NB. If information is not available, please enter "Nil" in the appropriate boxes of the form.*

**Code and Condition: A1, A2 - Primary and secondary infectious syphilis**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for A1, A2

- Total Column: Record the **total** number of Males diagnosed/treated for **all** age ranges, diagnosed/treated for code A1, A2

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for A1, A2

- Total Column: Record the **total** number of Females for **all** age ranges, diagnosed/treated for code A1, A2

**Code and Condition: B1, B2 - Uncomplicated Gonorrhoea**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for B1, B2

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code B1, B2

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for B1, B2

- Total Column: Record the **total** number of Females for **all** age ranges, diagnosed/treated for code B1, B2

**Code and Condition: B1, B2 - Uncomplicated Gonorrhoea - homosexually acquired**

- ~~The following guidance note is from DSCN 05/2003 and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual". DSCN 05/2003. This change has been introduced because "Of which were homosexually acquired" was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).~~

~~Column: Sex: Row: M - Male~~

- The following guidance note is from [Data Set Change Notice 05/2003](#) and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual": [Data Set Change Notice 05/2003](#): This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for B1, B2

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code B1, B2

Column: Sex: Row: F - Female

#### **Code and Condition: C4A, C4C - Uncomplicated Chlamydial infection**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for C4A, C4C

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code C4A, C4C

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for C4A, C4C

- Total Column: Record the **total** number of Females for **all** age ranges, diagnosed/treated for code C4A, C4C

#### **Code and Condition: C10A - Anogenital herpes simplex - first attack**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for C10A

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code C10A

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for C10A

- Total Column: Record the **total** number of Females for **all** age ranges, diagnosed/treated for code C10A

#### **Code and Condition: C11A - Anogenital warts - first attack**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males diagnosed/treated for C11A

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code C11A

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for C11A

- Record the **total** number of Females for **all** age ranges, diagnosed/treated for code C11A

#### **Code and Condition: P1A, S2 - all HIV antibody tests**

Column: Sex: Row: M - Male

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Males

diagnosed/treated for P1A, S2

- Total Column: Record the **total** number of Males for **all** age ranges, diagnosed/treated for code P1A, S2

Column: Sex: Row: F - Female

- Columns: Under 15, 15, 16-19, 20-24, 25-34, 35-44, 45-64, 65 & over: Record for each column the number of Females diagnosed/treated for P1A, S2
- Total Column: Record the **total** number of Females for **all** age ranges, diagnosed/treated for code P1A, S2

**KC60 Central Return Form Guidance Text**

**Completing the KC60 Central Return Form - Guidance**

**Completing the KC60 Central Return Form - Guidance**

**Part C - Total attendances in the quarter (first and subsequent)**

- [FIRST ATTENDANCES](#) and subsequent attendances in the quarter:
- Attendances are stratified by [PERSON GENDER](#) and male [SEXUAL ORIENTATION](#).
- [SEXUAL ORIENTATION](#) identifies where male [PATIENTS](#) are homo/bisexual and part-c requires that this information be collected.
- ~~The following guidance note is from DSCN 05/2003 and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual". DSCN 05/2003. This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).~~
- ~~The following guidance note is from Data Set Change Notice 05/2003 and explains why a change of wording was required leading to the replacement of "Of which were homosexually acquired" with "Of which were homo/bisexual": Data Set Change Notice 05/2003: This change has been introduced because 'Of which were homosexually acquired' was inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There was evidence that this field was poorly completed for these codes using the previous definition. It is recognised that the meaning of this field has been changed (as below).~~
- Information is required on the number of [FIRST ATTENDANCES](#) for each condition/episode in the quarter.
- Information is also required on the number of [FIRST ATTENDANCES](#) in the quarter, which were new [Patient Registrations](#), i.e. [PATIENTS](#) who were newly registered at the genitourinary clinic, as opposed to a new episode for a previously registered [PATIENT](#).

*NB. If information is not available, please enter "Nil" in the appropriate boxes of the form.*

[Patient Registration](#) is derived from the [REGISTRATION DATE](#) recorded for the [PATIENT CLINIC](#).

**Total attendances in the quarter - Male Total Row**

- Male Total Row: [FIRST ATTENDANCES](#) Column: Record here the total [FIRST ATTENDANCES](#) in the quarter for male [PATIENT](#)
- Male Total Row: Of which new patients Column: Record here the number of [FIRST ATTENDANCES](#) in the quarter for male [PATIENTS](#), who were **new** [Patient Registrations](#) in that quarter.
- Male Total Row: Subsequent attendances Column: Record here the number of *subsequent attendances* in the quarter for male [PATIENTS](#)

**Total attendances in the quarter - Of which homo/bisexual Row**

- The indicator for [SEXUAL ORIENTATION](#) identifies that male [PATIENT](#) are homo/bisexual.
- Of which homo/bisexual Row: [FIRST ATTENDANCES](#) Column: Record here the total [FIRST ATTENDANCES](#) in the quarter for males [PATIENTS](#), who are homo/bisexual.
- Of which homo/bisexual Row: Of which new [PATIENTS](#) Column: Record here the number of [FIRST ATTENDANCES](#) in the quarter for homo/bisexual male [PATIENTS](#), who were **new** [Patient Registrations](#) in that quarter
- Of which homo/bisexual Row: Subsequent attendances Column: Record here the number of *subsequent attendances* in the quarter for male [PATIENTS](#), who are homo/bisexual

**Total attendances in the quarter - Female Total Row**

- Female Total Row: [FIRST ATTENDANCES](#) Column: Record here the total [FIRST ATTENDANCES](#) in the quarter for female

[PATIENTS](#)

- Female Total Row: Of which new [PATIENTS](#) Column: Record here the number of [FIRST ATTENDANCES](#) in the quarter for female [PATIENTS](#), who were **new** [Patient Registrations](#) in that quarter
- Female Total Row: Subsequent attendances Column: Record here the number of *subsequent attendances* in the quarter for female [PATIENTS](#)

**Incoming telephone calls for clinical advice or results**

- [FIRST ATTENDANCES](#) Column: Include here the total number of incoming telephone calls for clinical advice or results

---

## KO41(A) 5

---

Change to Central Return Form: Changed Description

### Central Return Form Guidance

## KO41(a) - Hospital and Community Health Services Complaints

### Part 4: Total Written Complaints received during the year ending 31 March by ethnic category of patient Ethnic Category of Patients

- The number of [WRITTEN COMPLAINTS](#) where the [WRITTEN COMPLAINT TYPE](#) is National Code 02 'Hospital and Community Health Services' by [ETHNIC CATEGORY](#) of [PATIENT](#).

#### Total Number of Written Complaints Received By Ethnic Category of Patient

- Enter the total number of [WRITTEN COMPLAINTS](#) on Hospital and Community Health Services received from complainants in each [ETHNIC CATEGORY](#). This should always be the [ETHNIC CATEGORY](#) of the [PATIENT](#) and not the [PERSON](#) complaining on the [PATIENT](#)'s behalf unless there is no [PATIENT](#) involved.
- ~~If the complainant has not stated their [ETHNIC CATEGORY](#) i.e. they were asked and they declined (code 'Z') or it is not known i.e. where the complainant was not asked or the complainant was not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [DSCN 21/2004](#) and [DSCN 11/2008](#) for more information).~~
- If the complainant has not stated their [ETHNIC CATEGORY](#) i.e. they were asked and they declined (code 'Z') or it is not known i.e. where the complainant was not asked or the complainant was not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [Data Set Change Notice 21/2004](#) and [Data Set Change Notice 11/2008](#) for more information).

## Central Return Form Guidance

### KO41(a) - Hospital and Community Health Services Complaints

#### Part 5: Total Written Complaints received during the year ending 31 March by ethnic category of staff involved

##### Ethnic category of staff involved

- The number of [WRITTEN COMPLAINTS](#) where the [WRITTEN COMPLAINT TYPE](#) is National Code 02 'Hospital and Community Health Services' by [ETHNIC CATEGORY](#) of staff ([EMPLOYEE](#)) involved.

##### Total Number of Written Complaints Received By Ethnic Category of staff involved

- ~~Enter the total number of [WRITTEN COMPLAINTS](#) on HCCHS received, which were made against [EMPLOYEES](#) in each of the [ETHNIC CATEGORIES](#). This is only for complaints made against an individual as opposed to a service or administrative arrangements.~~

~~If the [ETHNIC CATEGORY](#) of staff involved is not stated i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or they not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See DSCN 21/2004 and DSCN 11/2008 for more information).~~

~~The total number of [WRITTEN COMPLAINTS](#) in part 5 will not necessarily equal the total number of [WRITTEN COMPLAINTS](#) in part 4. If the complaint is about two or more members of staff or a team, record the [ETHNIC CATEGORY](#) of each member of staff or the team.~~

- Enter the total number of [WRITTEN COMPLAINTS](#) on HCCHS received, which were made against [EMPLOYEES](#) in each of the [ETHNIC CATEGORIES](#). This is only for complaints made against an individual as opposed to a service or administrative arrangements.

If the [ETHNIC CATEGORY](#) of staff involved is not stated i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or they not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [Data Set Change Notice 21/2004](#) and [Data Set Change Notice 11/2008](#) for more information).

The total number of [WRITTEN COMPLAINTS](#) in part 5 will not necessarily equal the total number of [WRITTEN COMPLAINTS](#) in part 1. If the complaint is about two or more members of staff or a team, record the [ETHNIC CATEGORY](#) of each member of staff or the team.



---

## KO41(B) 4

---

Change to Central Return Form: Changed Description

### Central Return Form Guidance

## KO41(b) - General Practice (including Dental) Complaints

### Part 3: Total Written Complaints received during the year ending 31 March by ethnic category of patient Ethnic category of patient

- The number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services by [ETHNIC CATEGORY](#) of the [PATIENT](#).

#### Total Number of Written Complaints Received By Ethnic Category of Patient

- Enter the total number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services received from complainants in each [ETHNIC CATEGORY](#). This should always be the [ETHNIC CATEGORY](#) of the [PATIENT](#) and not the [PERSON](#) complaining on the [PATIENT](#)'s behalf.

If the complainant has not stated their [ETHNIC CATEGORY](#) i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or they were not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [DSCN 21/2004](#) and [DSCN 11/2008](#) for more information)

The total number of [WRITTEN COMPLAINTS](#) in part 3 should equal the total number of [WRITTEN COMPLAINTS](#) in part 1.

- Enter the total number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services received from complainants in each [ETHNIC CATEGORY](#). This should always be the [ETHNIC CATEGORY](#) of the [PATIENT](#) and not the [PERSON](#) complaining on the [PATIENT](#)'s behalf.

If the complainant has not stated their [ETHNIC CATEGORY](#) i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or they were not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [Data Set Change Notice 21/2004](#) and [Data Set Change Notice 11/2008](#) for more information)

The total number of [WRITTEN COMPLAINTS](#) in part 3 should equal the total number of [WRITTEN COMPLAINTS](#) in part 1.

---

## KO41(B) 5

---

Change to Central Return Form: Changed Description

### Central Return Form Guidance

## KO41(b) - General Practice (including Dental) Complaints

Part 3: Total Written Complaints received during the year ending 31 March by ethnic category of staff involved

### Ethnicity of Complainants and Staff

- The number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services by [ETHNIC CATEGORY](#) of staff involved.

### Total Number of Written Complaints Received By Ethnic Category of staff involved

- ~~Enter the total number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services received, which were made against the member of staff in each [ETHNIC CATEGORY](#). This is only for complaints made against an individual as opposed to a service or administrative arrangements.~~

~~If the [ETHNIC CATEGORY](#) of staff involved is not stated i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or the complainant was not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [DSCN 21/2004](#) and [DSCN 11/2008](#) for more information).~~

~~The total number of [WRITTEN COMPLAINTS](#) in part 4 will not necessarily equal the total number of [WRITTEN COMPLAINTS](#) in part 1. If the complaint is about a team, record the [ETHNIC CATEGORY](#) of each member of the team.~~

- Enter the total number of [WRITTEN COMPLAINTS](#) on [GP Practice](#) services received, which were made against the member of staff in each [ETHNIC CATEGORY](#). This is only for complaints made against an individual as opposed to a service or administrative arrangements.

If the [ETHNIC CATEGORY](#) of staff involved is not stated i.e. they were asked but declined (code 'Z') or it is not known i.e. they were not asked or the complainant was not in a condition to be asked (code '99'), these should both be recorded as 'Z' on the return. (See [Data Set Change Notice 21/2004](#) and [Data Set Change Notice 11/2008](#) for more information).

The total number of [WRITTEN COMPLAINTS](#) in part 4 will not necessarily equal the total number of [WRITTEN COMPLAINTS](#) in part 1. If the complaint is about a team, record the [ETHNIC CATEGORY](#) of each member of the team.

---

## ABOUT THE NHS DATA MODEL AND DICTIONARY VERSION 3

---

Change to Supporting Information: Changed Description

Following the issue of [DSCN 07/2004 'Data Standards: Meta Model'](#), the NHS Data Model and Dictionary was changed to reflect and be based upon a more generic logical data model which better supports the strategic way forward. This NHS Data Model and Dictionary was published as the NHS Data Model and Dictionary Version 3.

There was extensive quality assurance of Version 3 including involvement of the Data Definition Group. All Version 3 contents were cross mapped and checked to ensure consistency with the Version 2 contents. Version 3 superseded Version 2 on 1st May 2005.

Version 3 supports all the messages, data sets and central returns supported by Version 2 but the underlying structure was genericised. No changes were made to NHS Business Definitions.

Version 3 introduced a new Generic Model which is '[PERSON](#) based' rather than '[ORGANISATION](#) based'. The model has been developed around generic '[CARE ACTIVITY](#)' for a '[PATIENT](#)' at '[SERVICE POINT](#)' facility or '[LOCATION](#)' with each event transaction being recorded. This has involved grouping many of the old classes into generic classes like '[ACTIVITY GROUP](#)'. However, none of the detail or approved definitions or value sets in Version 2 have been lost although some of the old class definitions will now be found in the new 'NHS Business Definitions'.

[The NHS Data Dictionary Version 2](#) has been frozen and made available for archive information purposes only and has been watermarked accordingly. ~~All changes to NHS data standards and the supporting Data Set Change Notices are now consistent only with Version 3.~~ All changes to NHS data standards and the supporting [Data Set Change Notices](#) are now consistent only with Version 3.

Summary of main changes and enhancements incorporated within Version 3

- Introduction of the capability of holding Retired Items
- Introduction of NHS Business Definitions, which allow specific business areas to be defined in a more flexible manner
- New 'All Items Index' which lists all the contents held within the NHS Data Model and Dictionary
- Reduction in the number of data model diagrams making them more comprehensible
- Introduction of Domains, which are conceptual logical modelling objects which identify the logical format, length and value set attributable to one or more attribute(s)
- 'Where Used' list expanded to include a description of usage column
- Creation of a separate Meta Model area within the publication

The introduction of Version 3 had no impact on current data standards or system suppliers.

### About the Generic Model

The Generic Model supports all the messages, data sets and central returns which the model supported but the underlying structure has been genericised. This involved grouping many of the old classes into generic classes like [ACTIVITY GROUP](#). However, none of the detail was lost and most of the old class definitions can be found under 'NHS Business Definitions'. The number of diagrams has been greatly reduced and they now describe coherent areas of the model which is a far more useful approach for data modellers.

This has led to the creation of a new Generic Model which is '[PERSON](#) based' rather than '[ORGANISATION](#) based'. The model has been developed around generic '[CARE ACTIVITY](#)' for a [PATIENT](#) at '[SERVICE POINT](#) point' facility or location with each event transaction being recorded.

The model is aimed at enabling all '[CARE ACTIVITIES](#)' related to the same condition for the same [PATIENT](#) to be recorded and linked across [ORGANISATIONS](#). The different states of the same '[CARE ACTIVITY](#)' are recorded as event transactions e.g. requested, intended, scheduled, provided, cancelled, etc. These different state events also drive the scheduling and capacity planning of resources (people, equipment, facilities, etc.) to deliver the care.

Although this may seem complicated, it is necessary both to form a coherent logical model and to relate physical information such as that which flows on the Data Sets to the logical model. Every physical item should be represented logically in the NHS Data Model and Dictionary. However, the scope of the logical model is greater than the physical information it holds and therefore not all logical information has a physical existence.

The Classes, Attributes and Relationships are logical model components.

- A **Class** is something that you want to collect information about. [Classes](#) have four tabs:
  - Description: a description of the Class
  - Attributes: the Attributes which are associated with that Class
  - Relationships: the relationships associated with other Classes
  - Where Used: every item where the Class is referenced.
- An **Attribute** is the information that is going to be collected. [Attributes](#) have three tabs:
  - Description: a description of the Attribute
  - Where Used: every item where the Attribute is referenced
  - Data Elements: the Data Elements based on the Attribute

Data Elements are physical model components. They represent information on the Data Sets. Identifying how this information maps to the logical model is essential, if the information stored on the Attributes, Classes and Relationships is to be utilised with respect to the physical item.

- A **Data Element** is an instantiation of the logical Data Model. [Data Elements](#) have three tabs:
  - Description: a description of the Data Element
  - Where Used: every item where the Data Element is referenced
  - Attribute: the Attribute the Data Element is derived from

Each Attribute name, Class name or Data Element name is in uppercase, other items, such as [NHS Business Definitions](#) etc will appear in Title Case. Where the name in text also appears in a colour other than black, this indicates that it is a clickable link and if clicked on will display the description for that item.

Contact us for more information: [datastandards@nhs.net](mailto:datastandards@nhs.net).

---

## CDS ADDRESSING GRID

---

Change to Supporting Information: Changed Description

### Activity from 1st April 2005

To help determine who has access to Commissioning Data Set data once it has been stored in the [Secondary Uses Service](#), [NHS Trusts](#)

and [Primary Care Trusts](#) need to identify each of those [ORGANISATIONS](#) as a [CDS COPY RECIPIENT IDENTITY](#) taking all of the following factors into account. Information is required to:

- monitor and manage [NHS SERVICE AGREEMENTS](#);
- develop commissioning plans;
- monitor [HEALTH PROGRAMMES](#);
- underpin clinical governance;
- understand the health needs of the population.

Main commissioners need access to data to monitor [Non-Contract Activity](#) as part of the management of their [NHS SERVICE AGREEMENTS](#).

[Primary Care Trusts](#) need to monitor in-year referrals to investigate the sources and reasons for [Non-Contract Activity](#).

Independent Sector Treatment Centres are responsible for providing Admitted Patient Care and Out-Patient Attendance Commissioning Data Set and may submit it on their own behalf or via a third party.

Other Independent Sector activity for NHS [PATIENTS](#) is the responsibility of the NHS commissioning body for the provision of the appropriate central returns and data sets.

The [Department of Health](#) require a complete record of all [PATIENTS](#) admitted to or treated as out-patients by NHS hospitals and [Primary Care Trusts](#), including [PATIENTS](#) receiving private treatment. The record also includes NHS [PATIENTS](#) treated electively in the independent sector and overseas visitors.

A [PATIENT / NHS SERVICE AGREEMENT](#) entry has been specifically introduced to identify [ACTIVITY](#) commissioned by the National Specialised Commissioning Group (NSCG). The code YDD82 should be used as the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) for National Specialised Commissioning Group commissioned activity.

#### THE CDS ADDRESSING GRID - Activity from 1st April 2005

	<a href="#">CDS COPY RECIPIENT IDENTITY</a>			
	<a href="#">CDS PRIME RECIPIENT IDENTITY</a>			
<a href="#">PATIENT / NHS SERVICE AGREEMENT</a>	<a href="#">ORGANISATION CODE (PCT OF RESIDENCE)</a>	<a href="#">ORGANISATION CODE (RESPONSIBLE PCT)</a>	<a href="#">ORGANISATION CODE (CODE OF COMMISSIONER)</a>	<a href="#">ORGANISATION CODE of ORGANISATION to which costs of treatment accrue</a>
<a href="#">PATIENT</a> registered with <a href="#">General Medical Practitioner Practice</a> with <a href="#">Primary Care Trust NHS SERVICE AGREEMENT</a>	M	R		
<a href="#">PATIENT</a> not registered with a <a href="#">General Medical Practitioner Practice</a> but resident in an area covered by a <a href="#">Primary Care Trust</a> with a <a href="#">Primary Care Trust NHS SERVICE AGREEMENT</a>	M	R		
<a href="#">PATIENT</a> registered with a <a href="#">General Medical Practitioner Practice</a> treated as a <a href="#">Non-Contract Activity</a>	M	R	R	
<a href="#">PATIENT</a> not registered with a <a href="#">General Medical Practitioner Practice</a> treated as a <a href="#">Non-Contract Activity</a>	M	R	R	
Overseas visitor exempt from charges and not registered with a <a href="#">General Medical Practitioner Practice</a>	M (TDH00)		R	
Overseas visitor exempt from charges and registered with a <a href="#">General Medical Practitioner Practice</a>	M (TDH00)	R	R	
Overseas visitor liable for NHS charges and not registered with a <a href="#">General Medical Practitioner Practice</a>	M (VPP00)			
Overseas visitor liable for NHS charges and registered with a <a href="#">General Medical Practitioner Practice</a>	M (VPP00)	R		
<a href="#">PATIENT</a> registered with <a href="#">General Medical Practitioner Practice</a> with a Specialised Services and Other Commissioning Consortia Service Agreement	M	R		R
<a href="#">PATIENT</a> not registered with <a href="#">General Medical Practitioner Practice</a> with a	M	R		R

Specialised Services and Other Commissioning Consortia Service Agreement				
Private <a href="#">PATIENT</a>	<b>M</b>	<b>R</b>		
Private <a href="#">PATIENT</a>	<b>M</b>	<b>R</b>		
National Specialised Commissioning Group commissioned	<b>M</b>	<b>R</b>		<b>R</b> <b>(YDD82)</b>

**Key to population codes:**

**R** - Data required for a Commissioning Data Set data flow as part of NHS business rules to meet NHS business requirements.

**M** - Data is mandatory in the CDS-XML schema and Commissioning Data Set messages will not flow if this data is absent.

**Notes:**

a) The [CDS PRIME RECIPIENT IDENTITY](#) must be allocated on the first creation and submission of a [CDS TYPE](#) and **must not change even if the [ADDRESS](#) or [Primary Care Trust](#) of the [PATIENT](#) changes during the lifetime of the Commissioning Data Set record** otherwise duplicate Commissioning Data Set data may be lodged in the [Secondary Uses Service](#) database.

See the supporting information in [Commissioning Data Set Submission Protocol](#) for a detailed explanation.

b) Note that if two recipients are identical for example, the [ORGANISATION CODE \(PCT OF RESIDENCE\)](#) may be the same as the [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#), **only one entry for that [ORGANISATION](#) should be made for that recipient.**

c) ~~For further information please refer to [DSCN 06/2005](#), [DSCN 19/2005](#) and [DSCN 19/2006](#).~~ For further information please refer to [Data Set Change Notice 06/2005](#), [Data Set Change Notice 19/2005](#) and [Data Set Change Notice 19/2006](#).

**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 [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.

<b>CDS TYPE</b>	<b>DESCRIPTION</b>	<b>M/N FREQ</b>	<b>DIRECTIVE</b>	<b>DATA-FLOW</b>
<a href="#">GDS 010</a>	Accident And Emergency	Monthly	<a href="#">Accident And Emergency Attendances</a> were mandated to flow nationally from 1st April 2005, see <a href="#">DSCN 32/2004</a>	All <a href="#">Accident And Emergency Attendances</a> occurring during the time period being reported and defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
<a href="#">GDS 020</a>	Out-Patient	Monthly	Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the <a href="#">Secondary Uses Service</a> from 1st October 2001, see <a href="#">DSCN 05/2001</a> .  Out-Patient Attendance CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the <a href="#">PATIENT PATHWAY</a> 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 GDS from 1 April 2005, <a href="#">DSCN 32/2004</a> . 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.
<a href="#">GDS 021</a>	Future Out-Patients	As Required	From 01/01/2008, submissions to support local activities and commissioning will be	-

		for piloting	supported for piloting purposes only.	
GDS 030	Elective Admission List End of Period (Standard)	Monthly if used	<p>All Providers should endeavour to support this data flow.</p> <p>Elective Admission List End of Period Census (Standard) CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<p>All entries where at the end of the time period being reported and defined by the <a href="#">Commissioning Data Set Submission Protocol</a>, the PATIENT remains on the <a href="#">ELECTIVE ADMISSION LIST</a>.</p> <p>Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the <a href="#">ELECTIVE ADMISSION LIST</a> may be included.</p>
<b>CDS TYPE</b>	<b>DESCRIPTION</b>	<b>MIN FREQ</b>	<b>DIRECTIVE</b>	<b>DATA FLOW</b>
CDS 010	Accident And Emergency	Monthly	Accident And Emergency Attendances were mandated to flow nationally from 1st April 2005, see <a href="#">Data Set Change Notice 32/2004</a>	All Accident And Emergency Attendances occurring during the time period being reported and defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
CDS 020	Out-Patient	Monthly	<p>Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the Secondary Uses Service from 1st October 2001, see <a href="#">Data Set Change Notice 05/2001</a>.</p> <p>Out-Patient Attendance Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p> <p>NURSE and MIDWIFE attendances and Attendances for nursing care were enabled to be carried in the Out-Patient Attendance Commissioning Data Set from 1 April 2005, <a href="#">Data Set Change Notice 32/2004</a>. Other Care Professional Attendances where an appropriate Treatment Function exists may also be submitted.</p>	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	<p>All Providers should endeavour to support this data flow.</p> <p>Elective Admission List End of Period Census (Standard) Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<p>All entries where at the end of the time period being reported and defined by the <a href="#">Commissioning Data Set Submission Protocol</a>, the PATIENT remains on the <a href="#">ELECTIVE ADMISSION LIST</a>.</p> <p>Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the <a href="#">ELECTIVE ADMISSION LIST</a> may be included.</p>
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.
GDS 060	Elective Admission List Event During Period (Add)	Monthly if used	<p>Optional</p> <p>Elective Admission List Event During Period (Add) CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	May be submitted where an entry has been added to the <a href="#">ELECTIVE ADMISSION LIST</a> during the time period reported.
GDS 070	Elective Admission List Event During Period (Remove)	Monthly if used	Optional	May be submitted where an entry has been removed from the <a href="#">ELECTIVE ADMISSION LIST</a> during the time period reported.

			<p>Elective Admission List – Event During Period (Remove) CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	
CDS 060	Elective Admission List Event During Period (Add)	Monthly if used	<p>Optional</p> <p>Elective Admission List Event During Period (Add) Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	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	<p>Optional</p> <p>Elective Admission List Event During Period (Remove) Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	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	<p>Optional</p> <p>Elective Admission List Event During Period (Offer) CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	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 <a href="#">Non-Contract Activity</a> .	All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
<del>CDS 130</del>	<del>Finished General Episode</del>	<del>Monthly</del>	<p><del>All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes <a href="#">Non-Contract Activity</a>.</del></p> <p>Finished General Episode CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	<del>All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.</del>
CDS 130	Finished General Episode	Monthly	<p>All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes <a href="#">Non-Contract Activity</a>.</p> <p>Finished General Episode Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</p>	All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.

CDS 140	Finished Delivery Episode	Monthly	All finished Admitted Patient Care data must be submitted <b>at least monthly</b> (EL - Dec 1995). This includes <a href="#">Non-Contract Activity</a> .	All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
CDS 150	Other Birth	Monthly	This includes Home Birth.	All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
CDS 160	Other Delivery	Monthly	This includes Home Delivery.	All Episodes that have finished relevant to the time period defined by the <a href="#">Commissioning Data Set Submission Protocol</a> being used.
CDS 170	The Detained and/or Long Term Psychiatric Census	Annually	Required by <a href="#">The NHS Information Centre for health and social care</a> .  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 <a href="#">Commissioning Data Set Submission Protocol</a> being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by <a href="#">The NHS Information Centre for health and social care</a> .  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 <a href="#">Secondary Uses Service</a> in either Finished or Unfinished Commissioning Data Set data, must be submitted to the <a href="#">Secondary Uses Service</a> .
<del>CDS 190</del>	<del>Unfinished General Episode</del>	<del>Annually</del>	<del>The Annual Census / Unfinished Census. Required by <a href="#">The NHS Information Centre for health and social care</a>.  May optionally be sent more regularly, usually monthly.  Unfinished General Episode CDS records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> must include the PATIENT PATHWAY data group items, from 1st October 2009.</del>	<del>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 <a href="#">Secondary Uses Service</a> in either Finished or Unfinished Commissioning Data Set data, must be submitted to the <a href="#">Secondary Uses Service</a>.</del>
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by <a href="#">The NHS Information Centre for health and social care</a> .  May optionally be sent more regularly, usually monthly.  Unfinished General Episode Commissioning Data Set records where the activity relates to a <a href="#">Referral To Treatment Period Included In 18 Weeks Target</a> 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 <a href="#">Secondary Uses Service</a> in either Finished or Unfinished Commissioning Data Set data, must be submitted to the <a href="#">Secondary Uses Service</a> .
CDS 200	Unfinished Delivery Episode	Annually	The Annual Census / Unfinished Census. Required by <a href="#">The NHS Information Centre for health and social care</a> .  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 <a href="#">Secondary Uses Service</a> in either Finished or Unfinished Commissioning Data Set data, must be submitted to the <a href="#">Secondary Uses Service</a> .

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

## CDS-XML MESSAGE SCHEMA DOCUMENTATION

Change to Supporting Information: Changed Description

The use of XML has been mandated by the [e-Government Interoperability Framework \(e-GIF\)](#) programme as the standard to be used for messaging by government organisations and accordingly this has been adopted by the NHS.

For the most part, the schema applies the data specifications as authorised by the NHS and documented in the NHS Data Model and Dictionary.



## The Issued Documentation

NHS Data Standards maintain and issue the following schema documentation:

- **The Schema Files** (generated using ALTOVA XMLSPY ©)  
The Schema files consist of a series of interpretable XML/HTML statements which define the data structures and content rules for the use of the message. User systems use the schema to either populate or interpret a 'schema instance' that is the resultant XML formatted message file which carries the data.

The schema therefore represents the 'design' of the message and it may be necessary therefore to interpret and understand the information inherent in the schema file code.

- **The Schema Documentation** (generated using ALTOVA XMLSPY ©)  
These files are generated using XMLSPY software and may be read in any browser, e.g. MS Explorer©. The files consist of a 'root' entry HTML formatted file and a (usually) large number of supporting .png graphic files used by the root HTML.

This documentation enables useful "drill down" functions for investigating structures and data items, but these features are not as powerful as when using a full schema editor (see below).

Most browsers will support printing and thus the schema details can be printed as required but users are warned that browser based prints often generate a large number of pages.

The CDS-XML schema generates approximately 450+ pages of details, printing is therefore not advised.

- ~~**The Schema Release Note**  
This is a text based MS WORD document identifying the changes applied to the schema release.  
References to Data Set Change Notices and other technical change requirements are detailed.~~
- **The Schema Release Note**  
This is a text based MS WORD document identifying the changes applied to the schema release.  
References to [Information Standards Notices](#) and other technical change requirements are detailed.

## Reading Schema

Whilst schema can be read as HTML in most browsers, it may be difficult to fully interpret the schema unless the reader has a detailed understanding of HTML.

It is recommended that schema are read using an XML interpreter (such as ALTOVA XMLSPY ©), many of these are freely available on the internet.

Schema technicians may prefer to use such software to examine schema more deeply as the interactive facilities provided are generally more powerful than browsing the XML/HTML supplied schema code.

---

## CDS-XML MESSAGE SCHEMA OVERVIEW

---

Change to Supporting Information: Changed Description

The use of XML has been mandated by the [e-Government Interoperability Framework \(e-GIF\)](#) programme as the standard to be used for messaging by government organisations and has accordingly been adopted by the NHS.

For the submission of Commissioning Data Set data to the [Secondary Uses Service](#), XML based messaging has been developed replacing all previously published Commissioning Data Set Message formats.

The CDS-XML Message Schema is supported and applied in the [Secondary Uses Service](#) front-end software service (the XML Transfer Service - XTS) to enforce a nationally agreed data specification and thus help protect the data quality and integrity of the data submitted to and stored within the [Secondary Uses Service](#).

It should be noted that after accepting the schema instance data, the [Secondary Uses Service](#) then applies further logical data validations and may identify and report further data conditions.

For the most part, the schema applies the data specifications as authorised by the NHS and documented in the NHS Data Model and Dictionary. However, as the NHS Data Model and Dictionary is updated on a continuous time basis and schemas are usually less dynamic and by nature updated on a longer time cycle, there may be subtle differences in the data specifications applied in the schema.

This variation often applies where a schema may contain historic data element values and the NHS Data Model and Dictionary may have been updated with a revised set of values since the schema was last released.

Another variation is where a schema deliberately retains historic values as well as supporting the new values in order to enable NHS users to be able to process historic data.

## Schema Standards

The overall standards applied and supported by the schema are:

- W3C schema standards
- [e-Government Interoperability Framework \(e-GIF\)](#)
- e-GOV Best Practice guidelines for XML Schema
- The NHS Data Model and Dictionary

## Schema Naming Conventions

These are in **CamelCase** as accepted best practice. Wherever possible, schema data item names are compliant (or intuitively identifiable) with the NHS Data Model and Dictionary naming conventions.

## Schema Documentation

Schema documentation usually consists of several related publications:

- ~~Data Set Change Notices (DSCNs) issued for NHS business, process and definition changes; these will usually include the Data Sets, Data Element definitions etc.~~
- ~~Data Set Change Notices (DSCNs) issued to authorise the CDS-XML Schema itself~~
- [Information Standards Notices \(ISN\)](#) issued for NHS business, process and definition changes; these will usually include the Data Sets, Data Element definitions etc.
- [Information Standards Notices](#) issued to authorise the CDS-XML Schema itself
- The CDS-XML Schema Release Notice which provides a technical overview of the release (in MS WORD)
- The XMLSPY© generated Schema Documentation which is a large collection of HTML files.

## Schema Components: Schema Root

The schema root is the control section of the schema and is the only entry point and uses the "XML Include" technique to call all schema sub components:

- The Standard Data Elements
- The Standard Data Structures
- All sub-component schemas for [CDS TYPES](#) including the Commissioning Data Set Headers and Trailers

---

## CENTRAL RETURN FORMS INTRODUCTION

---

Change to Supporting Information: Changed Description

The [Department of Health](#) uses the information gathered from Central Returns to monitor service provision at a high level and to support trend analysis for health service activity and health needs assessment. In addition, the returns support the monitoring of progress in the achievement of overall objectives for the NHS and contribute towards the development of policy and the process of funding allocation.

Each Central Return contained within this publication has an image of the Central Return form itself and provides guidance on its content and completion. The guidance also describes how data items held in the NHS Data Model and Dictionary are used to derive the information required for Central Returns. Physical definitions of data items, such as the code values, are included.

## Important Notes

- ~~1. Some of the Central Return Forms covered in this publication are under review. Changes arising from these reviews are not covered in this publication as they were not available in time for publishing. Users should therefore use this publication in conjunction with relevant change notifications as they are published. These were issued as [Data Set Change Notices \(DSCNs\)](#) at time of writing, but the [Information Standards Board for Health and Social Care](#) may use a different notification system.~~
2. [Some of the Central Return Forms covered in this publication are under review. Changes arising from these reviews are not covered in this publication as they were not available in time for publishing. Users should therefore use this publication in conjunction with relevant change notifications as they are published. These were issued as \[Data Set Change Notices \\(DSCNs\\)\]\(#\) at time of writing, but the \[Information Standards Board for Health and Social Care\]\(#\) may use a different notification system.](#)
3. Not all mandated Central Return Forms are contained within this publication. For those returns not yet covered, please consult the Notes for Completion provided with the form for detailed information requirements.

---

## INDEX

---

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**.



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 [Information Standards Notices \(ISNs\)](#).

[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**.



**Related Links**  
[Frequently Asked Questions](#)  
[Useful Links](#)  
[Department of Health website](#)  
[The NHS Information Centre for health and social care website](#)  
[Information Catalogue](#)  
[Secondary Uses Service website](#)

---

## INFORMATION STANDARDS NOTICE

---

Change to Supporting Information: New Supporting Information

An [Information Standards Notice \(ISN\)](#) is notice of an [Information Standard](#) approved by the [Information Standards Board for Health and Social Care \(ISB\)](#).

An [Information Standards Notice](#) was previously known as a [Data Set Change Notice \(DSCN\)](#).

When a health and social care [ORGANISATION](#) in England receives an [Information Standards Notice](#), they ensure that they and their contractors comply with the standard in a reasonable time (such time defined within the [Information Standards Notice](#)).

*From 01 April 2010 the [Information Standards Board for Health and Social Care](#) will issue [Information Standards Notices](#). Each one will note that "[Information Standards Notice \(ISNs\)](#) were previously known as [Data Set Change Notices \(DSCNs\)](#)".*

*From 01 April 2011 the [Information Standards Board for Health and Social Care](#) will no longer make reference to the term [Data Set Change Notice](#) for new notifications.*

[Information Standards Notices](#) can be found on the [Information Standards Board for Health and Social Care](#) website at

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

This supporting information is also known by these names:

Context	Alias
formerly	Data Set Change Notice
shortname	ISN
plural	Information Standards Notices

## MENTAL HEALTH MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The [Mental Health Minimum Data Set](#) was introduced by DSCN20/19/P13 in April 2000 in response to the lack of national clinical data collection in the mental health arena, in line with the information requirements of the emerging National Service Framework for Mental Health. The [Mental Health Minimum Data Set](#) was introduced by Data Set Change Notice 20/19/P13 in April 2000 in response to the lack of national clinical data collection in the mental health arena, in line with the information requirements of the emerging National Service Framework for Mental Health.

~~Since April 2003 (DSCN 49/2002) it has been a mandatory requirement that all Providers of specialist adult, including elderly, mental health services submit central [Mental Health Minimum Data Set](#) returns on a quarterly basis, with an additional annual submission.~~ Since April 2003 (Data Set Change Notice 49/2002) it has been a mandatory requirement that all Providers of specialist adult, including elderly, mental health services submit central [Mental Health Minimum Data Set](#) returns on a quarterly basis, with an additional annual submission.

The [Mental Health Minimum Data Set](#) facilitates the collection of person-focussed clinical data and the sharing of such data to underpin the delivery of mental health care. It is structured around the clinical process and includes an outcome assessment ([Health of the Nation Outcome Scale \(Working Age Adults\)](#), or [HoNOS \(Working Age Adults\)](#)). It records the key role played by partner agencies, particularly social services.

The [Mental Health Minimum Data Set](#) describes [Mental Health Care Spells](#). These comprise all interventions made for a [PATIENT](#) by a specialist [Mental Health Care Team](#) from initial [REFERRAL REQUEST](#) to final discharge. For some individuals the [Mental Health Care Spell](#) will comprise a short [Consultant Out-Patient Episode](#); for others it may extend over many years and include hospital, community, out-patient and day care episodes.

Information is collected relating to various stages in the journey of the [PATIENT](#), including activity such as [Hospital Provider Spells](#), [Consultant Out-Patient Episodes](#), community care, and NHS day care episodes; mental health reviews and assessments including Care Programme Approach (CPA) and [Health of the Nation Outcome Scale \(Working Age Adults\)](#) contacts with mental health professionals such as care co-ordinators, psychiatric [NURSES](#) and [CONSULTANTS](#); and also any diagnosis and treatment.

The prime purpose of the [Mental Health Minimum Data Set](#) is to provide local clinicians and managers with better quality information for clinical audit, and service planning and management.

Central collection provides improved national information, facilitating feedback to Trusts, and the setting of benchmarks. It will also allow the delivery of the National Service Framework for Mental Health priorities to be monitored.

The [Mental Health Minimum Data Set](#) data is collected from [NHS Trusts](#) and submitted via the "Mental Health Minimum Data Set Assembler" to the [Secondary Uses Service](#) for storage, analysis and reporting by a variety of stakeholders including the [Department of Health](#), [Care Quality Commission](#), and [The NHS Information Centre for health and social care](#).

The [Mental Health Minimum Data Set](#) is transmitted to the [Secondary Uses Service](#) using [Mental Health Minimum Data Set Message Schema Versions](#)

Please note that the collection of the [Mental Health Minimum Data Set](#) does not replace any other collection of mental health data such as the Admitted Patient Care Commissioning Data Set Type Detained and/or Long Term Psychiatric Census, which should continue to be collected.

For further information on the [Mental Health Minimum Data Set](#), please view the following [The NHS Information Centre for health and social care](#) website:

<http://www.ic.nhs.uk/services/mental-health/mental-health-minimum-dataset-mhmds>

### Mental Health Minimum Data Set Version History

Version	Date Issued	Summary of Changes	DSCN	DSCN / ISN	Implementation Date
---------	-------------	--------------------	------	------------	---------------------

1.0	November 1999	Introduction of Mental Health Minimum Data Set	DSCN 20/99/P13	April 2000
1.1	June 2002	Data Standards – Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 27/2002	April 2003
1.2	September 2002	Data Standards – Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 29/2002	April 2003
1.3	October 2002	Data Standards – Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 48/2002	April 2003
2.0	October 2002	Mental Health Minimum Data Set – Mandatory Central returns. This version of the data set incorporates changes defined in DSCN 27/2002, 29/2002 and 48/2002.	DSCN 49/2002	April 2003
2.1	November 2007	Introduction of Mental Health Minimum Data Set Version 2.1	DSCN 37/2007	November 2007
3.0	February 2008	Introduction of Mental Health Minimum Data Set Version 3.0 – incorporating changes required for Mental Health Act 2007 and Public Service Agreement Delivery Agreement 16 (Social Exclusion)	DSCN 06/2008	April 2008
1.0	November 1999	Introduction of Mental Health Minimum Data Set	DSCN 20/99/P13	April 2000
1.1	June 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 27/2002	April 2003
1.2	September 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 29/2002	April 2003
1.3	October 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 48/2002	April 2003
2.0	October 2002	Mental Health Minimum Data Set - Mandatory Central returns. This version of the data set incorporates changes defined in Data Set Change Notice 27/2002, 29/2002 and 48/2002.	DSCN 49/2002	April 2003
2.1	November 2007	Introduction of Mental Health Minimum Data Set Version 2.1	DSCN 37/2007	November 2007
3.0	February 2008	Introduction of Mental Health Minimum Data Set Version 3.0 - incorporating changes required for Mental Health Act 2007 and Public Service Agreement Delivery Agreement 16 (Social Exclusion)	DSCN 06/2008	April 2008

## NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

### Introduction

The Cancer Reform Strategy (CRS) introduced new and changed commitments in terms of service standards for cancer [PATIENTS](#) that must be met. The enhanced service standards are phased into operation over a period of time, as specified below:

- A maximum two month wait from referral from a cancer [Screening Programme](#) to first treatment for all cancers (from December 2008)
- A maximum two month wait from a [CONSULTANTS](#) decision to upgrade the urgency of a [PATIENT](#) they suspect to have cancer to first treatment for all cancers (from December 2008)
- A maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer where an anti-cancer drug regimen or surgery is the chosen [CANCER TREATMENT MODALITY](#) (from December 2008)
- A maximum two week wait from referral for general breast symptoms (where cancer is not initially suspected) to [DATE FIRST SEEN](#) (from December 2009)
- A maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer where radiotherapy is the chosen [CANCER TREATMENT MODALITY](#) (from December 2010)
- A maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer for all other [CANCER TREATMENT MODALITIES](#) (from December 2010)

DSCN 20/2008 expands upon and supersedes DSCN 22/2002, which introduced a central electronic collection of [PATIENT](#) level information to monitor waiting times in line with standards in the NHS Cancer Plan (2000). DSCN 20/2008 expands the scope of the data collection to support the new standards introduced by the Cancer Reform Strategy (2007), whilst maintaining the monitoring of the previous standards. Data Set Change Notice 20/2008 expands upon and supersedes Data Set Change Notice 22/2002, which introduced a central electronic collection of [PATIENT](#) level information to monitor waiting times in line with standards in the NHS Cancer Plan (2000). Data Set Change Notice 20/2008 expands the scope of the data collection to support the new standards introduced by the Cancer Reform Strategy (2007), whilst maintaining the monitoring of the previous standards.

## Reporting

### The Cancer Waiting Times Database

The existing Cancer Waiting Times Database (developed and maintained by NHS Connecting for Health) has been upgraded to support the collection of data outlined in DSCN 20/2008, and provides enhanced detailed reporting and data quality tools for the expanded data set. The existing Cancer Waiting Times Database (developed and maintained by NHS Connecting for Health) has been upgraded to support the collection of data outlined in Data Set Change Notice 20/2008, and provides enhanced detailed reporting and data quality tools for the expanded data set.

### Patient level information

The Trust first seeing a PATIENT in a particular month or quarter is responsible for ensuring that the mandated data fields, up to Date First Seen, are complete on the database by the national deadline. The Trust first treating or giving subsequent treatment to a PATIENT in a particular month or quarter is responsible for ensuring that the mandated data fields on that PATIENT are complete on the database by the national deadline.

### How the data set is transmitted

Information can be entered either manually through the Cancer Waiting Times Record screen or via the upload function. The specification for the upload file is detailed in the 'National Cancer Waiting Times User Manual' available at [Cancer Waiting Times - Useful Documentation and Links](#)

### Security and Confidentiality

Security and confidentiality information to accompany the collection of this information is available at [Cancer Waiting Times - Useful Documentation and Links](#)

### Further guidance

Further guidance has been produced by the [Department of Health](#) and is available at [Cancer Waiting Times - Useful Documentation and Links](#)

---

## NHS DATA MODEL AND DICTIONARY ITEMS

---

Change to Supporting Information: Changed Description

The NHS Data Dictionary and the NHS Data Manual were originally published separately. The elements of both these publications have been consolidated into one browsable integrated publication called the NHS Data Model and Dictionary.

### NHS Data Standards

The NHS Data Model and Dictionary gives common definitions and guidance to support the sharing, exchange and comparison of information across the NHS. The common definitions, known as data standards, are used in commissioning and make up the base currency of Commissioning Data Sets. On the monitoring side, they support comparative data analysis, preparation of performance tables, and data returned to the [Department of Health](#). NHS data standards also support clinical messages, such as those used for pathology and radiology. NHS data standards are presented as a logical data model, ensuring that the standards are consistent and integrated across all NHS business areas.

NHS data standards should not just be seen as supporting the collection of data on a consistent basis throughout the NHS. They also have an important role in supporting the flow and quality of information used in different parts of the NHS so that health care professionals are presented with the relevant information where and when it is required. ~~An example of this is the linking of all records about a PATIENT collected in different parts of the NHS, to be available to a health care professional wherever the PATIENT attends to be seen for treatment, thus facilitating the Electronic Patient Record.~~ Changes to NHS Data Standards are published as Data Set Change Notices by the [Information Standards Board for Health and Social Care](#). ~~An example of this is the linking of all records about a PATIENT collected in different parts of the NHS, to be available to a health CARE PROFESSIONAL wherever the PATIENT attends to be seen for treatment, thus facilitating the Electronic Patient Record.~~

Changes to NHS Data Standards are published as [Information Standards Notices](#) by the [Information Standards Board for Health and Social Care](#).

### The NHS Data Model and Dictionary Items

Classes	Each Class contains its nationally agreed definition, the Attributes associated with that Class and the relationships it has with other Classes.
---------	--------------------------------------------------------------------------------------------------------------------------------------------------

	<a href="#">Classes Introduction</a>
<b>Attributes</b>	Each Attribute contains its nationally agreed definition and may also include its National Codes or classifications and a clickable 'Data Element' tab if a Data Element is based on the Attribute. <a href="#">Attributes Introduction</a>
<b>Data Elements</b>	Data Elements may be supported by an Attribute definition i.e. the Data Element has the same name as an Attribute; be a derived item which is derivable from Attributes; or only exist as a Data Element. <a href="#">Data Elements Introduction</a>
<b>NHS Business Definitions</b>	Each NHS Business Definition consists of freestanding text which describes an aspect of NHS activity and provides an outline of the business rules which should be applied to the activity. <a href="#">NHS Business Definitions Introduction</a>
<b>Commissioning Data Sets</b>	The Commissioning Data Set is the basic structure used for the submission of commissioning data to the <a href="#">Secondary Uses Service</a> . <a href="#">Commissioning Data Set Overview</a>
<b>Central Return Data Sets</b>	The development of Central Return Data Sets supports: information requirements of national and local performance management, planning and clinical governance; assurance of the quality of health and social care services and the monitoring of National Service Frameworks (NSFs). <a href="#">Central Return Data Sets Introduction</a>
<b>Central Return Forms</b>	The <a href="#">Department of Health</a> uses the information gathered from Central Returns to monitor service provision at a high level and to support trend analysis for health service activity and health needs assessment. <a href="#">Central Return Forms Introduction</a>
<b>Diagrams</b>	The NHS Data Model and Dictionary has a small set of diagrams which represent parts of the NHS Data Model. The diagrams show the relationships between the classes and the relationship cardinality. <a href="#">Diagrams Introduction</a>
<b>Supporting Information</b>	Supporting Information provides information to help users understand the NHS Data Model and Dictionary. <a href="#">Supporting Information Introduction</a>

## REFERRAL TO TREATMENT CLOCK STOP ADMINISTRATIVE EVENT

Change to Supporting Information: Changed Description

~~DSCN 18/2006 published in December 2006, defined essential new data items required to support the measurement of 18 week REFERRAL TO TREATMENT PERIODS (monitoring of DH PSA target 13 - "By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment"). In particular, the DSCN 18/2006 introduced the following new data items:~~  
[Data Set Change Notice 18/2006 published in December 2006, defined essential new data items required to support the measurement of 18 week REFERRAL TO TREATMENT PERIODS \(monitoring of DH PSA target 13 - "By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment"\). In particular, the Data Set Change Notice 18/2006 introduced the following new data items.](#)

- [PATIENT PATHWAY IDENTIFIER](#)
- [REFERRAL TO TREATMENT PERIOD START DATE](#)
- [REFERRAL TO TREATMENT PERIOD END DATE](#)
- [REFERRAL TO TREATMENT STATUS](#)

Strategic reporting of 18 weeks will be undertaken by the [Secondary Uses Service](#) using data obtained via the Commissioning Data Sets .  
~~The new data items defined in DSCN 18/2006 are enabled to flow in Commissioning Data Set version 6-0, 6-1, and will continue to flow in subsequent versions.~~  
[The new data items defined in Data Set Change Notice 18/2006 are enabled to flow in Commissioning Data Set version 6-0, 6-1, and will continue to flow in subsequent versions.](#)

However, an event which results in an update to the [REFERRAL TO TREATMENT PERIOD STATUS](#) may occur outside the events that are defined in the Commissioning Data Sets (typically Outpatient or Inpatient encounters) and will therefore not flow to the [Secondary Uses Service](#). These types of events have been termed as "administrative events". They can be defined as any communication event between the [Health Care Provider](#) and the [PATIENT](#) that occurs outside of an outpatient attendance or inpatient admission and that results in the [PATIENT](#)'s [REFERRAL TO TREATMENT PERIOD STATUS](#) being changed to stop the 18 week clock. These events are not face to face consultations and do not necessarily involve clinical staff.

These [Referral To Treatment Clock Stop Administrative Events](#) may be carried using the Commissioning Data Set Type 020 Outpatient record type. They are differentiated from [PATIENT](#) contact [ACTIVITY](#) by the [FIRST ATTENDANCE](#) value carried within them. [FIRST ATTENDANCE](#) national code 5 "Referral to treatment clock stop administrative event" signifies that an [ACTIVITY](#) has taken place which has ended the [REFERRAL TO TREATMENT PERIOD](#) and changed the [REFERRAL TO TREATMENT PERIOD STATUS](#) to one of the following:

30 Start of [First Definitive Treatment](#)

31 Start of [Active Monitoring](#) initiated by the [PATIENT](#)

32 Start of [Active Monitoring](#) initiated by the [CARE PROFESSIONAL](#)

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

#### **When to Use** [Referral To Treatment Clock Stop Administrative Events](#)

These events may happen because:

- The [ACTIVITY](#) ending the event does not qualify as a "patient contact" between a clinician and [PATIENT](#), or
- The [ACTIVITY](#) occurred in a setting where IT systems cannot produce [REFERRAL TO TREATMENT PERIOD](#) data items, or
- The [ACTIVITY](#) would be carried in a Commissioning Data Set record type not currently processed by the [Secondary Uses Service](#)

#### Secondary Uses Service Processing

The [Secondary Uses Service](#) currently processes the following Commissioning Data Set record types in order to build Referral To Treatment pathways.

- [CDS V6 TYPE 020 - OUTPATIENT CDS](#)
- [CDS V6 TYPE 130 - ADMITTED PATIENT CARE - FINISHED GENERAL EPISODE CDS](#)
- [CDS V6 TYPE 190 - ADMITTED PATIENT CARE - UNFINISHED GENERAL EPISODE CDS](#)

**All other types are not currently processed** and so if they carry the [REFERRAL TO TREATMENT PERIOD END DATE](#) for a [REFERRAL TO TREATMENT PERIOD](#), a [Referral To Treatment Clock Stop Administrative Event](#) must also be sent in order to inform the [Secondary Uses Service](#) of the clock stop.

Note that future versions of the [Secondary Uses Service](#) will also process:

- [CDS V6 TYPE 030 - EAL - END OF PERIOD CENSUS STANDARD CDS](#)
- [CDS V6 TYPE 060 - EAL - EVENT DURING PERIOD - ADD CDS](#)
- [CDS V6 TYPE 070 - EAL - EVENT DURING PERIOD - REMOVE CDS](#)
- [CDS V6 TYPE 080 - EAL - EVENT DURING PERIOD - OFFER CDS](#)

The dates when [ORGANISATIONS](#) submitting [REFERRAL TO TREATMENT PERIOD](#) data to the [Secondary Uses Service](#) can cease having to also send a [Referral To Treatment Clock Stop Administrative Event](#) when a clock stop is carried in one of the Elective Admission List Commissioning Data Set Types, will be notified as part of the [Secondary Uses Service](#) release documentation. It is also anticipated that [CDS V6 TYPE 021 - FUTURE OUTPATIENT CDS](#) will be processed once piloting is complete and its use is approved by the [Information Standards Board for Health and Social Care](#). A cancelled future [Appointment](#) record could carry a [REFERRAL TO TREATMENT PERIOD](#) Clock Stop. Again the timescales will be notified as part of the [Secondary Uses Service](#) release documentation.

There are no current plans for the [Secondary Uses Service](#) to process the remaining Commissioning Data Set Types:

- [CDS V6 TYPE 010 - ACCIDENT AND EMERGENCY CDS](#)
- [CDS V6 TYPE 040 - EAL - END OF PERIOD CENSUS OLD CDS](#)
- [CDS V6 TYPE 050 - EAL - END OF PERIOD CENSUS NEW CDS](#)
- [CDS V6 TYPE 090 - EAL - EVENT DURING PERIOD - AVAILABLE / UNAVAILABLE CDS](#)
- [CDS V6 TYPE 100 - EAL - EVENT DURING PERIOD - OLD SERVICE AGREEMENT CDS](#)
- [CDS V6 TYPE 110 - EAL - EVENT DURING PERIOD - NEW SERVICE AGREEMENT CDS](#)
- [CDS V6 TYPE 120 - ADMITTED PATIENT CARE - FINISHED BIRTH EPISODE CDS](#)
- [CDS V6 TYPE 140 - ADMITTED PATIENT CARE - FINISHED DELIVERY EPISODE CDS](#)
- [CDS V6 TYPE 150 - ADMITTED PATIENT CARE - OTHER BIRTH EVENT CDS](#)
- [CDS V6 TYPE 160 - ADMITTED PATIENT CARE - OTHER DELIVERY EVENT CDS](#)
- [CDS V6 TYPE 170 - ADMITTED PATIENT CARE - DETAINED AND/OR LONG TERM PSYCHIATRIC CENSUS CDS](#)
- [CDS V6 TYPE 180 - ADMITTED PATIENT CARE - UNFINISHED BIRTH EPISODE CDS](#)
- [CDS V6 TYPE 200 - ADMITTED PATIENT CARE - UNFINISHED DELIVERY EPISODE CDS](#)

This is the because a [Referral To Treatment Clock Stop Administrative Event](#) occurring in the scenarios where these record types are generated, would be rare. However this will be reviewed as part of the ongoing maintenance of the [Referral To Treatment Clock Stop Administrative Event](#), and the requirements for the [Secondary Uses Service](#).

#### **When NOT to Use a** [Referral To Treatment Clock Stop Administrative Event](#)

The [Referral To Treatment Clock Stop Administrative Event](#) should NOT be used to correct previously submitted records where a [REFERRAL TO TREATMENT PERIOD END DATE](#) was submitted incorrectly to the [Secondary Uses Service](#).

For example, if an [Out-Patient Appointment](#) took place where [First Definitive Treatment](#) was started, but the [REFERRAL TO TREATMENT PERIOD END DATE](#) was not sent in the corresponding [CDS V6 TYPE 020 - OUTPATIENT CDS](#) record as it was not entered on the Patient Administration System until later; then the [CDS V6 TYPE 020 - OUTPATIENT CDS](#) record should be resubmitted with the correct data. A [Referral To Treatment Clock Stop Administrative Event](#) should NOT be used.

Where an [ORGANISATION's](#) Patient Administration System supports the submission of cancelled and Did Not Attend appointments in the [CDS V6 TYPE 020 - OUTPATIENT CDS](#), the [Referral To Treatment Clock Stop Administrative Event](#) should NOT be used when a [PATIENT](#) has a booked [Out-Patient Appointment](#), which is then cancelled because, for example, the [PATIENT](#) dies. Where an [ORGANISATION's](#) Patient Administration System supports the submission of cancelled and Did Not Attend appointments in the [CDS V6 TYPE 020 - OUTPATIENT CDS](#), the [Referral To Treatment Clock Stop Administrative Event](#) should NOT be used when a [PATIENT](#) has a booked [Out-Patient Appointment](#), which is then cancelled because, for example, the [PATIENT](#) dies. In these cases the [CDS V6 TYPE 020 - OUTPATIENT CDS](#) can carry the details of a cancelled [CARE ACTIVITY](#), including the [REFERRAL TO TREATMENT PERIOD END DATE](#) and update to the [REFERRAL TO TREATMENT STATUS](#). (Note - not all Patient Administration Systems provide functionality to create and submit Commissioning Data Set records for cancellations/Did Not Attend's as this is not yet mandated - you should contact your Patient Administration System support team to ascertain whether your Patient Administration System supports this. If not, then it is permissible to send a [Referral To Treatment Clock Stop Administrative Event](#) in order to stop the clock in the [Secondary Uses Service](#) instead).

[Referral To Treatment Clock Stop Administrative Events](#) only require a sub-set of the data elements contained in the [CDS V6 TYPE 020 - OUTPATIENT CDS](#) record, to be submitted to the [Secondary Uses Service](#). All other data elements not listed should be omitted from the XML submission of the [CDS V6 TYPE 020 - OUTPATIENT CDS](#) record to the [Secondary Uses Service](#). The submission of a [Referral To Treatment Clock Stop Administrative Event](#) is not reliant on the use of the [Net Changes Commissioning Data Set Submission Protocol to the Secondary Uses Service](#). The submission of a [Referral To Treatment Clock Stop Administrative Event](#) is not reliant on the use of the [Net Changes Commissioning Data Set Submission Protocol to the Secondary Uses Service](#).

The required data elements making up a [Referral To Treatment Clock Stop Administrative Event](#) are:

Data Element Required	Notes
<a href="#">UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)</a> or <a href="#">PATIENT PATHWAY IDENTIFIER</a>	The Commissioning Data Set Schema version 6-1 requires EITHER the <a href="#">PATIENT PATHWAY IDENTIFIER</a> , or the <a href="#">UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)</a> to be populated.
<a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>	If the <a href="#">UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)</a> is used, the <a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a> should contain X09 (which relates to the Choose and Book system)
<a href="#">REFERRAL TO TREATMENT STATUS</a>	This should contain only one of the following codes to signify that the <a href="#">REFERRAL TO TREATMENT PERIOD</a> has ended:  30 Start of <a href="#">First Definitive Treatment</a>  31 Start of <a href="#">Active Monitoring</a> initiated by the <a href="#">PATIENT</a>  32 Start of <a href="#">Active Monitoring</a> initiated <a href="#">CARE PROFESSIONAL</a>  34 Decision not to treat - decision not to treat made or no further contact required  35 <a href="#">PATIENT</a> declined offered treatment  36 <a href="#">PATIENT</a> died before treatment
<a href="#">REFERRAL TO TREATMENT PERIOD START DATE</a>	
<a href="#">REFERRAL TO TREATMENT PERIOD END DATE</a>	
<a href="#">NHS NUMBER</a>	
<a href="#">NHS NUMBER STATUS INDICATOR</a>	
<a href="#">POSTCODE OF USUAL ADDRESS</a>	
<a href="#">ORGANISATION CODE (PCT OF RESIDENCE)</a>	
<a href="#">FIRST ATTENDANCE</a>	This should always hold the National code 5 - "Referral to Treatment Period Clock Stop Administrative Event"
<a href="#">APPOINTMENT DATE</a>	This field is XML mandatory in Commissioning Data Set Schema version 6-1 for Type 020 Outpatients, and for the purposes of the <a href="#">Referral To Treatment Clock Stop Administrative Event</a> , should hold the same date as the <a href="#">REFERRAL TO TREATMENT PERIOD END DATE</a>
<a href="#">AGE AT CDS ACTIVITY DATE</a>	This field is XML mandatory in the Commissioning Data Set Schema version 6-1 for Type 020 Outpatients, and should hold the <a href="#">PATIENTS</a> age at <a href="#">REFERRAL TO TREATMENT PERIOD END DATE</a>
<a href="#">ORGANISATION CODE (CODE OF PROVIDER)</a>	This field is not XML mandatory in the Commissioning Data Set version 6-1 schema but is required by the <a href="#">Secondary Uses Service</a> for processing of all records
<a href="#">ORGANISATION CODE (CODE OF COMMISSIONER)</a>	This field is not XML mandatory in the Commissioning Data Set version 6-1 schema but is required by the <a href="#">Secondary Uses Service</a> for processing of all records

## SPECIALIST PALLIATIVE CARE DATE

Change to Supporting Information: Changed Description

[Specialist Palliative Care Date](#) is an [ACTIVITY DATE TIME TYPE](#).

The date on which the first treatment or support from specialist palliative care was given to a [PATIENT](#) with diagnosed cancer.

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002.~~ [The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002.](#)

---

## 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 \(DSCNs\)](#)
- [Information Standards Notices \(ISNs\)](#)
- [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 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](#)
- [Information Standards Notices \(ISNs\)](#)
- [NHS Data Model and Dictionary Service Website](#)

## CANCER REFERRAL PRIORITY TYPE

Change to Attribute: Changed Description

A classification of the urgency of a referral of a [PATIENT](#) to see a cancer specialist, determined by the [CARE PROFESSIONAL](#) making the referral.

*National Codes:*

- |    |                                                                                                                                         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|
| 01 | Urgent referral for suspected cancer from a <a href="#">GENERAL MEDICAL PRACTITIONER</a> or <a href="#">GENERAL DENTAL PRACTITIONER</a> |
| 02 | Other referral source or urgency                                                                                                        |

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002~~ [The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002](#)

## CANCER SPECIALIST REFERRAL DATE

Change to Attribute: Changed Description

The date on which the decision was made to refer a [PATIENT](#) with suspected cancer to an appropriate cancer specialist. An appropriate specialist is the [PERSON](#) or [PERSONS](#) who are most able to progress the diagnosis of the primary tumour. This date will be one of the following:

- The date on which the referral was made
- The date of the letter or fax from [GENERAL PRACTITIONER](#) or other hospital department
- The date of phone call from referring [GENERAL PRACTITIONER](#) or other hospital department
- The date of cross-referral where the patient is already in hospital.

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002~~ [The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002](#).

## FIRST CANCER DIAGNOSTIC TEST

Change to Attribute: Changed Description

An indicator of the first major [CLINICAL INTERVENTION](#) for the diagnosis of cancer. This is the test that moves the level of suspicion of cancer from "possible or probable (based on history, clinical examination or blood count) to "highly probable or certain". It does not refer to the first intervention undergone, prior to referral to hospital, such as a blood count, chest x-ray or blood tests of liver function.

*Classification:*

- a. first diagnostic test

- b. not first diagnostic test

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002.~~The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002.

---

## FIRST DEFINITIVE TREATMENT PLANNED

---

Change to Attribute: Changed Description

This is an indicator that the [Planned Cancer Treatment](#) is the planned first definitive treatment or intervention to be given which is intended to remove or shrink a cancer tumour, to enable an anti-cancer treatment and/or to palliate the effects of the cancer.

*Classification:*

- a. first definitive treatment planned
- b. not first definitive treatment planned

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002.~~The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002.

---

## FIRST DEFINITIVE TREATMENT PROVIDED

---

Change to Attribute: Changed Description

This is an indicator that the [Planned Cancer Treatment](#) was provided as the first definitive treatment or intervention which was intended to remove or shrink a cancer tumour, to enable an anti-cancer treatment and/or to palliate the effects of the cancer.

*Classification:*

- a. first definitive treatment provided
- b. not first definitive treatment provided

~~References: The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002.~~References: The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002.

---

## PLANNED CANCER TREATMENT TYPE

---

Change to Attribute: Changed Description

A classification of a type of treatment or care which may be planned to be provided within a [Planned Cancer Treatment](#).

*National Codes:*

- 01 Surgery
- 02 Teletherapy
- 03 Chemotherapy
- 04 Hormone therapy
- 05 Specialist palliative care
- 06 Brachytherapy
- 07 Biological
- 08 Other
- 09 [Active Monitoring](#)

~~References: The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002.~~References: The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002

---

## PLANNED DEFINITIVE TREATMENT

---

Change to Attribute: Changed Description

This is an indicator that the [Planned Cancer Treatment](#) is a definitive treatment or intervention given which is intended to remove or shrink a cancer tumour, to enable an anti-cancer treatment and/or to palliate the effects of the cancer.

*Classification:*

- a. planned definitive treatment
- b. not definitive treatment

~~References: The NHS National Cancer Waiting Times, DH, DSCN 22/2002.~~ [References: The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002.](#)

---

## PRIMARY SCREENING

---

Change to Attribute: Changed Description

A classification of whether the [Pathology Laboratory Investigation](#) is for primary screening or other reason ('other' may include rapid review, checking, quality assurance and abnormal or clinical reporting).

Primary screening is the first examination of a sample sent for screening.

*Classification*

- a. Primary screening
- b. Other reason

References:

~~DSCN 03/2003 Cervical Screening Statistics - Revision of Central Statistical Returns: KC61~~ [Data Set Change Notice 03/2003 Cervical Screening Statistics - Revision of Central Statistical Returns: KC61](#)

---

## TWO WEEK WAIT EXCLUSION INDICATOR

---

Change to Attribute: Changed Description

An indicator that the [PATIENT](#) will be excluded from two week wait monitoring of [Out-Patient Appointment](#) for cancer care as the [PATIENT](#) refused an [APPOINTMENT](#) within two weeks before being offered an [APPOINTMENT](#). These [PATIENTS](#) will still be included in monitoring of the treatment targets for cancer care.

*Classification:*

- a. Not excluded
- b. Excluded - [PATIENT](#) refused an [APPOINTMENT](#) within 2 weeks before being offered an [APPOINTMENT](#)

References:

~~The NHS National Cancer Waiting Times, Department of Health, DSCN 22/2002~~ [The NHS National Cancer Waiting Times, Department of Health, Data Set Change Notice 22/2002](#)

---

## AGE GROUP INTENDED

---

Change to Data Element: Changed Description

Format/length:	n1
HES item:	
National Codes:	
Default Codes:	

**Notes:**

~~DSCN 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within CDS by their constituent components. For CDS message purposes therefore the constituent component [AGE GROUPS INTENDED](#) is required to be separately recorded.~~ [Data Set Change Notice 07/2000 implemented a change to replace the composite data items \[WARD TYPE AT PSYCHIATRIC CENSUS DATE\]\(#\) and \[WARD TYPE AT START OF EPISODE\]\(#\) within Commissioning Data Set by their constituent components. For Commissioning Data Set message purposes therefore the constituent component \[AGE GROUPS\]\(#\)](#)

[INTENDED](#) is required to be separately recorded.

The following values for the attribute [AGE GROUP INTENDED](#), with the addition of [Home Leave](#), are to be used:

- 1 Neonates
- 2 Children and /or adolescents
- 3 Elderly
- 8 Any age
- ~~9 Home Leave~~
- 9 [Home Leave](#)

---

## 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](#).~~ [The remaining three characters will continue to be defined locally, see \[Data Set Change Notice 17/2000\]\(#\).](#)

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

---

## INTENDED CLINICAL CARE INTENSITY

---

Change to Data Element: Changed Description

Format/length:	n2
HES item:	
National Codes:	See <a href="#">CLINICAL CARE INTENSITY</a> for the National Codes
National Codes:	See <a href="#">CLINICAL CARE INTENSITY</a>
Default Codes:	

**Notes:**

~~DSCN 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within CDS by their constituent components. For CDS message purposes therefore the constituent component [INTENDED CLINICAL CARE INTENSITY](#) is required to be separately recorded.~~ [Data Set Change Notice 07/2000 implemented a change to replace the composite data items \[WARD TYPE AT PSYCHIATRIC CENSUS DATE\]\(#\) and \[WARD TYPE AT START OF EPISODE\]\(#\) within Commissioning Data Set by their constituent components. For Commissioning Data Set message purposes therefore the constituent component \[INTENDED CLINICAL CARE INTENSITY\]\(#\) is required to be separately recorded.](#)

~~[INTENDED CLINICAL CARE INTENSITY](#) is the same as attribute [CLINICAL CARE INTENSITY](#) and the values recorded within the CDS messages are the National Codes contained within the definition of [CLINICAL CARE INTENSITY](#), but with the addition of [INTENDED CLINICAL CARE INTENSITY](#) is the same as attribute [CLINICAL CARE INTENSITY](#) and the values recorded within the Commissioning Data Set messages are the National Codes contained within the definition of [CLINICAL CARE INTENSITY](#), but with the addition of:~~

- 71 Home Leave, non-psychiatric
- 72 Home Leave, psychiatric

---

## SEX OF PATIENTS

---

Change to Data Element: Changed Description

Format/length:	n1
----------------	----

HES item:  
National Codes:  
Default Codes:

**Notes:**

DSCN 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within CDS by their constituent components. For CDS message purposes therefore the constituent component [SEX OF PATIENTS](#) is required to be separately recorded. Data Set Change Notice 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within Commissioning Data Set by their constituent components. For Commissioning Data Set message purposes therefore the constituent component [SEX OF PATIENTS](#) is required to be separately recorded. The classifications for [SEX OF PATIENTS](#) are not the same as the National Codes contained within the definition of [PERSON GENDER](#).

The following values for the classifications of attribute [SEX OF PATIENTS](#), with the addition of [Home Leave](#), can be used:

- 1 Male
- 2 Female
- 8 Not specified
- 9 Home Leave

---

## WARD DAY PERIOD AVAILABILITY

---

Change to Data Element: Changed Description

Format/length: n1  
HES item:  
National Codes:  
Default Codes:

**Notes:**

DSCN 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within CDS by their constituent components. Data Set Change Notice 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within Commissioning Data Set by their constituent components. For CDS message purposes therefore the constituent component [WARD DAY PERIOD AVAILABILITY](#) is required to be separately recorded.

The value for the number of days open only during the day is as recorded by attribute [WARD DAY PERIOD AVAILABILITY](#), but with the addition of [Home Leave](#):

- 0-7
- 9 Home Leave

---

## WARD NIGHT PERIOD AVAILABILITY

---

Change to Data Element: Changed Description

Format/length: n1  
HES item:  
National Codes:  
Default Codes:

**Notes:**

DSCN 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within CDS by their constituent components. For CDS message purposes therefore the constituent component [WARD NIGHT PERIOD AVAILABILITY](#) is required to be separately recorded. Data Set Change Notice 07/2000 implemented a change to replace the composite data items [WARD TYPE AT PSYCHIATRIC CENSUS DATE](#) and [WARD TYPE AT START OF EPISODE](#) within Commissioning Data Set by their constituent components. For Commissioning Data Set message purposes therefore the constituent component [WARD NIGHT PERIOD AVAILABILITY](#) is required to be separately recorded.

The value for the number of days open only during the night is as recorded by attribute [WARD NIGHT PERIOD AVAILABILITY](#), but with the addition of [Home Leave](#):

- 0-7
- 9 Home Leave

---

## WARD TYPE AT PSYCHIATRIC CENSUS DATE

---



---

Change to Data Element: Changed Description

Format/length:	n7
HES item:	CENWARD
National Codes:	
Default Codes:	

**Notes:**

~~DSCN 07/2000 implemented a change to replace this composite data element within CDS by the constituent components listed below.~~  
[Data Set Change Notice 07/2000](#) implemented a change to replace this composite data element within Commissioning Data Set by the constituent components listed below. This description has been retained for information purposes only and this data element should not be used in any current or future message.

This is a composite data item required to be recorded within a [Hospital Episode Statistics](#) Psychiatric Census Record: Additional Data Field and is a description of the characteristics of a ward which covers resources available to intended users. ~~It is derived from several constituent components each of which although based upon NHS Data Dictionary attribute classifications, are not the same; for example, Home Leave has been added to each classification list.~~ It is derived from several constituent components each of which although based upon NHS Data Model and Dictionary attribute classifications, are not the same; for example, [Home Leave](#) has been added to each classification list.

The derived value has six constituent component parts, AABCDEF. The value is derived as follows:

- AA Clinical Care Intensity, see [INTENDED CLINICAL CARE INTENSITY](#)
- B Age, see [AGE GROUP INTENDED](#)
- C Sex, see [SEX OF PATIENTS](#)
- D Hospital provider
- E Number of days open only during the day, see [WARD DAY PERIOD AVAILABILITY](#)
- F Number of days open at night, see [WARD NIGHT PERIOD AVAILABILITY](#)

Thus Home Leave on Psychiatric Census Date would be:

- 7199999 Home Leave (non-psychiatric)
- 7299999 Home Leave (psychiatric)

---

## WARD TYPE AT START OF EPISODE

---

Change to Data Element: Changed Description

Format/length:	n7
HES item:	WARDSTRT
National Codes:	
Default Codes:	

**Notes:**

~~DSCN 07/2000 implemented a change to replace this composite data element within CDS by the constituent components listed below.~~  
[Data Set Change Notice 07/2000](#) implemented a change to replace this composite data element within Commissioning Data Set by the constituent components listed below. This description has been retained for information purposes only and this data element should not be used in any current or future message.

This is a composite data item required to be recorded within a [Hospital Episode Statistics](#) General Episode Record and is a description of the characteristics of a ward which covers resources available to intended users. ~~It is derived from several constituent components each of which although based upon NHS Data Dictionary attribute classifications, are not the same; for example, Home Leave has been added to each classification list.~~ It is derived from several constituent components each of which although based upon NHS Data Model and Dictionary attribute classifications, are not the same; for example, [Home Leave](#) has been added to each classification list.

The derived value has six constituent component parts, AABCDEF. The value is derived as follows:

- AA Clinical Care Intensity, see [INTENDED CLINICAL CARE INTENSITY](#)
- B Age, see [AGE GROUP INTENDED](#)
- C Sex, see [SEX OF PATIENTS](#)
- D Hospital provider
- E Number of days open only during the day, see [WARD DAY PERIOD AVAILABILITY](#)
- F Number of days open at night, see [WARD NIGHT PERIOD AVAILABILITY](#)

---

For enquiries about this Data Set Change Notice, please email [datastandards@nhs.net](mailto:datastandards@nhs.net)