

Document filename:	Introduction of CDS Type 011 – Emergency Care Data Set - Requirements Specification		
Project / Programme	ECDS Impact Assessment Team	Project	ECDS
Document Reference	SCCI0092-2062, CDS6.2.1, Amd 17/2015		
Project Manager	Aaron Haile	Status	Final
Owner	Aaron Haile	Version	1.0
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Commissioning Data Set v6.2.1

Introduction of CDS Type 011 Emergency Care Data Set

Requirements Specification

Document management

Revision History

Version	Date	Summary of Changes
0.1	28/09/2016	First draft for comment to include ECDS
0.2	04/10/2016	SCCI and NHS Digital Rebranding
0.3	10/10/2016	Confirmation of new CDS Type 011 Emergency Care Dataset
0.4	01/11/2016	ECDS requirements included
0.5	04/11/2016	Additional review
0.6	09/11/2016	Further review
0.7	09/11/2016	Further review
0.8	17/11/2016	Comments addressed following SCCI Review
0.9	09/12/2016	Comments addressed following 6/12/2016 ISAS Review
0.10	13/12/2016	Additional comments following ISAS Review
0.11	16/01/2017	Further comments addressed following ISAS Review
0.12	19/01/2017	Developer review and comment prior to Advanced Notification publication
0.13	23/01/2017	Final review prior to Advance Notification
0.14	13/02/2017	Additional review
0.15	14/02/2017	Final review
0.16	23/02/2017	Update following comments from SCCI Development (AH)
0.17	23/02/2017	Final update following comments from SCCI Development (SS)
0.18	30/03/2017	Final SCCI comments
0.19	04/05/2017	Development team review
0.20	06/04/2017	Inclusion of data flow
0.21	12/04/2017	Updated following SCCI final review feedback
1.0	19/04/2017	Publication copy

Reviewers

This document must be reviewed by the following people:

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NHS England has approved this information standard (SCCI0092-2062) for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Implementation Guidance
- Technical Output Specification.

An Information Standards Notice (SCCI0092-2062 Amd 17/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 19 April 2017



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Glossary of Terms

Term	Abbreviation	Description
Accident and Emergency	A&E	Also referred to as Accident and Emergency Departments. These may be either major units, providing a 24 hour service seven days a week to which the great majority of emergency ambulance cases are taken, or small units commonly called casualty departments, in which services are often only available for limited hours and which may not deal with emergency ambulance cases
Accident and Emergency Department Type		<p>Type 1: Emergency departments are a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients</p> <p>Type 2: Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients</p> <p>Type 3: Other type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor led or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP Practice or Out-Patient Clinic) is excluded even though it may treat a number of patients with minor illness or injury. Excludes NHS Walk-In Centre's, but will include Urgent Care Centre's</p> <p>Type 4: NHS Walk In Centre's http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/accident_and_emergency_department_type_de.asp</p>
Commissioning Data Sets	CDS	<p>The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service. It is currently designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Outpatient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data etc.</p> <p>CDS v6.2 includes CDS Type 010 A&E</p> <p>CDS v6.2.1 supports the introduction of CDS Type 011 - ECDS, which will ultimately replace CDS Type 010</p>
Electronic Data Transfer	EDT	The electronic transfer method (EDT) which is currently used to transfer batch data securely to Secondary Uses Service (SUS).
Emergency Department Information System	EDIS	An electronic health record system used to manage data in support of Emergency Department patient care and operations.
Hospital Episode Statistics	HES	National statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals
Messaging Exchange for Social Care and Health	MESH	An upgraded message exchange service to transfer batch data securely to Secondary Uses Service (SUS) which will replace EDT.
National Tariff		A set of prices and rules to help providers of NHS care and

		commissioners provide best value to their patients. https://www.gov.uk/government/publications/nhs-national-tariff-payment-system-201617
Public Health England	PHE	An executive agency, sponsored by the Department of Health to protect and improve the nation's health and wellbeing, and reduce health inequalities
Role Based Access Control	RBAC	RBAC is the process through which a national set of job roles, activities and workgroups can be applied to grant users access to functionality and indirectly to data within NHS national (Spine) services. https://digital.nhs.uk/article/311/Registration-Authorities-and-Smartcards
Referral to Treatment	RTT	Waiting Times measurement policy for consultant led and Allied Health Professional activity, which monitors the waiting time between the referral of a patient to a service, to the time they receive first definitive treatment for their condition
Standardisation Committee for Care Information	SCCI	The Committee that oversees the development, assurance and approval of information standards, data collections and data extractions
Secondary Uses Service	SUS	Single source of comprehensive data to enable a range of reporting and analysis managed by NHS Digital. SUS supports the NHS and its partners in the areas of planning, commissioning, management, research, audit, public health and a number of national initiatives, such as National Tariff and the reimbursement mechanism for acute care.
Treatment Function Code	TFC	A division of clinical work based on Main Specialty, but incorporating approved sub-specialties and treatment interests used by lead care professionals including but not limited to Consultants
Extensible Markup Language	XML	XML is a markup language designed to carry data, not to display data. It is the CDS XML schemas which carry data in the Commissioning Data Set format between health care providers and the Secondary Uses Services (SUS)

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1 Purpose

The purpose of this document is to precisely define the introduction of Commissioning Data Set (CDS) Type 011 – Emergency Care Data Set (ECDS) which will replace the current CDS Type 010 A&E within the existing Commissioning Data Set v6.2, outlining what it is and how it should be implemented.

CDS is an existing, approved information standard with version CDS 6.2 currently operational across the health service, and will continue to be in use. This specification will focus upon the inclusion of the new CDS Type 011 within the existing CDS 6.2.

This specification and other supporting documentation such as the Change Specification and Implementation Guidance is intended to provide necessary information to support the following uses for different types of user:

- Existing users of CDS 6.2 and submitting CDS Type 010 A&E
- New users who will be specifically submitting CDS Type 011 - ECDS

It is not the intention of this document to detail the existing requirements for CDS v6.2, but only those pertinent to the introduction of the new CDS Type 011 and associated CDS Type 011 XML schema.

1.1 Background

The Commissioning Data Sets (CDS v6.2) is the primary mechanism for the national reporting of secondary care activity which is either NHS funded, and/or provided by NHS Organisations.

Commissioning Data Sets are patient level data sets intended to deliver robust, comprehensive, nationally consistent and comparable person-based information on activity to support a variety of secondary use purposes (i.e. not for the direct care of the patient).

These include:

- Monitor and manage NHS service agreements
- Develop commissioning plans
- Support the Payment by Results processes
- Support NHS Comparators
- Monitor Health Improvement Programmes
- Underpin clinical governance
- Understand the health needs of the population

The Department of Health requires accurate data for the following types of patient activity:

- Accident and Emergency attendances (within CDS Type 010 A&E)
- Outpatient Appointments (including Did Not Attends)
- Admitted Patient Care (Hospital Admissions)
- Elective Admission Lists

This includes all secondary care activity of this nature undertaken by NHS Hospital Providers, including patients receiving private treatment, and NHS patients treated electively in the independent sector (including Any Qualified Provider) and overseas.

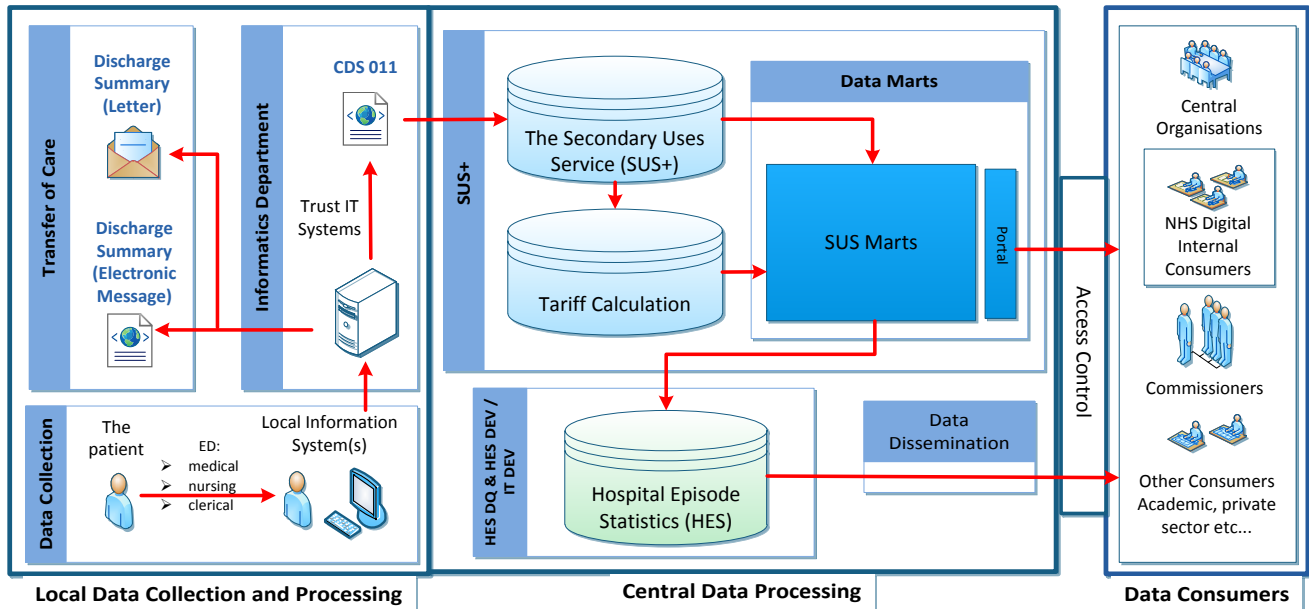
Commissioning Data Sets are securely submitted to the Secondary Uses Service (SUS) in XML format, and form the basis of the Hospital Episode Statistics (HES) data set.

The primary aim of CDS Type 010 was to support a variety of secondary use purposes. The Emergency Care Data Set (CDS v.6.2.1), which will replace the existing CDS Type 010 A&E, is closely aligned with the care and management of the patient, and the information collected will be dual-purpose, including; for the existing range of secondary uses and in some instances for the direct care of the individual (primary uses).

In ECDS (CDS v6.2.1) the developers have sought to align data collection for primary and secondary uses wherever possible as this ensures data quality that benefits patients, staff, commissioners, researchers and the wider NHS.

The ECDS does not intend to alter clinical practice, rather to streamline already existing practices and to introduce consistency.

The diagram below provides a high level view of the flow of ECDS data:



The relative costs and complexity of delivering emergency care have changed over recent years, due to:

- External factors including: increasing demand; access to alternative sources of care; patient preferences; perceived value and consistency of service.
- Internal factors including: pressure to avoid admitting patients unnecessarily; the front-loading of testing and decision making, which is now performed in Accident and Emergency Departments; increased subspecialisation of hospital practice with a reduced number of 'generalist' hospital doctors.

The current CDS Data Set Type 010 - Accident and Emergency Commissioning Data Set has not evolved to keep pace with the changes described above, resulting in an 'information gap' in the data collected from Accident and Emergency Departments.

The Emergency Care Data Set project team, which consists of representatives from the Royal College of Emergency Medicine NHS England and NHS Digital have identified the following issues in the current data:

- A need for **accurate and relevant information regarding patients presenting to Accident and Emergency Departments** in England, and the quality of care delivered. The current CDS Data Set Type 010 A&E does not capture all the information relating to a patient's attendance at an Accident and Emergency Department, resulting in gaps in the record of the patient journey such as:
 - There is no accurate record of the source of the patient's referral to the Accident and Emergency Department.
 - The patient's chief complaint (the primary clinical reason for the attendance) is not captured consistently or submitted centrally.
 - There is no detailed information capturing what happens to patients during their Accident and Emergency attendance, e.g. when patients are referred to inpatient services for assessment or admission.

- Where patients go after their treatment in the Accident and Emergency Department is complete.
- The **complexity and acuity of Accident and Emergency department patients, and the value added by Accident and Emergency departments**, are not consistently described or understood through the data currently collected. The current Accident and Emergency Department data provides a simplistic view of the attendance focused on treatment and investigations, and what time patients arrive and leave. To understand each attendance in greater detail additional information is required, particularly regarding the acuity and complexity of the patient.
- There is a need for **better diagnostic data to ensure an enhanced understanding of patient need, activity and outcomes**. Nationally, more than half of all Accident and Emergency Department attendances have no meaningful diagnosis, so there is no demonstrable value to the attendance.
- There is a need for **consistent data that facilitate an understanding of how patients use Accident and Emergency Departments**, other urgent care services, and overall patient flow in the urgent care system. Currently it is not possible to understand at what point in the patient journey contact has been made with different service types, which would help:
 - understand how patients access care
 - support effective service planning and organisation.
- Greater information is required to **understand who is doing what and when within** Accident and Emergency Departments. This will help ensure that patients receive safe and effective care when they need it.
- There is a need to **bring together disparate local and national initiatives aimed at improving urgent care services to encourage consistency**, and also to describe the work done across a range of providers in a common language.
- There is a need to **understand Accident and Emergency Department attendances relating to injury** and other modifiable factors to identify patterns that may be amenable to targeted interventions that will improve public health. Currently the data collected regarding injury related attendances are insufficient, which means we have no real understanding of the number of people attending Accident and Emergency Departments as a result of injury. The result is a lack of targeted prevention strategies that could reduce the number of Accident and Emergency Department attendances and improve the lives of patients.
- There is a need to **ensure that data on patient illnesses presenting to Accident and Emergency Departments is consistently monitored** to provide public health awareness of the current situation, as well as early warning of emerging population health threats. Public Health England (PHE) has an Emergency Department Syndromic Surveillance System (EDSSS). Currently this system only has access to data from 30 Accident and Emergency Departments in England, and thus does not represent the whole picture. The introduction of ECDS will support the capability to improve the information available to EDSSS.

Commissioning Data Set Data Flow Definitions

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

Commissioning Data Set Messages have been defined in specific components known as a CDS type. Each Commissioning Data Set Type as configured into the Commissioning Data Set Message carries only one specific Commissioning Data Set Type, an example being the Finished Consultant Episode Commissioning Data Set Type.

CDS v6.2.1 Type 011 - ECDS will eventually replace the current CDS Type 010 A&E. CDS Type 010 A&E will cease to be supported from April 2019.

Full details of the current baseline Commissioning Data Sets (CDS) including the specification for the CDS types outlined above, definitions and supporting guidance, XML schemas and submission rules are available from

http://www.datadictionary.nhs.uk/web_site_content/navigation/commissioning_data_sets_menu.asp

A provider will be required to continue submitting CDS Type 010 A&E, until they start submitting CDS Type 011 ECDS, please see the tables below.

Providers will not be expected to submit both CDS types simultaneously unless they implement across different department types in a phased approach e.g. Type 1 or 2 Departments from October 2017 and Type 3 or 4 Departments from October 2018. CDS Type 010 A&E will be withdrawn in April 2019.

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
Accident and Emergency Commissioning Data Set Type 010 A&E:				
010	Accident and Emergency CDS	Contains details of all Accident and Emergency Attendances.	Mandatory	Monthly

Or;

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
Accident and Emergency Commissioning Data Set Type 011 - ECDS				
011	Emergency Care Data Set	Contains details of all Accident and Emergency Attendances	Mandatory	Weekly/ Daily

Supporting CDS Types

The table below lists the Commissioning Data Set Interchange and Message Controls to support the national flow of CDS information. These headers and trailers help to specify the data items used for data handling and management within the Secondary Uses Service.

CDS Type	CDS Title	CDS Description	Status	
Commissioning Data Set Interchange and Message Controls				
001	CDS Interchange Header	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the start of a CDS submission.	Mandatory	Must be submitted for every CDS Interchange
002	CDS Interchange Trailer	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the end of a CDS submission.	Mandatory	Must be submitted for every CDS Interchange
003	CDS Message Header	Contains the metadata that describes the content of the message and signals the start of CDS message.	Mandatory	Must be submitted for every CDS Message

004	CDS Message Trailer	Contains the metadata that describes the content of the message and signals the end of CDS message.	Mandatory	Must be submitted for every CDS Message
Commissioning Data Set Transaction Header Group				
005B	CDS Transaction Header Group - Bulk Update Protocol	Contains the metadata that describe the controls for a bulk submission.	Mandatory	Must be submitted for every bulk CDS submission

Or;

005N	CDS Transaction Header Group - Net Change Protocol	Contains the metadata that describe the controls for a net submission.	Mandatory	Must be submitted for every net CDS submission
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For further details on the mandated CDS data sets, please visit:

http://www.datadictionary.nhs.uk/web_site_content/cds_supporting_information/commissioning_data_sets_overview.asp?shownav=1?query=%22Commissioning+Data+Sets%22&rank=62.5&shownav=1

The current CDS v6.2 uses the Electronic Data Transfer (EDT) mechanism to transport and submit XML files to the Secondary Uses Service. EDT will continue to be used for CDS Types including CDS Type 010, but for CDS v6.2.1 Type 011 - ECDS, the Messaging Exchange for Social Care and Health (MESH) will be used as the mechanism to transport and submit files to the Secondary Uses Service.

Further details about MESH is available from: <https://digital.nhs.uk/messaging-exchange-social-care-health>, and is detailed further within this document.

2 Overview

2.1 Summary

Standard	
Standard Number	SCCI0092-2062
Standard Title	Commissioning Data Sets (CDS)
Release	
Release Number	Amd 17/2015
Release Title	Version 6.2.1: Addition of CDS Type 011 - ECDS
Description	<p>This change outlines the introduction of CDS v6.2.1 Data Set Type 011 Emergency Care Data Set, within the existing CDS v6.2.</p> <p>The submission of CDS v6.2.1 Type 011 - ECDS will apply to all Accident and Emergency Department Types, explicitly, Types 1, 2, 3 and 4.</p> <p>Providers must continue to submit all other CDS Types within the current CDS v6.2, using the existing mechanisms to do so, but replace the current submission of CDS Type 010 A&E, with the new CDS v6.2.1 Type 011 - ECDS.</p> <p>Once CDS v6.2.1 Type 011 - ECDS has been implemented by a particular site, CDS Type 010 A&E will no longer be accepted by SUS for that site. CDS v6.2 will continue to be supported via the Secondary Uses Service (SUS), and any changes to SUS will also be applicable for CDS v6.2.1 Type 011 - ECDS, as and when this occurs.</p> <p>CDS v6.2.1 Type 011 - ECDS will initially be a weekly feed at least, from October 2017, moving ultimately to a daily feed from April 2018.</p> <p>When submitting CDS v6.2.1 Type 011 - ECDS on a daily basis, this should be automated from the Emergency Department Information System.</p> <p>CDS v6.2.1 Type 011 - ECDS data set includes code sets represented as NHS Data Dictionary-defined National Codes or SNOMED CT concepts.</p> <p>The changes outlined following this introduction will support the following areas:</p> <ul style="list-style-type: none"> • Continued support for National Tariff • Accident and Emergency Clinical Quality Indicators (CQIs) • Mental Health • Improving Quality and Value of Hospital Data • Injury Surveillance • Changes to support local analysis by providers and commissioners • Maintenance updates to ensure alignment with NHS Data Dictionary editorial policy and to address known issues <p>The current CDS Type 010 A&E data will be withdrawn from 1st April 2019.</p>
Implementation Completion Date	<p>ED Types 1, 2, 3 and 4 MAY flow CDS Type 011 ECDS from 1st August 2017</p> <p>ED Types 1 and 2 MUST flow CDS Type 011 ECDS from 1st October 2017</p> <p>ED Types 3 and 4 MUST flow CDS Type 011 ECDS from 1st October 2018</p>

2.2 Supporting Products

Reference	Title
SCCI0092-2062	Change Specification
SCCI0092-2062	Implementation Guidance
SCCI0092-2062	Technical Output Specification

2.3 Related Standards

Ref #	Reference	Title
1	ISB 0092 Amd 16/2010	CDS Type 6.2 Information Standard
2	SCCI0034 Amd 35/2016	SNOMED CT Information Standard
3	SCCI1605 Amd 8/2013	Accessible Information Standard
4	ISB0149	NHS Number
5	ISB0149-02	NHS Number Standard for Secondary Care (England)
6	ISB 1588 Amd 11/2012	A&E Clinical Quality Indicators (in development)
7	ISB 1596 Amd 31/2012	Information Sharing to Tackle Violence (ISTV)

2.4 Contacts

Sponsor	
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Maintenance Manager	
Name	ECDS Team
Organisation	NHS Digital
Email Address	ECDS@nhs.net

3 Requirements

3.1 Overview

The 'CDS v6.2 Addition of CDS Type 011 – ECDS Change Specification', outlines the changes from the existing baseline CDS 6.2 Information Standard.

Providers which currently submit CDS v6.2 must continue to do so, but will need to discontinue submission of CDS Type 010 A&E and replace this with CDS v6.2.1 Type 011 - ECDS.

Therefore all current providers submitting CDS v6.2 will submit either:

- CDS v6.2 including CDS Type 010 A&E as they do currently, until their implementation of this standard, when they will then submit;
- CDS v6.2 excluding CDS Type 010 A&E, but in addition, the new CDS v6.2.1 Type 011 - ECDS

Providers who deliver urgent and emergency care services, but do not currently submit CDS v6.2 will need to ensure they submit:

- CDS v6.2.1 Type 011 - ECDS

The table below outlines the expected changes for providers, based on their current CDS 6.2 submission status:

Providers current CDS 6.2 Submission Status	Expected Change for Providers
Providers submitting CDS 6.2, within one file, including CDS Type 010, via EDT	<ul style="list-style-type: none"> • Separate the CDS Type 010 elements from current CDS 6.2 file pack where submissions are made including all CDS Types within one file • Continue to submit remaining CDS Types within CDS 6.2 via Electronic Data Transfer (EDT) • Submit CDS Type 011, instead of CDS Type 010, via Message Exchange for Social Care and Health (MESH)
Providers submitting CDS 6.2, within separate files or independently of each other, including CDS Type 010, via EDT	<ul style="list-style-type: none"> • Stop submitting CDS Type 010 as a separate file • Continue to submit remaining CDS Types within CDS 6.2 via EDT • Submit CDS Type 011, instead of CDS Type 010, via MESH
Providers only submitting CDS Type 010 via EDT	<ul style="list-style-type: none"> • Stop submitting CDS Type 010 via EDT • Submit CDS Type 011, instead of CDS Type 010, via MESH
Providers not required to submit CDS Type 010, but submit other CDS Types within CDS 6.2	<ul style="list-style-type: none"> • No change, continue to submit CDS Types (all others excluding CDS Type 010) via EDT
Accident and Emergency Departments that currently do not submit any CDS Types within CDS 6.2	<ul style="list-style-type: none"> • Submit CDS Type 011 via MESH

Corresponding NHS Data Dictionary changes from CDS Type 010 A&E to CDS Type 011 will be available from:

http://www.datadictionary.nhs.uk/web_site_content/cds_supporting_information/commissioning_data_set_version_6-2_type_list.asp?shownav=1

3.2 Information Specification

All requirements in relation to the CDS Types within the CDS 6.2 Requirement Specification will remain as is, with the exception of CDS Type 010 A&E which will be replaced by the new requirements specific to the submission of CDS Type 011 ECDS.

#	Requirement ^[1]
	Healthcare Providers
1	All providers of emergency care including Type 1, 2, 3 and 4 Accident and Emergency Department Types MAY submit the new CDS v6.2.1 Type 011 - ECDS to the Secondary Uses Service (SUS) from 1st August 2017 on a weekly or daily basis. This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/or XML Middleware suppliers can incorporate the required changes in order to meet this capability.
2	Providers of emergency care specifically Types 1 and 2 Accident and Emergency Department Types MUST submit the new CDS v6.2.1 Type 011 - ECDS to the Secondary Uses Service (SUS) from 1st October 2017 on a weekly basis at least. This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/ or XML Middleware suppliers can incorporate the required changes in order to meet this capability.
3	Providers of emergency care specifically Types 1 and 2 Accident and Emergency Department Types MUST submit the new CDS Type 011- ECDS to the Secondary Uses Service (SUS) from 1st April 2018 on a daily basis. This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/ or XML Middleware suppliers can incorporate the required changes in order to meet this capability.
4	Providers of emergency care specifically Types 3 and 4 Accident and Emergency Department Types MUST submit the new CDS v6.2.1 Type 011 - ECDS to the Secondary Uses Service (SUS) from 1st October 2018 on a daily basis. This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/ or XML Middleware suppliers can incorporate the required changes in order to meet this capability.
5	All providers of CDS v6.2.1 Type 011 - ECDS SHOULD automate their data submission processes to provide weekly and then daily data. This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/ or XML Middleware suppliers can incorporate the required changes in order to meet this capability.
6	All providers of CDS v6.2.1 Type 011 - ECDS SHOULD submit changes using the Data Set Net Change Protocol . This will require all providers to ensure their suppliers of relevant clinical systems, patient administration systems and/ or XML Middleware suppliers can incorporate the required changes in order to meet this capability.

3.3 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an organisation (conformance criteria). These may be different depending upon the Emergency Care type.

^[1]<https://www.ietf.org/rfc/rfc2119.txt>

The conformance criteria outlined below are directly linked to the CQUIN Indicator Specification Information on CQUIN 2017/18 - 2018/19¹, Supporting Proactive and Safe Discharge.

Healthcare Providers

#	Conformance Criteria
1	By 30 th June 2017 Accident and Emergency Department Type 1 and 2 providers to: <ul style="list-style-type: none"> • have demonstrable and credible planning in place to make the required preparations (e.g. by upgrading IT systems and training staff) so that ECDS can be collected and returned from 1st October 2017.
2	By 31 st December 2017 Accident and Emergency Department Type 1 and 2 providers to: <ul style="list-style-type: none"> • return data at least weekly AND; • 95% of patients have both a valid Chief Complaint and a Diagnosis (unless that patient is streamed to another service) so that 95% of patients have a diagnosis. <ul style="list-style-type: none"> - Chief Complaint shall be any value from the ECDS Chief Complaint code set (SNOMED CT). - Diagnosis shall be any value from the ECDS Diagnosis code set (SNOMED CT).
3	By 30 th June 2018 Accident and Emergency Department Types 1 and 2 providers to: <ul style="list-style-type: none"> • return data daily AND; • 99% of patients have both a valid Chief Complaint and a Diagnosis (unless that patient is streamed to another service) so that 99% of patients have a diagnosis <ul style="list-style-type: none"> - Chief complaint shall be any value from the ECDS Chief Complaint code set (SNOMED CT) - Diagnosis shall be any value from the ECDS diagnosis code set (SNOMED CT), AND; • 99% of patients have a measure of acuity recorded <ul style="list-style-type: none"> - Acuity shall be any value from the ECDS acuity set.
4	By 30 th September 2018 Accident and Emergency Department Types 1 and 2 providers to: <ul style="list-style-type: none"> • return data daily AND; • 100% of patients have both a valid Chief Complaint and a Diagnosis (unless that patient is streamed to another service) so that 100% of patients have a diagnosis, AND; • 100% of patients have a measure of acuity recorded, AND • 100% of patients record the discharging clinician (using the GMC/NMC/HPC number).
5	By 31 st December 2018 Accident and Emergency Department Types 1 and 2 providers to: <ul style="list-style-type: none"> • Return data daily AND; • 100% of patients have both a valid Chief Complaint and a Diagnosis (unless that patient is streamed to another service) so that 100% of patients have a diagnosis, AND • 100% of patients have a measure of acuity recorded, AND; • 100% of patients record the discharging clinician (using the GMC/NMC/HPC number), AND

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-indicator-spec-04-11-16.docx>

	<ul style="list-style-type: none"> 100% of patients have the referral source recorded. (Referral source should be any value from the EDCS referral source set).
6	<p>By 31st March 2019 Accident and Emergency Department Types 1 and 2 providers to:</p> <ul style="list-style-type: none"> return data daily, AND; 100% of patients have both a valid Chief Complaint and a Diagnosis (unless that patient is streamed to another service) so that 100% of patients have a diagnosis, AND; 100% of patients have a measure of acuity recorded, AND; 100% of patients record the discharging clinician (using the GMC/NMC/HPC number), AND; 100% of patients have the referral source recorded, AND 100% of patients have discharge status recorded. (Discharge status should be any value from the EDCS Discharge Status set).
7	<p>By 1st October 2018 all Type 3 and Type 4 Emergency Departments (including Urgent Care Centres) MUST be submitting CDS v6.2.1 Type 011 – ECDS.</p>

Conformance with the CDS Type 011 XML schema will be enforced through the CDS 6.2.1 schema and validation upon landing within Secondary Uses Service (SUS) of correct use of associated SNOMED CT code sets and other necessary validation rules including correct format/ length, enumerated national codes where applicable, and mandation of the fields (Mandatory, Required or Optional), all of which are published from: <https://isd.hscic.gov.uk/trud3/user/guest/group/0/home>.

All CDS v6.2.1 Type 011 - ECDS submissions will need to adhere to the restrictions enforced by the XML schema.

Upon translation any interchanges containing records that do not conform to the XML schema or other necessary validation rules, i.e. field length and format, will be rejected. In these cases a validation report will be provided to assist the sender in the identification and resolution of issues.

4 Concept of Operation

4.1 Data Users

4.1.1 Data Collectors and Providers

- Healthcare Professionals: will be responsible for capturing information as part of the ongoing care of the patient, i.e. for primary use purposes as they do currently.
- Administrative Staff: will be responsible for capturing clerical information such as demographics.
- If the trust use clinical coders to support the recording of clinical information from Emergency Departments coders must ensure that they collect information which is either specified in the CDS v6.2.1 Type 011 - ECDS Technical Output Specification or that arrangements are put in place to map what they collect to the required CDS v6.2.1 Type 011 - ECDS SNOMED CT subsets.
- XML/Middleware Suppliers: will continue to support CDS v6.2 and will develop tools and/or services to process submissions in conformant XML for submission to SUS, specifically for CDS v6.2.1 Type 011 - ECDS and other CDS types as necessary.
- Suppliers of Patient Administration (PAS) and Emergency Department Information Systems: will develop systems ensuring that ECDS data items can be captured electronically and output the required CDS 6.2 Type 011 - ECDS submission.
- Trust informatics staff: will be responsible for the collation of ECDS information and the submission of this via MESH (to submit CDS v6.2.1 Type 011 - ECDS) to SUS via XML Middleware Suppliers or in-house products licensed from XML/Middleware Suppliers. This will include ensuring completeness and addressing any data quality issues identified with the information within the data set.

4.1.2 Secondary Users

Information generated through implementation of this standard will continue to be analysed and used by the existing users of CDS v6.2 data.

The data collected via CDS Type 011 – ECDS will enable users to analyse and compare more granular, higher quality data for reporting, audit, research and for service delivery. It will provide vital information which will support the following:

- The provision of an accurate and relevant record of why patients attend emergency departments in England, the quality of care that they receive and what happens to them after the attendance. This in turn will enable a greater understanding of patient outcomes and the value added by emergency care services.
- A greater understanding of the complexity of patients who attend emergency departments and the services required to treat them appropriately.
- A better understanding of how people access urgent and emergency care services particularly in relation to overall patient flow in the urgent care system.
- More information to help understand who is doing what and where, with the aim of achieving more effective and efficient resource deployment across urgent and emergency care services.
- A national picture of the number of patients attending emergency departments as a result of injury which will support the development of targeted prevention strategies which would in turn reduce the number of emergency department attendances and improve the lives of patients.
- Public Health syndromic surveillance via the Emergency Department Syndromic Surveillance System (EDSSS) which collects information on patient illnesses presenting to Emergency Departments and is consistently monitored to provide public health situational awareness, as well as early warning of emerging population health threats.

4.2 Use of SNOMED CT

4.2.1 What is SNOMED CT

SNOMED CT is an international clinical terminology that provides the vocabulary for systems to support the direct management of the health and care of an individual. The vocabulary consists of machine readable codes for clinical concepts along with human readable descriptions. It is provided via a set of data files that need to be incorporated in electronic applications.

SNOMED CT provides the content for health and care related data items in software applications to enable representation of clinically relevant information consistently and reliably in a way that is processable by the computer system. This enables applications to exchange processable data across the health and care environment; provide clinical decision support tools and undertake enhanced analytics to support effective delivery of high quality healthcare to individual people and populations.

SNOMED CT is managed and maintained internationally by SNOMED International² and in the UK by the UK Terminology Centre (UKTC)³.

SNOMED CT is specified as the single terminology to be used across the health system in 'Personalised Health and Care 2020: A Framework for Action'.

4.2.2 SNOMED CT and Paperless 2020

As the NHS moves towards being paperless by 2020 it is critical that all systems share the same clinical vocabulary.

Providers of health and care are required to be paperless at the point of care before 2020: such systems must incorporate SNOMED CT as the clinical terminology to provide the content for structured data within scope of the terminology. The SNOMED CT standard was approved by the Information Standards Board in 2011; providers implementing electronic health and care related systems must ensure those systems are SNOMED CT enabled at the point of implementation. The following is a summary of conformance dates for appropriate implementation of SNOMED CT that all providers and standards developers must be aware of when planning new, or making changes to existing IT systems or relevant operational information standards:

- Systems used by, or communicating coded clinical data to, General Practice service providers must use SNOMED CT as the clinical terminology within the system before 1 April 2018. SNOMED CT must be utilised in place of the Read codes before 1 April 2018.
- Systems used within Secondary Care, Acute Care, Mental Health Services, Community Services, Dentistry and Optometry - for the direct management of care of an individual - must use SNOMED CT as the clinical terminology standard within all electronic patient level recording and communications before 1 April 2020.
- Systems used by all other providers of health related services where the flow of information for the direct management of patient care comes into the NHS must use SNOMED CT by 1 April 2020.

Further details in relation to the SNOMED CT Standard is available from:

<http://content.digital.nhs.uk/media/22807/0034352016req-spec/pdf/0034352016req-spec.pdf>

In support of the use of SNOMED CT as outlined above, ECDS mandates the use of SNOMED CT. This will support adoption of SNOMED CT in line with Paperless 2020 and will help to properly capture and represent the full extent and granularity of Emergency Department activity, and therefore:

- enable an accurate understanding of the cost and value of emergency care

² <http://www.snomed.org/>

³ <https://isd.hscic.gov.uk/trud3/user/guest/group/2/home>

- facilitate improved healthcare commissioning
- improve the quality of patient care in England's Emergency Departments
- provide more effective delivery of healthcare strategy and policy

Further details of how SNOMED CT should be implemented to support ECDS are available from the ECDS User Guidance, available from: <http://content.digital.nhs.uk/ECDS>

4.3 Working Practices

Full guidance, including changes to working practices, is available in the CDS 6.2 Implementation Guidance available from: <http://content.digital.nhs.uk/isce/publication/SCCI0092-2062>

4.4 Information Governance

4.4.1 Background

The Chief Medical Officer of England commissioned the 'Department of Health - The Caldicott Committee Report on the Review of Patient-Identifiable Information' (Dec 1997)⁴ report, to review the transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations. The report included 16 recommendations and suggested six principles be applied to current flows and any flows proposed in the future. 'Information: To share or not to share? The Information Governance Review' (March 2013)⁵ followed. Known as Caldicott2, it was an independent review of information sharing by Dame Fiona Caldicott at the request of the Secretary of State for Health (March 2013). This review was to ensure an appropriate balance between protection of patient information, and its use and sharing. The Government subsequently accepted the recommendations from this report (September 2013), and the 'National Data Guardian for Health and Care Review of Data Security, Consent and Opt-Outs' (June 2016)⁶ outlines the recommendations of the new data security standards.

4.4.2 Overview

Commissioning Data Sets 6.2 currently has section 251⁷ approval from the Confidentiality Advisory Group to allow the flow and storage of patient identifiable data without patient consent within the national, strategic data warehouse as part of the SUS application.

As a result of the introduction of CDS 6.2.1 Type 011 - ECDS, a Direction will support the legal flow of the data. The Direction will not cover the entire CDS v6.2 as this will remain subject to the section 251 approval.

NHS Digital (the operating name for the Health and Social Care Information Centre) is exempt from having to apply for section 251 support from the Confidentiality Advisory Group (CAG) when mandated to collect data via directions from NHS England or the Department of Health and when acting as data controller. This is set out in sections 254 and 255 of the Health and Social Care Act 2012.

As a result explicit consent is not required; however, providers are required to inform patients that their information will be used to support secondary uses, and to act on any objections raised in line with their local policy.

If consent is sought and not given, then this information must not be shared and other legal routes for sharing are not available.

⁴http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyandGuidance/DH_4068403

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF

⁷ <http://www.legislation.gov.uk/ukpga/2006/41/section/251>

Where a patient explicitly objects to their data being used for secondary purposes, the provider has the option of not flowing the records for this patient, as directed by their local Caldicott Guardian.

Further information on a patient's personal information choices can be found at NHS Digital's, "[How we look after information](#)"

A Data Provision Notice (DPN), produced by NHS Digital will be prepared confirming the structure and content of the collection and will be used to confirm NHS Digital's legal requirement to collect the data.

4.4.3 Type 1

If a patient does not want information that identifies them to be shared outside their GP practice, for purposes beyond their direct care then the patient can register a type 1 opt-out with their GP practice. This prevents their personal confidential information from being used other than in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

4.4.4 Type 2

NHS Digital collects information from a range of places where people receive care, such as hospitals and community services. If a patient does not want their personal confidential information to be shared outside of NHS Digital, for purposes other than direct care then the patient can register a type 2 opt-out with their GP practice.

A [direction](#) from the Secretary of State sets out the Department of Health policy as to how type 2 opt-outs must be applied and instructs NHS Digital to apply type 2 opt-outs.

However, Type 2 opt-outs do **not** apply in the following circumstance, where information is made available in anonymised form (so that individuals are not identified in the data). For example the data are either aggregate such as counts of information or it complies with the [ICO's Anonymisation: managing data protection risk code of practice](#)

Where a patient objects, the NHS has the option to flow the data without patient identifiers such as the NHS Number or not flow the data at all, as directed by the local Caldicott Guardian. This remains the same as currently applies to CDS Type 010 A&E.

4.4.5 Patient Identifiable Data Items

Commissioning Data Sets (CDS) include several patient identifiable items, e.g.

- NHS Number
- Local Patient Identifier
- Name
- Address
- Date of Birth
- Postcode of Usual Address.

CDS necessarily includes patient identifiers to support the linkage of activity to create a complete picture of the patient pathway, for example across A&E, Admitted Patient Care and Outpatient Appointments, and also to support commissioning of health services and remuneration for activity undertaken by providers.

4.4.6 Secondary Care Use

Any secondary care uses of data must be subject to compliance with the appropriate legal basis, and service providers should review their own information governance standards to ensure they are complying accordingly.

4.4.7 Direct Care

ECDS can be used for direct care, but the information for direct care would be shared before the data has become the ECDS.

4.5 Ethics

There are not considered to be any ethical issues associated with the move to CDS v6.2.1 Type 011 - ECDS. The Ethics and Confidentiality Committee (ECC) have not raised any concerns about the changes to CDS 6.2.

4.6 Clinical Safety

Commissioning Data Sets (CDS) utilise information already routinely collected in a variety of Trust systems and collated in a non-clinical setting for secondary uses. There are minimal patient safety or clinical risk implications or potential adverse effects for patients in the application of these changes to implement CDS v6.2.1 Type 011 - ECDS within this existing standard. Any risks identified have been mitigated.

A clinical safety report was produced following a hazard assessment workshop and the consensus was that there were minimal clinical safety risks associated with the implementation of the ECDS as the data set is not primarily used as a tool to support clinical decision making but rather to record information about specific episodes of care. In support of this standard the ECDS Clinical Safety Report has been approved by the NHS Digital Clinical Safety Group.

4.7 Clinical Governance

Commissioning Data Sets support clinical governance by maintaining and improving the quality of patient care within the health system through the national reporting of comparable primary use data for secondary use purposes to standardised definitions to support transparency. This supports (a) the audit of providers by organisations such as Care Quality Commission, Public Health Observatories (PHOs) and other research and commercial organisations and (b) the identification of outliers to indicate areas to focus limited resources for investigation purposes.

4.8 Data Quality

The ECDS does not mandate design of local systems or specific local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers within their local governance arrangements to ensure good data quality in respect of the extracted submission.

4.8.1 Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the ECDS, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

4.8.2 Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks which could be considered, are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?

- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

4.8.3 Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where the data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

The structure and internal processes of each data provider will vary and, to a certain extent, depend on the priority given to IT and informatics. Some organisations will have well developed processes and systems that, with minimum effort, will accommodate ECDS. Other organisations, for who processes and systems are underdeveloped, or who will be new to the submission of ECDS may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

4.8.4 Timeliness

The data should be entered in local systems and submitted in a timely manner, so that the data set can deliver meaningful, relevant and timely reports for stakeholders. This should be followed by a review of data quality to implement improvement actions.

4.8.5 National Data Quality

The submission of CDS Type 011 – ECDS encourages a move towards an automated daily submission.

In all cases a submission will be expected to meet the necessary CDS 6.2.1 XML schema validation, which will go some way to ensure that only valid formats and codes are submitted. The validations, which are described in the ECDS Technical Output, only relate to the structure and validity of the submitted data.

Further validation will involve the continued analysis of submitted CDS Type 011 – ECDS, to identify potential data quality issues for an individual provider or nationally. This will result in NHS Digital working with the provider to ensure that they are aware of potential data quality issues and identifying appropriate resolutions. It will also result in the publication of improved guidance or consideration of future changes to CDS.

VODIMN (Valid, Other, Default, Invalid, Missing, Not Applicable) Reports will be made available to providers to flag potential data quality issues with submitted data.

5 Implementation and Use

5.1 Guidance

Full guidance is available in the CDS 6.2 Addition of CDS Type 011 ECDS Implementation Guidance, which will specifically reference the continued use of CDS 6.2 in conjunction with the introduction of the new CDS v6.2.1 Type 011 - ECDS, which is available from:
<http://content.digital.nhs.uk/isce/publication/SCCI0092-2062>

5.2 Governance

NHS Digital will have overall executive responsibility for implementation of changes to CDS.

Implementation of changes to SUS will be managed through the SUS Programme. This will be overseen by the SUS Programme Board.

Ongoing maintenance of CDS will be undertaken by NHS Digital. Users and stakeholders can submit requests for change to: ecds@nhs.net.

Change requests will be prioritised by the sponsor, in conjunction with the SUS User Group (SUG), and will only be progressed where a sponsor and funding can be identified and where a suitable implementation mechanism is available e.g. a SUS release.

The SUS User Group (SUG), comprising key stakeholders representing providers, system suppliers and commissioners, fulfils the role as CDS Expert Working Group.

5.3 Technical Architecture

5.3.1 Providers who currently submit CDS 6.2

Providers currently submitting CDS 6.2 must continue to submit CDS 6.2 for all CDS Types, **except CDS Type 010 – A&E**, using current mechanisms (EDT, at time of writing).

A new schema is available for CDS v6.2.1 Type 011 - ECDS (CDS 6.2.1.), which must be used to submit the new Emergency Care Data Set.

When an Emergency Department implements the ECDS it will no longer submit a CDS Type 010 – A&E, it will submit CDS v6.2.1 Type 011 - ECDS, instead.

CDS Type 011 will be submitted via the Messaging Exchange for Social Care and Health (MESH) service – see [Using the MESH Service](#). This is the primary messaging service used across the NHS. MESH is used to transfer electronic messages, directly and securely from one application to another.

Note that if a Healthcare Provider has more than one Emergency Department then it will be allowable to upgrade units at different times, and send CDS 011 to SUS for one unit and CDS 010 to SUS for the other(s) if necessary for local deployment reasons. If this is the case, remember that CDS 011 must be sent via MESH and CDS 010 must be sent via EDT.

5.3.2 Data Validation CDS v6.2.1 Type 011 - ECDS

The EDT service carries out a range of XML data validation processes on files, giving automated feedback to the submitter on the quality of data before it is transmitted onwards to SUS.

The MESH service does not carry out this sophisticated range of data validation processes, but a validation client that can be used locally, before submission to MESH, is possible.

Full data validation is carried out on receipt of the XML file at NHS Digital. Automated feedback is generated, in a similar way as with the EDT service, and made available to the user.

In this way, the migration from using EDT to using MESH closely replicates the services familiar to the historic CDS 6.2 submitter whilst adding additional features useful to the submitter that are built into the MESH service.

5.4 Providers who currently do not submit CDS 6.2

Providers who do not currently flow CDS 6.2 will need to ensure they can submit the CDS Type 011 xml schema to the Messaging Exchange for Social Care and Health (MESH) service – see below.

5.5 Using the MESH service

There are three main steps required by providers to install the MESH client:

1. Setting up a MESH account by completing the MESH application form:
<https://digital.nhs.uk/article/912/MESH-application-form>
2. Setting up a MESH end point certificate
3. Installing MESH as a service.

For installation guidance of MESH, please visit: <https://digital.nhs.uk/messaging-exchange-social-care-health/technical-information>.

This information will then be available to the Secondary Uses Services (SUS).

SUS to reduce the use of person identifiable information for purposes other than that of direct patient care. SUS has significantly improved the security and confidentiality of data managed through a combination of:

- Comprehensive and rigorous access controls (Role Based Access Control).
- Anonymisation of data and the use of encrypted pseudonyms to replace information that could be used to identify individuals, which is accessed or transferred from the SUS environment.
- Enabling the linkage of data from different sources relating to the same care pathway.

Full details and guidance relating to submission of CDS to SUS is available from:

<http://content.digital.nhs.uk/sus>

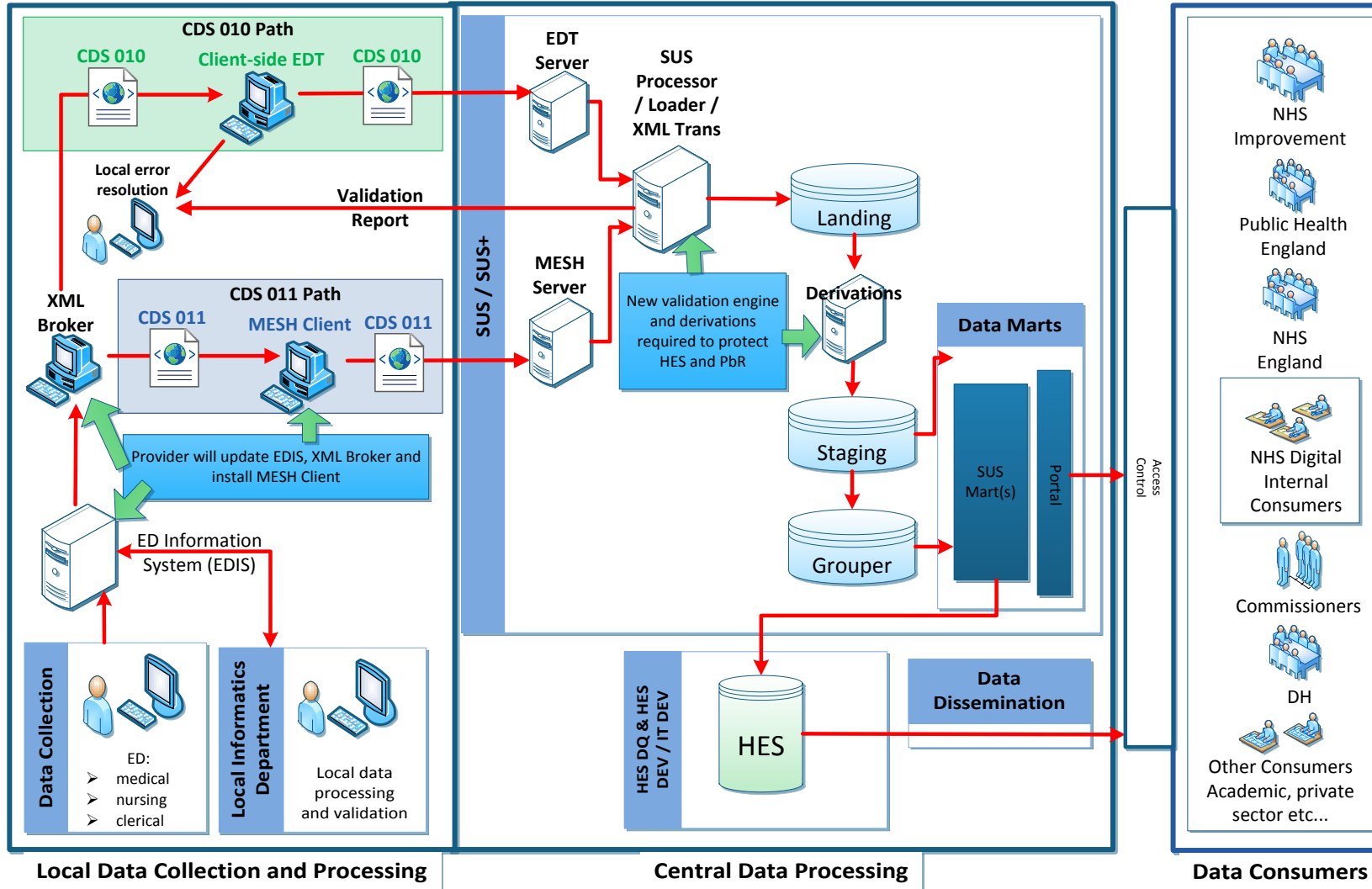
SUS has a robust Information Governance process to ensure that the data is protected from unauthorised access. Approval to access SUS and view patient data is required from the Ethics and Confidentiality Committee (ECC).

Users of SUS are issued with an NHS Care Records Service Smartcard, a pass code and Unique User Identification (UUID) to ensure data is kept secure. SUS will provide access and outputs in clear or pseudonymised form dependent upon each user's access rights. Where access to pseudonymised data is appropriate, elements which could identify a patient are encoded in order to provide greater protection of privacy.

Access to the Spine and SUS is via a connection to Health and Social Care Network (HSCN), the secure private national network for the NHS.

5.5.1 CDS 6.2 and CDS 6.2.1 XML schema flow

The following diagram outlines the data flow for submitting both CDS Type 010 A&E in addition to the CDS v6.2.1 Type 011 - ECDS flows:



5.5.2 CDS 6.2.1 XML Schema

The CDS 6.2.1 XML schema will be published to coincide with the publication of the standard via the Terminology Reference Data Update Distribution (TRUD) Service:
<https://isd.hscic.gov.uk/trud3/user/guest/group/0/home>.

TRUD provides a mechanism for the [UK Terminology Centre](#) to license and distribute reference data to interested parties.

5.5.3 CDS 6.2 and CDS 6.2.1 XML Schema support

Upon implementation of CDS 6.2.1 support will continue to be provided by the SUS support teams via enquiries@nhsdigital.nhs.uk.

5.5.4 CDS Type 010 A&E Withdrawal

SUS will continue to support CDS Type 010 A&E submissions from those providers currently doing so until its withdrawal on 31st March 2019.

The current CDS Type 010 A&E will cease to be supported from 1st April 2019, so all providers will need to pay due regard to the standard and transition to using the new CDS v6.2.1 Type 011 - ECDS before this time.

5.5.5 XML/ Middleware Suppliers

All XML / Middleware suppliers will be required to complete appropriate assurance for submission of CDS 6.2.1 xml schema. Information on this assurance approach will be provided by NHS Digital.

All XML / Middleware suppliers will be required to submit the CDS Type 011 ECDS XML schema including the ECDS data to the Messaging Exchange for Social Care and Health (MESH) service (which will transmit the ECDS data to SUS).

For general guidance about MESH, please visit: <https://digital.nhs.uk/messaging-exchange-social-care-health>

CDS 6.2 will continue to use the EDT client for transmission of data to SUS.

Where changes take place to upgrade the existing SUS version, it is anticipated that the new CDS Type 011 ECDS will also be included within any future delivery and transition road map.