

Emergency Care Data Set (ECDS) v4.0

Implementation Guidance

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Data Alliance Partnership Board (DAPB)

This information standard (DAPB0092-2062) has been approved for publication by the Department of Health and Social Care 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 Data Alliance Partnership Board (DAPB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

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

An Information Standards Notice (DAPB0092-2062 Amd 17/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions 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.

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Glossary of Terms

[See Requirements Specification](#)

1. Introduction

This document describes how to implement the Emergency Care Data Set (ECDS) v4.0.

The ECDS will be collected from providers of Urgent and Emergency Care Activity Types 01, 02, 03, 05 and 06.

This document must be read by providers of NHS Funded Care (including Trusts and Independent Sector Providers) who are either a new or an existing user of the data set and by the following audiences.

- Suppliers of secondary care systems, including Patient Administration Systems (PAS), Clinical Care Records systems and other operational systems specifically related to Emergency Care Departments.
- XML middleware suppliers
- Other organisations that use the ECDS Information Standard

Please note that examples of how information may be captured contained throughout this document are for illustrative purposes only and may differ to the specific process within your organisation.

Providers, suppliers and interested stakeholders should read this document in conjunction with other available guidance.

Full list of supporting documents include:

Published by DAPB:

Information Standards Notice (ISN)
Requirements Specification
Change Specification
Implementation Guidance (this document)
Technical Output Specification (TOS)
NHS Data Model and Dictionary Change Request
XML Schema

Published by NHS Digital:

ECDS Technical Guidance
Enhanced Technical Output Specification (E TOS)
ECDS User Guidance

New users must comply with the full set of requirements ([Requirements Specification](#)). Existing users must implement the revisions made within this release ([Change Specification](#)).

All users must be aware of the daily submission requirement, the associated data quality expectations, the implementation and conformance dates (see [Requirements Specification](#)) and achieve implementation (this document). [Technical and User Guidance](#) is available from NHS Digital to guide the implementation further.

This document includes key considerations for both new and existing users, such as information governance and possible impact of related data sets and local flows.

All users must clearly understand the need for daily submissions, to a defined level of data quality, according to the ECDS Conformance Criteria document. It is also essential that the difference is understood between the [Technical Output Specification \(TOS\)](#) which is published as part of the Information Standard and the [Enhanced Technical Output Specification \(E TOS\)](#) issued by NHS Digital. This is explained later in this section.

The E TOS contains a full list of SNOMED CT concepts along with other value-added items such as sort-orders and validation rules. This allows the E TOS to be updated with the required terminology following SNOMED CT releases without an update to the ISN. Providers should ensure they are working to the most recent version and should join the ECDS mailing list for updates.

The diagram below depicts the differences between the TOS and E TOS.

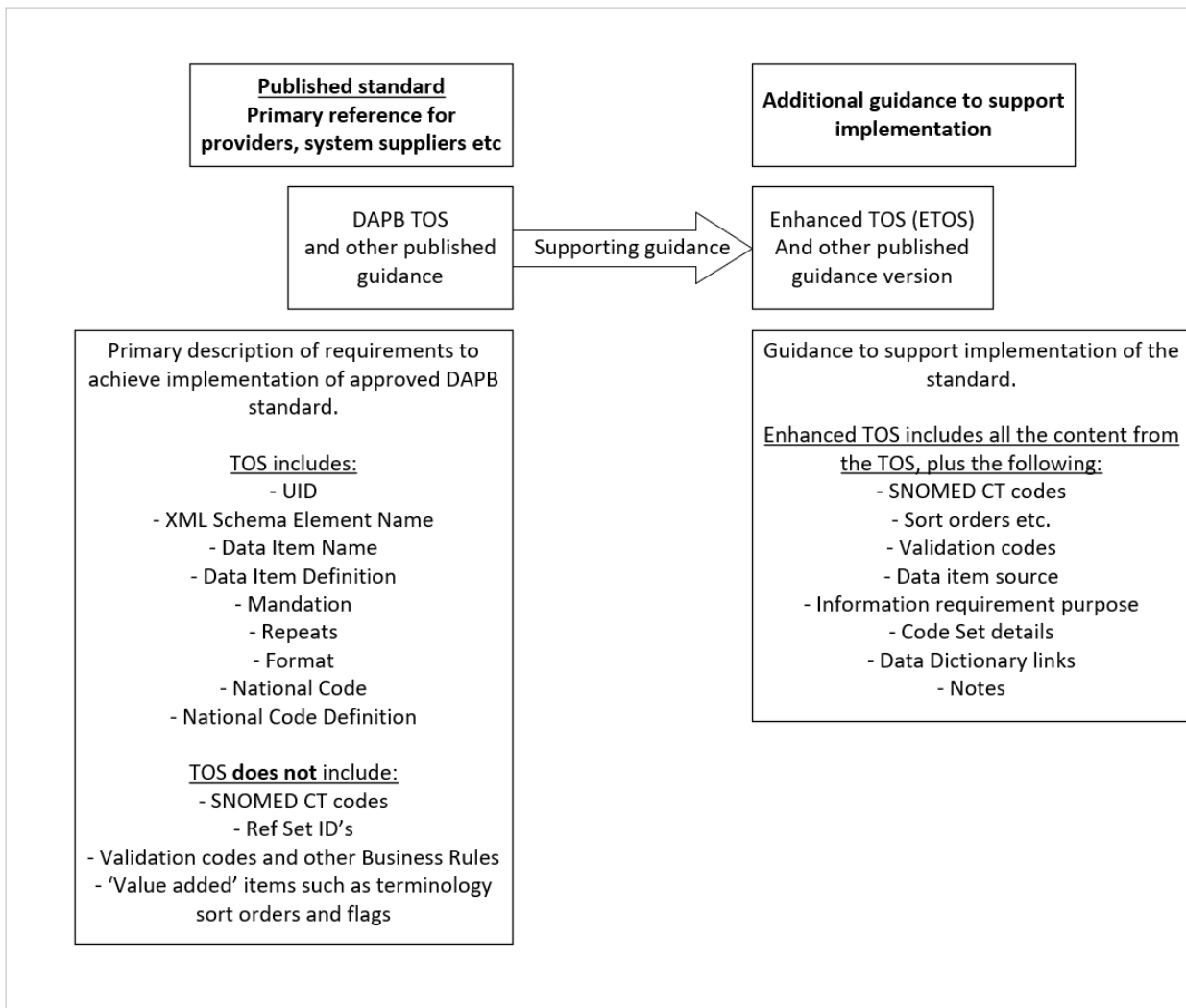


Figure 1: Difference between the TOS and E TOS.

This implementation guidance remains largely unchanged from the previous version. Any changes in this document relate either to versioning or are minor amendments to ensure content currency.

The data changes described in this version of the Implementation Guidance have been developed by the Royal College of Emergency Medicine, NHS England and NHS Digital.

The following commercial licensing or Intellectual Property Rights relate to the use of this standard within the NHS:

Clinical Frailty Scale (CFS):

Providers and suppliers are required to apply for a sub-licence from the [National Clinical Content Repository \(Copyright Licensing Service\)](#) by [registering](#) with the service, or if already registered, via the Service's [content request form](#), to be covered by copyright law. CFS is licensed for non-commercial, educational, clinical and research use only.

NEWS2:

Reproduced from: [Royal College of Physicians. National Early Warning Score \(NEWS2\): Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.](#) When using NEWS2 content, material must not be modified/amended in any way. The NEWS2 charts must be reproduced in colour. Please use the high-resolution versions of the [chart](#). Do not use the low-quality version in the report itself. No sub-licences are required from the Copyright Licensing Service for use.

In addition, it has been advised by the ECDS Clinical Lead that no additional commercial licencing is required for the new Assessment Tools introduced in ECDS v4.0, including “[UEC Pain Scale](#)” and “[4AT Rapid Clinical Test For Delirium Scale](#)”.

2. Implementation Process

Below are steps which must be considered when implementing the standard, depending on level of experience and understanding.

2.1 Existing Users

Step 1: Read the Change Specification and the [NHS Data Model and Dictionary Change Request](#). These documents provide a summary of the changes to the data set.

Step 2: Read the [Requirements Specification](#), [Technical Output Specification](#), [Implementation Guidance](#) (this document) and [other available guidance](#), noting that the ECDS User Guidance is a particularly important document to read. These documents provide details of what needs to be done, in what way, and to what timetable. The documents also describe key considerations regarding the specifics of the data set and achieving the required implementation.

Step 3: Discuss with stakeholders

It is essential to engage with all those involved in the recording, checking, submitting, and using emergency care data in or for your organisation (including commissioners). This includes system suppliers. Also, check the definitions of the data items and test these with stakeholders to ensure clear understanding. Outcome of discussions should be fully considered during the implementation planning process.

Step 4: Licensing and copyright

If implementing NEWS2 and/or CFS, then ensure that the correct licensing and copyright arrangements have been established (see above).

Step 5: Plan how you will implement and test compliance

Review the actions required, plan implementation requirements and undertake testing to ensure compliance to allow daily submission of ECDS v4.0 from the conformance date of the Information Standard (implementation from 1 July 2023, and full conformance by 1 July 2024).

Step 6: Prepare for XML submission

Ensure process and system are aligned with submission using ECDS v4.0 schema. Middleware supplier development timescales may need to be considered.

Step 7: Check and review state of readiness

Ensure systems and processes are aligned to allow submissions, in the required manner, to required timescales. A state of readiness questionnaire will be issued after the ISN is published and before July 2023 to ensure that suppliers and providers are on track for the update.

Step 8: Contact NHS Digital as required to resolve any uncertainties at enquiries@nhsdigital.nhs.uk

Step 9: Commence daily submissions of v4.0 by 1 July 2023.

Step 10: Review processes and resolve any issues identified

2.2 New Users

Step 1: Establish a project team tasked with the implementation.

Step 2: Project team read the [Requirements Specification](#), [Technical Output Specification](#), [Implementation Guidance](#) and [other available guidance](#), noting that the ECDS User Guidance is a particularly important document to read. These documents provide details of what needs to be done, in what way, to what timetable. The documents also describe key considerations regarding the specifics of the data set and achieving the required implementation.

Step 3: Discuss with stakeholders

It is essential to engage with all those involved in the recording, checking, submitting, and using emergency care data in or for your organisation (including commissioners). This includes addressing local training requirements and discussions with system suppliers. Also, check the definitions of the data items and test these with stakeholders to ensure clear understanding. Outcome of discussions should be fully considered during the implementation planning process.

Step 4: Licensing and copyright

If implementing NEWS2 and/or CFS, then ensure that the correct licensing and copyright arrangements have been established (see above).

Step 5: Plan how you will implement, undertake training, and test compliance

Review the actions required, plan implementation requirements and undertake testing to ensure compliance to allow daily submission of ECDS v4.0 from the conformance date of this information standard (implementation from 1 July 2023, and full conformance by 1 July 2024).

Step 6: Prepare for XML submission

Ensure process and system are aligned with submission using ECDS v4.0 schema. Middleware supplier development timescales may need to be considered.

Step 7: Check and review state of readiness

Ensure systems and processes are aligned to allow submissions, in the required manner, to required timescales. Check required staff competencies exist. A state of readiness questionnaire will be issued after the ISN is published and before July 2023 to ensure that suppliers and providers are on track for the update.

Step 8: Contact NHS Digital as required to resolve any uncertainties at enquiries@nhsdigital.nhs.uk

Step 9: Commence daily submissions of v4.0 by 1 July 2023. ECDS providers joining after the ISN publication date are expected to complete the development of their local systems and be ready to submit ECDS data within the standard 6 months timeframe.

Step 10: Review processes and resolve any issues identified.

3. Implementation

3.1 When should this information be collected

This information should be captured locally during each Emergency Care Department activity, in 'real time' and captured electronically by clinicians and administrative staff working in the Emergency Care Department.

Information should be captured by clinicians and administrative staff at the relevant points within the Care Pathway. For Emergency Care Departments this initiates upon arrival.

3.2 Who does this standard apply to

Both new and existing providers of Urgent and Emergency Care Activity Types 01, 02, 03, 05 and 06.

3.3 Who should capture this information

Healthcare Professionals: are 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: are responsible for capturing clerical information such as demographics.

Clinical coders: If the trust uses clinical coders to support the recording of clinical information from Emergency Care Departments, coders must ensure that they collect information which is either specified in the current ECDS E TOS or that arrangements are put in place to map what they collect to the required ECDS SNOMED CT subsets.

XML middleware suppliers: continue to support ECDS and develop tools and/or services to capture and process submissions in conformant XML, for submission to SUS+, specifically for ECDS via MESH.

Suppliers of Patient Administration (PAS) and Emergency Department Information Systems: at the request of providers, suppliers will develop systems ensuring that ECDS data items can be captured electronically and output or derived to nationally agreed standards and change existing extraction routines to produce ECDS submissions.

Trust Informatics Staff: are responsible for the collation of ECDS information and the submission of ECDS to SUS+ using MESH via XML middleware suppliers or in-house products licensed from XML middleware suppliers. This includes ensuring completeness and addressing any data quality issues identified within the data set.

3.4 How often should this information be updated

The information should be updated following activity, events, or changes in status as well as at other key points within the care pathway.

This information must be submitted on a daily basis. It is recommended that the daily submission process is automated.

3.5 Changes to Working Practices / Business Processes

Use of ECDS may require new, or changes to existing, business processes and/or working practices, such as who captures data, when and how it is recorded.

This may include new, or changes to, existing local guidance and data recording forms, and may require some degree of training for users.

3.6 Information Governance

A Direction supports the legal flow of the ECDS. Additional detail regarding other requirements, including consent issues, are included in the [ECDS Requirements Specification](#).

3.7 Objection Handling

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 nor published outside of NHS Digital, for purposes other than direct care, then the patient can [register to opt-out of data sharing](#) (for ECDS the Type 1 Opt-out does not apply; please see Requirements Specification section 4.5 for more details).

Additional details on Information Governance is included in the [ECDS Requirements Specification](#).

3.8 Service Management

All queries relating to the implementation, submission or ongoing support of the data set should be sent to enquiries@nhsdigital.nhs.uk. Technical queries relating to issues with the SUS platform should be sent to ssd.nationalservicedesk@nhs.net.

[Guidance in relation to SUS](#) is available from NHS Digital.

4. ECDS Submission

4.1 Overview

All providers of Type 01, 02, 03, 05 and 06 Emergency Care Activity **MUST** submit ECDS v4.0 to SUS+ on a daily basis using MESH. Changes contained within this release **MUST** be implemented, such as to allow collection and extraction in the required manner, from 1 July 2023.

Emergency Care Departments (or their nominated middleware supplier) **SHOULD** start flowing ECDS v4.0 data from 1 July 2023 and all Emergency Care Departments **MUST** submit ECDS v4.0 by 1 July 2024.

Sections 4.2 to 4.11 below gives generic implementation guidance for implementing ECDS in all emergency care service types and remains largely unchanged since the previous iteration of this document.

4.2 Key Submission Principles

Outlined below are the key principles supporting the submission frequency of ECDS.

4.2.1 Submission Overview

The daily feed goes into SUS+ using an XML file submitted using MESH. The definition of daily submission is described in Conformance Criteria section of the [Requirements Specification](#).

4.2.2 Frequency and Timeliness

Daily in the context of ECDS also means timely, as measured by the ECDS data quality and frequency reports at [this page](#) - there is less value in sending daily data that is not recent data too. The ECDS Conformance Criteria section of the [Requirements Specification](#) document explains how frequency and timeliness of data will be measured.

4.2.3 Data Quality

Processes are in place to assess data quality. [Reports](#) which include an assessment of data quality are issued routinely. These, together with other feedback received as part of the submission process, should be used to improve submissions.

Providers may submit data multiple times to allow it to improve as time goes on and to enable corrections to be made to historical episodes if necessary.

Providers may use a range of methods to increase data quality, for example using the NET and BULK protocols as required (see below).

Data quality requirements are described in the ECDS Conformance Criteria section of the [Requirements Specification](#).

4.2.4 Use of NET and BULK protocol

Providers may use a mixture of NET and BULK to achieve their objective of keeping SUS+ in sync with local activity. Full information on how to implement submissions via the SUS platform can be found [here](#).

4.2.5 Automation

Daily feeds should become fully automated from providers, with the expectation that there is no or minimal requirement for human interaction.

Trusts should work with their XML middleware supplier to implement an automated daily, rolling ECDS submission to be received by SUS+ as specified above.

4.2.6 Validation

A validation routine is applied to submissions.

Conformance with the ECDS v4.0 is enforced through the ECDS v4.0 XML schema.

Validation upon landing within SUS+ ensures the correct use of associated SNOMED CT code sets and other validation rules (as described in the E TOS).

Upon translation, any interchanges containing records that do not conform to the XML schema may be rejected. In these cases, a validation extract/report will be available to assist the sender in the identification and resolution of issues.

4.2.7 File Sizes

Users should note that the MESH client supports files up to a limit of 20GB compressed and 10GB uncompressed.

Where maximum permitted file size is exceeded, providers are recommended to either split their submission into multiple files or reduce the period of activity included within the submission.

4.3 Use of SNOMED CT in the ECDS

SNOMED CT concepts are no longer included in the TOS, which instead includes references to the appropriate concepts held on [TRUD](#). A full list of the valid ECDS SNOMED CT concepts is included in the separately published E TOS.

4.4 Capturing Diagnosis

ECDS utilises the recording of diagnosis paired with a qualifier. The diagnosis and associated qualifier require some special consideration due to their importance in relation to clinical safety.

The submission of diagnosis using the ECDS is done via the following three data items:

1. URGENT AND EMERGENCY CARE DIAGNOSIS (SNOMED CT)
2. CODED CLINICAL ENTRY SEQUENCE NUMBER
3. URGENT AND EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)

The ECDS introduced a subset of SNOMED CT terms to capture diagnosis which has been developed and refined by emergency departments across England. The range of SNOMED CT terms in the ECDS diagnostic code set has been intentionally restricted at the time of release rather than giving the user the full range of SNOMED CT terms.

4.4.1 Submission of Diagnosis Codes

Each diagnosis is recorded by the treating clinician. It is recognised that no diagnosis list could capture every condition that might present to the Emergency Department, such as in two use cases:

- very rare conditions could occur e.g. pseudopseudohypoparathyroidism or
- new diagnostic entities may evolve e.g. SARS-CoV-2.

The diagnosis should be submitted according to the following protocol:

- The clinician should search for the most appropriate diagnosis as represented in the approved ECDS diagnosis code set.
- In 99.9% of patients, a diagnosis from the ECDS diagnosis subset will be the only diagnosis that a clinician will need to record.
- The diagnosis that is submitted to SUS+ via ECDS must always be one from the ECDS diagnostic code set.

- If a more detailed diagnosis is required and is not in the approved ECDS diagnostic code set, the clinician should select a diagnosis that is the closest match (e.g. Endocrine condition (disorder) in the case of pseudopseudohypoparathyroidism) to that required and record the more detailed diagnosis in the patient's local health record.
- If a clinician makes a more detailed diagnosis that is not contained in the approved ECDS diagnostic code set, then this diagnosis must be communicated in the transfer of care documentation e.g. in the GP discharge letter.
- If for any reason a diagnosis outside of the ECDS approved diagnosis code set is submitted as part of ECDS, the diagnosis will not be visible in the SUS+ platform except to the submitter and will not be made available to secondary users of the data (such as commissioners or researchers). Any data quality (DQ) reports provided by NHS Digital will report this as a DQ error and the provider will be notified that the data item is not in the ECDS range. In this case, the clinician must inform NHS Digital that the diagnosis is missing from ECDS diagnostic code set by emailing enquiries@nhsdigital.nhs.uk. This will help in maintaining the code set to keep it in line with current practice.
- In the event of new diagnosis categories that are needed before the SNOMED CT subset can be updated e.g. in a pandemic, then guidance may be issued to use the 'research' field (DISEASE OUTBREAK NOTIFICATION) to record relevant information.

4.4.2 Diagnosis Qualifier

The diagnosis qualifier is an integral element of ECDS that enables clinicians to capture the 'uncertainty' of diagnosis. The qualifiers in use are 'Suspected' and 'Confirmed Present'.

These SNOMED CT terms provide a solution to pathological uncertainty. In the context of the ECDS 'uncertainty' is defined as:

- Pathologic uncertainty – i.e. "this person who attended today has suspected gout" and.
- Pathologic certainty – i.e. "this person who attended today has confirmed gout",

But Not

- Diagnostic uncertainty – i.e. "this person's confirmed gout is the suspected reason they attended".

Guidance regarding the onward transmission of the diagnosis and qualifier as part of the ED to GP Discharge Summary has been developed in partnership with the Royal College of General Practitioners (RCGP) and the Professional Record Standards Body (PRSB), please see below:

Where there is no 'confirmed present' diagnosis then:

- The chief complaint (a symptom) is used to populate the diagnosis entry 'diagnosis' data item, e.g. 'Shortness of breath'.

- The ‘suspected’ diagnosis is converted into a text entry and this is used to populate the diagnosis entry ‘comment’ data item. e.g. ‘Suspected diagnosis: pulmonary embolus’.

This format allows the information about any ‘suspected’ diagnosis to be clearly and unambiguously presented to the receiving GP user. Furthermore, the combination of symptom plus text comment may then be easily incorporated into the GP record. As a result, the example provided above would appear as ‘Shortness of breath’, coupled with the extra information from the diagnosis comment box: ‘Suspected diagnosis: pulmonary embolus’.

This requirement is safe and workable and:

- Complies with the PRSB/Academy of Medical Royal Colleges (AoMRC) standards for capturing diagnoses in the clinical record.
- Requires no alteration to the arrangements already agreed and that was previously successfully trialled for ECDS handling of diagnosis.

This requirement requires robust measures to ensure that every diagnosis is accompanied by the correct qualifier and processing to ensure that the ED to GP discharge summary message is populated as described.

This guidance must also be followed for any other kinds of transfer of care communication when the diagnosis qualifier SNOMED CT concept cannot be guaranteed to be transmitted, received, and presented to the user accurately.

When the data has crossed the boundary from primary (direct care of the patient) uses to secondary uses then it must not pass back again to be used for primary uses.

4.5 Maintenance of ECDS SNOMED CT Subsets

From time to time the ECDS SNOMED CT subsets may be required to change to reflect the needs of the data set, clinical practice and for other reasons. The positioning of SNOMED CT in the [E TOS](#) (rather than the TOS) caters for updates without the need for the DAPB standard to be reissued. Providers should therefore ensure that they are working to the most recent E TOS version and should join the [ECDS mailing list](#) for updates.

- The ECDS data items can be found within the [ECDS TOS](#).
- The ECDS data items plus SNOMED CT codes can be found in the [ECDS E TOS](#)
- The ECDS SNOMED CT Subsets are downloadable with the SNOMED CT release files from [TRUD](#).

Subset metadata is hosted on the [Data Dictionary for Care \(DD4C\)](#) site. There you can select subset metadata in the search options and enter the subset name, relevant terms, or subset id. Each subset has a page with information such as the use, description, and an external links to browsers where you can view the SNOMED CT codes that make up the subset membership.

- Implementation of the data items can be found within the [ECDS User Guidance](#).
- If a clinician finds a clinical situation that requires a new SNOMED CT code, please send a description to enquiries@nhsdigital.nhs.uk. Any new additions/updates or removals to the ECDS SNOMED CT subsets will be available via the existing

SNOMED CT maintenance and release schedules and must be implemented in line with published schedules.

4.5.1 Further Resources for SNOMED CT

More information about [SNOMED CT](#) can be found on the [NHS Digital Terminology and Classifications](#) website, including information about:

- **Licensing:** Whilst the principle is to issue royalty-free licences for the use of SNOMED CT throughout SNOMED International Member Territories, there are commercial licensing issues in respect of SNOMED CT. Users of SNOMED CT need to obtain licences for its use
- **Training:** A range of ways exist for individuals to learn more about SNOMED CT and its uses. For those who feel they need more understanding of SNOMED CT, NHS Digital provide [training and education resources](#).

4.6 ECDS v4.0 Data Elements

Full details of all ECDS Data elements are available within the [ECDS TOS](#) and the ECDS v4.0 XML schema including all headers and trailers is available from NHS Digital via [TRUD](#) – see above.

4.7 Grouping Codes and Sorting – Usability

In order that data supplied to user bodies such as NHS England and Department of Health and Social Care (DHSC) is reliable and useful, data must be collected accurately. This requires an Emergency Department Information System (EDIS) to be available to the clinical and non-clinical staff that are required to enter this data.

To support suppliers to develop systems which are logical and simple to use, ECDS has been developed with usability in mind. The code sets (see [ECDS E TOS](#)) have been ordered to reflect the most common / most used terms and have also been grouped to enable the development of linked drop-down lists where possible.

It is important to note that the search terms themselves should not be visible to users, but instead should be held in the background.

Further guidance regarding how to express the ECDS code sets can be found within the [ECDS User Guidance](#).

4.8 Mapping to ECDS

Some data items will require providers to map/align information used locally, e.g. staff grades and roles to ECDS code sets. The table below outlines the main areas for consideration locally, with details of the mapping being available from the ECDS User Guidance.

ECDS Data Group	Data item	Mapping Required To	Change
AMBULANCE DETAILS	ORGANISATION IDENTIFIER (CONVEYING AMBULANCE TRUST)	Ambulance Organisation Data Service (ODS) codes	No change to current practice, although needs to reflect Organisation code guidelines
URGENT AND EMERGENCY CARE ACTIVITY CHARACTERISTICS	ORGANISATION SITE IDENTIFIER (URGENT AND EMERGENCY CARE ATTENDANCE SOURCE)	ODS codes of organisations a patient may have been transferred from for ED care	Change of Data Item
URGENT AND EMERGENCY CARE ACTIVITY CHARACTERISTICS	URGENT AND EMERGENCY CARE ACUITY (SNOMED CT)	Triage score in use locally (or other assessment measure) needs mapping to 1-5 acuity score	Change of Data Item
URGENT AND EMERGENCY CARE ACTIVITY CHARACTERISTICS	URGENT AND EMERGENCY CARE CHIEF COMPLAINT (SNOMED CT)	May need mapping from ICD-10 or other codes depending on local implementation of SNOMED CT	Change of Data Item
SERVICE AGREEMENT DETAILS	ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Provider ODS codes	No change to current practice, although needs to reflect Organisation code guidelines
SERVICE AGREEMENT DETAILS	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Commissioner ODS codes	No change to current practice, although needs to reflect Organisation code guidelines
CARE PROFESSIONALS (URGENT AND EMERGENCY CARE)	PROFESSIONAL REGISTRATION ISSUER CODE	Professional Registration body information in clinician records e.g. GMC , NMC , HCPC	No change to current practice
CARE PROFESSIONALS (URGENT AND EMERGENCY CARE)	CARE PROFESSIONAL TIER (URGENT AND EMERGENCY CARE)	Need mapping to clinician records.	Change of Data Item

ECDS Data Group	Data item	Mapping Required To	Change
URGENT AND EMERGENCY CARE DIAGNOSES (SNOMED CT)	URGENT AND EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)	May need mapping from ICD-10 or other codes depending on local implementation of SNOMED CT	Change of Data Item
DISCHARGE FROM URGENT AND EMERGENCY CARE	ORGANISATION SITE IDENTIFIER (DISCHARGE FROM URGENT AND EMERGENCY CARE)	ODS codes of services patients may be discharged to.	Change of Data Item

4.9 Investigations and Treatments

The investigation and treatment codes - via Healthcare Resource Groups (HRGs) - are typically the principal drivers of payments for Emergency Care Departments.

The introduction of more granular investigation and treatment codes with ECDS led to the need for mapping these codes to the existing codes used for generating HRGs. This process is in place and users should refer to the [ECDS Technical Guidance](#) which explains this process in more detail.

4.10 Impact of ECDS on other Provider Data Systems

Providers should investigate whether changes to code sets used in their Emergency Departments are likely to impact on other data collections or data sharing arrangements within their trust and agree what action should be taken to mitigate against any negative impact on these systems.

4.11 Impact of ECDS on other flows and collections

4.11.1 EDSSS

The [Emergency Department Syndromic Surveillance System](#) (EDSSS) monitors daily attendance information from a network of EDs across England and Northern Ireland and publishes a weekly report providing the number of attendances for specific conditions. EDSSS plays a valuable part in providing intelligence on infectious diseases (including seasonal respiratory illness), investigation of vaccine effectiveness (including influenza and rotavirus) and a wide range of incidents (including non-infectious events).

The UK Health Security Agency (UKHSA) receives a daily feed of Emergency Care Department data from across England and Northern Ireland.

If you have any queries regarding EDSSS then please contact: syndromic.surveillance@ukhsa.gov.uk.

4.11.2 TARN

The Trauma Audit and Research Network (TARN) is an established national clinical audit for trauma care across England, Wales and the Republic of Ireland and has been supporting trauma receiving trusts for over twenty years by providing each hospital with case mix adjusted outcome analysis, performance of key process measures and comparisons of trauma care.

The TARN Information Standard ISB 1606 was published in September 2014. Further information is available via the [TARN website](#).

The TARN standard collects very detailed patient level clinical and process data for the audit of major trauma. The data collected represents small numbers of high acuity, high complexity patients and is largely collected retrospectively from multiple sources e.g. radiology, autopsy, and operation reports.

The ECDS has been developed wherever possible to collect data items in a format that corresponds to the TARN data points. For the process data points (time of arrival in ED, time of exit from ED) these follow the data modelling and dictionary standards and are consistent in ECDS.

There is no evidence that ECDS impacts on the collection of the TARN standard. However, where SNOMED CT is used, specifically for the collection of diagnosis, providers should look at whether this impacts on the collection of the required TARN information.

ECDS supports the following elements of TARN:

- Better data completeness: TARN Emergency Care Department data can be incomplete where IT does not routinely support capture of staffing level (e.g. time of consultant attendance) and intervention times.
- The research field in ECDS is a particularly exciting innovation for large scale major trauma research e.g. CRASH3 study where many patients will be recruited. ECDS has the ability to flag recruitment and help Investigators manage large trials.
- The injury data collection brings particular benefit for the large cohort of older patients who are injured who have an Injury Severity Score (ISS) of 9-15, as good quality data about the cause of these injuries is rarely available later, and so collection at time of initial attendance and when witnesses are present will be a significant benefit in that we may be better able to prevent these injuries.

Whilst ECDS should have minimal impact on TARN, those involved in the TARN data collection should be made aware of ECDS.

4.11.3 Emergency Care Department to GP Discharge Summary

The PRSB was commissioned by NHS Digital to develop standards for electronic Emergency Care Discharge Summaries. The Emergency Care Discharge Summary project objectives were to improve patient safety and continuity of care by developing information models to support the transfer of vital and accurate information to General Practice (GP) systems following an attendance at an Emergency Care Department.

The Emergency Care Discharge Summary information models apply to all Emergency Care Service types as defined by the NHS Data Model and Dictionary.

The information models developed by the PRSB were used by NHS Digital to develop technical specifications available to system suppliers to implement appropriate electronic solutions.

The Emergency Care Discharge Summary headings were developed alongside the ECDS. Key clinical information required to be submitted as part of the ECDS is represented in the Emergency Care Discharge Summary model where appropriate. Information systems with successfully implemented ECDS can generate the required data to populate Emergency Care Discharge Summaries according to the PRSB information models.

Providers should work with their system suppliers to implement the headings outlined in the [Emergency Care Discharge Summary](#) information models in line with the specified implementation timeframes.

4.11.4 Child Protection Information Sharing

ECDS deliberately excludes CP-IS information as there is [an information standard](#) supporting a national strategy to collect and share this information.

4.11.5 Female Genital Mutilation Information Sharing – Local System Integration

ECDS deliberately excludes FGM-IS information as there is [an information standard](#) supporting a national strategy to collect and share this information.

5. Technical Guidance

Full Technical Guidance is available in [Technical Guidance](#) document.

6. Timescales

See the [ECDS Information Standards Notice](#).

7. Further Information and Supporting Links

Information Standard Documentation/Data Alliance Partnership Board

For information relating to ECDS v4.0, including Requirements Specification, Change Specification, Implementation Guidance, Information Standards Notice, Technical Output Specification, Data Dictionary Change Request and XML Schema.

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb0092-2062-commissioning-data-sets-emergency-care-data-set>

<http://digital.nhs.uk/isce/publication/dapb0092-2062> (short link)

Guidance Documentation

Including ECDS User Guidance, ECDS Technical Guidance, ECDS guidance for clinical and administration staff and Case Studies.

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-guidance>

Direction

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/establishment-of-information-systems-for-nhs-services-emergency-care-data-set-collection-directions-2017>

Information about opting out of Data Sharing

<https://digital.nhs.uk/services/national-data-opt-out>

SUS

The Secondary Uses Service is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

<https://digital.nhs.uk/services/secondary-uses-service-sus>

ECDS Data Quality

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/emergency-care-data-set-ecds-data-quality>

Technology Reference Update Distribution (TRUD)

The ECDS v4.0 submission schema is available via TRUD.

<https://isd.digital.nhs.uk/trud3/user/guest/group/0/home>

Enhanced Technical Output Specification (E TOS)

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds>

Data Dictionary for Care

<https://dd4c.digital.nhs.uk/dd4c/publisheddatasets/1?size=10>

Terminology and Classifications

<https://digital.nhs.uk/services/terminology-and-classifications>

Information Sharing to Tackle Violence

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb1594-information-sharing-to-tackle-violence-minimum-dataset>

<http://digital.nhs.uk/isce/publication/isb1594> (short link)

TARN

www.tarn.ac.uk

Tarn – Injury Severity Score

www.tarn.ac.uk/Content.aspx?c=3117

CRASH3 study

<https://crash3.lshtm.ac.uk/>

PRSB - Emergency Care Discharge

<https://theprsb.org/standards/emergencycaredischarge/>

Child Protection Information Sharing - Standard

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1609-child-protection-information-sharing>

<http://digital.nhs.uk/isce/publication/dcb1609> (short link)

FGM Risk Information System

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2112-fgm-information-sharing-local-system-integration>

<http://digital.nhs.uk/isce/publication/dcb2112> (short link)

MESH Message Exchange for Social Care and Health:

The Message Exchange for Social Care and Health (MESH) is the main messaging service used across health and social care.

<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh>

MESH Mailbox Application Form

<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh/mesh-guidance-hub/client-user-guide#apply-for-a-mesh-mailbox>

Payment by Results

<https://digital.nhs.uk/services/secondary-uses-service-sus/payment-by-results-guidance>

NHS Data Model and Dictionary Service

For information relating to the NHS Data Dictionary including ECDS 4.0 data elements, attributes, business definitions, supporting information and ECDS 4.0 XML schemas.

www.datadictionary.nhs.uk

Hospital Episode Statistics:

HES is a data warehouse containing details of all admissions, outpatient appointments and Emergency Care Department attendances at NHS hospitals in England.

<http://digital.nhs.uk/hes>

Organisation Data Service (ODS)

The Organisation Data Service (ODS) is responsible for publishing organisation and practitioner codes, along with related national policies and standards.

<https://digital.nhs.uk/organisation-data-service>

National Casemix Service

The National Casemix Office designs and refines classifications that are used by the NHS in England to describe healthcare activity.

<https://digital.nhs.uk/services/national-casemix-office>