Information Standards Board
for Health and Social Care

Title	Commissioning Data Sets (CDS) v6.2 Requirements Specification		
ISB Reference	ISB 0092 Amd 16/2010 Change		
Sponsor	Jeremy Thorp	Status	Final
Owner	Paul Croft	Version	1.0
Author(s)	Paul Croft	Version Date	27th August 2012

Commissioning Data Sets (CDS) v6.2
Requirements Specification

© Open Government Licence 2012

Amendment History:

Version	Date	Amendment History
0.1		First draft for comment
0.7	06/07/2012	Draft incorporating amendments to clarify requirements
0.8	13/07/2012	Final draft for ISB Board
1.0	27/08/2012	Final version for publication

Approvals:

Name	Organisation	Version	Date
Stuart Richardson	Health and Social Care Information Centre	1.0	27/08/2012
Andy Burn	Department of Health Informatics Directorate	1.0	27/08/2012
Jeremy Thorp	Department of Health Informatics Directorate	1.0	27/08/2012

Related Documents:

Ref #	Title	Version	Date
1	CDS 6.2 Standard Specification	1.0	27/08/2012
2	CDS 6.2 Data Set Change Specification	1.0	29/08/2012

© Open Government Licence 2012

Contents

1 Purpose 5
2 Background 6
3 Requirement Capture and Elaboration Process 7
4 Requirements Specification 8
4.1 Health and Social Care Act 2012 8
Health and Social Care Act 2012 – New commissioning arrangements 8
4.2 Payment by Results (PbR) 9
PbR Length of Stay Adjustment 9
New elements to support PbR following removal of OPCS Codes 10
Consultation Medium Used 11
Direct Access Indicator 11
Admission Method Code Split 12
Removal of existing HRG 3.5 data elements 13
Removal of non ISB approved data elements introduced in CDS 6.0 14
4.3 Allied Health Professional (AHP) Referral to Treatment (RTT) 14
Identify AHP RTT Activity 15
Monitor AHP RTT Location 16
Earliest Clinically Appropriate Date 17
4.4 Accident and Emergency (A&E) Clinical Quality Indicators (CQIs) 18
A&E Clinical Quality Indicators - A&E Site Code of Treatment 18
4.5 Mental Health 20
Ward Security Level 20
Legal Status Classification Code Rename 21
Legal Status Classification Code – Removal of Supervised Discharge 22
Admission Method Code - Gate-kept by Crisis Resolution Team 23
Removal of Mental Category 24
4.6 Improving Quality and Value of Hospital Data 25
Present on Admission 25
Details of Staff Involved in Operations 26
4.7 Treatment Function Codes (TFC) 27
Treatment Function Codes 27
4.8 Ambulance Care 28
Ambulance Incident Number 28
4.9 Respiratory/Renal/Diabetes/Liver/Kidney 29
Discharged to Hospital At Home 29

4.10 Information Governance 30
Identify Records which have been anonymised by the provider 30
Removal of Very General Purpose (VGP) fields 30
4.11 SUS User Group (SUG) 32
Addition of Time elements to existing date elements 32
Introduce dates into A&E where there are currently only times 32
Expected Duration of Appointment 33
4.12 XML Schema/NHS Data Dictionary 35
Replacement of numeric data elements containing enumerated lists 35
New CDS NET Deletion Process 36
Critical Care Discharge Status Additional Value 37
Organisation Code (Code of Provider) Mandatory in XML schema 38
Organisation Code (Code of Commissioner) Mandatory in XML schema 38
Removal of old Source of Referral for Outpatient Code from XML Schema 39
Removal of CDS Test Indicator Item from Transaction Header 39
Total Previous Pregnancies Restrictions 40
5 Withdrawn/Deferred Requirements 41
5.1 Health and Social Care Act 2012 41
Health and Social Care Act 2012 – New commissioning arrangements – Reporting CCGs in shadow form/historic PCTs 41
5.2 Violent Incident Prevention 41
Violent Incident Prevention 41
5.3 Main Specialty 42
Flow Main Specialty Code [500] Obstetrics and Gynaecology 42

1 Purpose

This document outlines the requirements from key stakeholders to be met by Commissioning Data Sets (CDS) version 6.2. For traceability purposes it also includes details of requirements taken forward into elaboration stage but subsequently deferred or withdrawn.

It is intended to provide a summary of the requirement, including details of what is required and justification as to why it is required. It is also intended to highlight the status and priority for each requirement using MoSCoW (MUST, SHOULD, COULD) terminology as defined in RFC-2119.

© Open Government Licence 2012

2 Background

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).

The Commissioning Data Sets (CDS) are the primary mechanism for the reporting of NHS funded care activity via the Secondary Uses Service (SUS). They support a variety of high profile national requirements including Payment by Results (PbR) and Referral to Treatment (RTT) as well as national reporting of activity through Hospital Episode Statistics (HES).

The introduction of Commissioning Data Sets (CDS) version 6.2 incorporates changes to support new and changing national policy and legislative requirements, support commissioning and to meet the needs of the NHS including addressing known issues.

© Open Government Licence 2012

3 Requirement Capture and Elaboration Process

Requirements for CDS 6.2 have been captured from a variety of stakeholders by the Health and Social Care Information Centre (HSCIC).

A log of high level requirements was initially maintained by the Information Standards Board (ISB) based upon enquiries received from stakeholders. These were then prioritised and validated by the HSCIC to ensure that the requirements were still needed by the requester.

High level requirements were elaborated in conjunction with the requestor and key stakeholders to elicit the detailed requirements for use as the basis of developing the information and data requirements.

Requirements and associated proposed changes to CDS were subsequently signed-off by individual sponsors as being ‘fit for purpose’.

In a few cases requirements have been deferred as a result of potential barriers identified by the stakeholder or withdrawn where no sponsor or funding for the requirements could be identified or where alternative implementation mechanisms were subsequently identified by the sponsor.

© Open Government Licence 2012

4 Requirements Specification

4.1 Health and Social Care Act 2012

Health and Social Care Act 2012 – New commissioning arrangements				**ID**	CDS6.2_024_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					
The Health and Social Care Act 2012 received Royal Assent in March 2012. This introduced changes to existing commissioning arrangements. From April 2013 Primary Care Trusts (PCTs) will be abolished and replaced with newly formed Clinical Commissioning Groups (CCGs). In some cases CCGs will only be in shadow form at this date and consequently the NHS Commissioning Board will be responsible for commissioning care on behalf of the CCG, however despite this activity should be reported against the actual or shadow CCG. Although both CCG of responsibility and CCG of Residence Responsibility can be derived centrally from reference data based upon the patients GMP Practice or postcode of usual address respectively, in a small number of cases a patient may not be registered with a GP and their postcode may be anonymised due to sensitivity or other information governance reasons. In these cases there is a need for the CCG of Residence Responsibility to be explicitly submitted by the provider. As a result there is the need for PCT of Residence to continue to flow for activity occurring prior to 1st April 2013 and for CCG of Residence to flow for activity occurring after 31st March 2013. *Further Information* Health and Social Care Act 21012 http://services.parliament.uk/bills/2010-12/healthandsocialcare/documents.html Explanatory Notes http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.pdf Department of Health – Health and Social Care Act – Clinically Led Commissioning Factsheet http://www.dh.gov.uk/health/files/2012/06/B1.-Factsheet-Clinically-led-commissioning-2404121.pdf NHS Commissioning Board – Clinical Commissioning Groups – Towards Authorisation http://www.commissioningboard.nhs.uk/files/2012/01/NHSCBA-02-2012-7-Guidance-Developing-Clinical-Commissioning-Groups-Towards-Authorisation.pdf					
Requestor	**Sean Walsh** Director – Systems and Service Delivery NHS Connecting for Health		**Sponsor**	**Sean Walsh** Director – Systems and Service Delivery NHS Connecting for Health	

4.2 Payment by Results (PbR)

PbR Length of Stay Adjustment				**ID**	CDS6.2_019_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

Changes are required to support PbR by facilitating an accurate calculation of length of stay thus enabling the derivation of correct core HRG's.

This will support both Providers and Commissioners in preventing incorrect payments to providers which would need to be reconciled and recuperated.

Discrete periods of rehabilitation and specialist palliative care will attract separate tariff through PbR and consequently should not be taken into account in the derivation of Core HRG's. As a result this change is required to enable adjustment to length of stay calculations to enable the correct derivation of the Core HRG.

Functionality to allow this is already incorporated within the Local Groupers, however the relevant data items are not available within CDS potentially resulting in the incorrect derivation of HRG's within the SUS PbR Grouper and consequently incorrect payments to providers which commissioners will need to recuperate. This is highlighted in the Payment by Results Guidance for 2012-13 (sections 53 - 57).

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf

This information is already widely used by Trusts locally suggesting that it is routinely captured and available for use within CDS. Specific data items may not be available within existing Trust systems.

It is intended that this will be optional. Where Trusts do not submit this information they will be required to negotiate local agreements with commissioners.

Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health	**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health

<table>
<tr><td colspan="4">New elements to support PbR following removal of OPCS Codes</td><td>ID</td><td>CDS6.2_037_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Assessment by a multi-disciplinary/multi-professional team and rehabilitation assessment by specialised or non-specialised teams are currently identified within the Outpatient CDS record as OPCS codes. These are utilised to generate Healthcare Resource Groups (HRGs) through the Grouper which in turn attract tariff under Payment by Results (PbR).

The NHS Classifications Service are planning to remove the following OPCS codes from OPCS 4.7 from April 2014 as they do not adhere to editorial policy.

X60 Rehabilitation assessment
Excludes: Assessment (X62)

X60.1 Rehabilitation assessment by multidisciplinary non-specialised team
X60.2 Rehabilitation assessment by multidisciplinary specialised team
X60.3 Rehabilitation assessment by unidisciplinary non-specialised team
X60.4 Rehabilitation assessment by unidisciplinary specialised team

X62 Assessment
Excludes: Rehabilitation assessment (X60)

X62.1 Assessment by uniprofessional team NEC
X62.2 Assessment by multiprofessional team NEC
X62.3 Assessment by multidisciplinary team NEC

X66 Cognitive behavioural therapy

X66.1 Cognitive behavioural therapy by unidisciplinary team
X66.2 Cognitive behavioural therapy by multidisciplinary team

As a result an alternative method of submitting this information is required to allow the grouper to continue to derive existing HRGs and ensure activity of this nature continues to attract additional tariff and consequently payment.</td></tr>
<tr><td>Requestor</td><td colspan="2">Nathan Abbotts
Tariff Development Manager
PbR Development Branch
Department of Health

Lorna Sinclair
Senior Tariff Development Manager
PbR Development Branch
Department of Health</td><td>Sponsor</td><td colspan="2">Martin Campbell
Deputy Director of Finance
PbR Development Branch
Department of Health</td></tr>
</table>

Consultation Medium Used				**ID**	CDS6.2_041_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					
Outpatient attendances can currently only be reported as either face to face or telephone/telemedicine using the First Attendance data element. There is a need to distinguish between telephone and telemedicine to support Payment by Results (PbR) and tariff development and ensure that Providers are rewarded for innovation. Consultation Medium Used will identify the communication mechanism used to relay information between the CARE PROFESSIONAL and the PERSON who is the subject of the consultation, during a care activity. Non face to face activity should only be reported through CDS where it directly supports diagnosis and care planning and replaces a face to face attendance.					
Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health		**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health	

Direct Access Indicator				**ID**	CDS6.2_042_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					
For 2012-13 Payment by Results introduced a number of mandatory tariffs for activity accessed directly, e.g. commissioned directly from primary care. These include: a. Direct access diagnostic imaging b. Direct access respiratory tests for simple airflow studies and simple bronchodilator studies c. Direct access flexible sigmoidoscopy Full details are provided in the Payment by Results Guidance for 2012-13. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf The guidance states that: “SUS PbR and the Grouper do not identify services which have been accessed directly. We are working with the NHS Information Centre to correct this for the next CDS release. We suggest that commissioners and providers use local data flows to identify services accessed directly.“					

As a result there is a need to identify activity relating to Direct Access Referrals. This will be used by the Grouper to generate appropriate HRGs, including unbundled HRGs for diagnostic tests, against which tariff will be applied and payments made.

Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health	**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health

Admission Method Code Split				**ID**	CDS6.2_045_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

Payment by Results introduced an updated emergency readmissions policy for the 2010-11 financial year.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112970.pdf

This defined rules for payment of activity that is, or has, an emergency readmission.

Subsequently a need to differentiate between when an emergency admission is an emergency transfer or not has been identified. This is because of two reasons:

1. any activity that forms a part of a continuous inpatient readmission spell (i.e. the continuous period of care, regardless of any emergency or other transfers which may take place) should be included within the scope of the emergency readmissions policy

2. activity is excluded from the scope of the emergency readmissions policy where the readmission is an emergency transfer of an admitted patient from another provider, where the admission at the transferring provider was an initial admission and not itself a readmission.

It is expected that this new value will be used in SUS PbR and PbR guidance once it is available.

To meet this requirement it is proposed that changes to the existing NHS Data Dictionary Admission Method attribute be made as follows:

http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/admission_method_de.asp?shownav=1

Retirement of the following national code:

[28] Other means, examples are:
- admitted from the Accident and Emergency Department of another provider where they had not been admitted
- transfer of an admitted PATIENT from another Hospital Provider in an emergency
- baby born at home as intended

And replacement by new values for the individual components:

[2A] PATIENT admitted from the Accident And Emergency Department of another provider where they had

not been admitted [2B] Transfer of an admitted PATIENT from another Hospital Provider in an emergency [2C] Baby born at home as intended [2D] Other Emergency Admission This will support PbR and ensure the correct tariffs are allocated in relation to the emergency readmissions policy.			
Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health	**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health

Removal of existing HRG 3.5 data elements				**ID**	CDS6.2_014_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					
Existing data items to support the flow of HRG 3.5 are no longer required following the replacement of HRG 3.5 with HRG 4. The existing format and structure for data elements does not support HRG 4 due to the increased length of the HRG and introduction of 'unbundling' potentially resulting in several HRGs being generated for a single episode. There is no requirement for Trusts to submit locally generated HRG 4 codes through CDS as the definitive HRG 4 codes are grouped centrally within SUS for Payment by Results (PbR) purposes.					
Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health		**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health	

Removal of non ISB approved data elements introduced in CDS 6.0				**ID**	CDS6.2_044_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					
Several new data elements were introduced in the CDS 6.0 XML schema to support Payment by Results pending formal ISB approval. These data elements were subsequently not approved by ISB and were only permitted for use to support piloting. These include the following items: ▪ ADMINISTRATIVE CATEGORY (AT START OF EPISODE) ▪ LEAD CARE ACTIVITY INDICATOR ▪ LEGAL STATUS CLASSIFICATION CODE (AT START OF EPISODE) ▪ LOCATION TYPE The sponsor has confirmed that there is no longer a requirement for these items. As a result there is a need to remove them from CDS 6.2.					
Requestor	**Nathan Abbotts** Tariff Development Manager PbR Development Branch Department of Health **Lorna Sinclair** Senior Tariff Development Manager PbR Development Branch Department of Health		**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health	

4.3 Allied Health Professional (AHP) Referral to Treatment (RTT)

The Department of Health ‘Framing the contribution of allied health professionals: delivering high-quality healthcare’ outlines proposals to meet the Secretary of State commitment for an improved AHP service offer to patients and the public, including the introduction of Allied Health Professional Referral to Treatment (AHP RTT).

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089514.pdf

AHP RTT was later reinforced as a key priority commitment in the NHS Operating Framework 2009-10.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091446.pdf

© Open Government Licence 2012

<table>
<tr><td colspan="4">Identify AHP RTT Activity</td><td>ID</td><td>CDS6.2_021_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Information to support existing national reporting of Consultant Led Referral to Treatment (RTT) (formerly 18 weeks) to meet national targets is currently flowed through Commissioning Data Sets (CDS).

This may include Allied Health Professional activity where this is part of a consultant led pathway.

Allied Health Professional Referral To Treatment (AHP RTT) is a key area of national policy and national flow of information to support monitoring of the policy will be implemented through CDS using existing Referral to Treatment (RTT) data elements.

There is consequently the need to identify AHP activity that is part of a consultant led pathway from activity which is part of AHP RTT.

To meet this requirement the following existing NHS Data Dictionary data element will be included within CDS:

WAITING TIME MEASUREMENT TYPE

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/w/waiting_time_measurement_type_de.asp?shownav=1

This will enable the identification of activity for different types of waiting time measurements to enable the Secondary Uses Service (SUS) to apply the appropriate processing and ensure only relevant activity is included within national analysis.

This data element has previously been approved by ISB within the Community Information Data Set (CIDS).</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Karen Middleton
Chief Health Professions Officer
Department of Health</td></tr>
</table>

© Open Government Licence 2012

<table>
<tr><td colspan="4">Monitor AHP RTT Location</td><td>ID</td><td>CDS6.2_022_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>SHOULD</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Implementation of changes to CDS to support the flow of information for Allied Health Professional Referral to Treatment (AHP RTT) will require providers to submit activity for Allied Health Professionals that is not currently within scope of CDS.

This may include outpatient appointments occurring in a variety of settings such as outpatient clinics or on a hospital ward.

To ensure the completeness of AHP RTT data there is a need to identify the location that outpatient activity it taking place to ensure that AHP RTT patient pathways are complete.

To meet this requirement the following existing NHS Data Dictionary data element will be included within CDS:

ACTIVITY LOCATION TYPE CODE

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/a/activity_location_type_code_de.asp?shownav=1

This will enable the identification of the location activity occurred to enable monitoring of the implementation of AHP RTT.

This data element has previously been approved by ISB within the Community Information Data Set (CIDS) and Mental Health Minimum Data Set (MHMDS).</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Karen Middleton
Chief Health Professions Officer
Department of Health</td></tr>
</table>

<table>
<tr><td colspan="4">Earliest Clinically Appropriate Date</td><td>ID</td><td>CDS6.2_XXX_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>SHOULD</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">
Implementation of changes to CDS to support the flow of information for Allied Health Professional Referral to Treatment (AHP RTT) will allow the calculation of referral to treatment waiting times for AHP services and allow analysis and benchmarking of services. In some cases there may be legitimate clinical reasons to explain why patients were not treated within specified targets.

As a result there is a need to identify periods of time between events on a pathway where it is not appropriate to treat the patient for clinical reasons to inform local waiting time calculations. This may include examples such as:

▪ where the patient has been admitted to hospital for an unrelated condition and planned treatment cannot commence until the patient has been discharged
▪ where the patient frail and cannot be treated until their condition improves, but it is not appropriate to discharge the patient for the referral

To meet this requirement the following existing NHS Data Dictionary data element will be included within CDS:

EARLIEST CLINICALLY APPROPRIATE DATE

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/e/earliest_clinically_appropriate_date_de.asp?shownav=0

This will enable the identification of period of time where it was not appropriate to treat the patient for clinical reasons to inform local waiting time calculations to enable monitoring of the implementation of AHP RTT.

This data element has previously been approved by ISB within the Community Information Data Set (CIDS).
</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Karen Middleton
Chief Health Professions Officer
Department of Health</td></tr>
</table>

4.4 Accident and Emergency (A&E) Clinical Quality Indicators (CQIs)

A&E Clinical Quality Indicators - A&E Site Code of Treatment				**ID**	CDS6.2_050_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

A&E Clinical Quality Indicators were introduced as a key commitment of the NHS Operating Framework for 2011-12 to replace the existing 4 hour waiting time standard.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf

A&E clinical quality indicators have been designed to present a comprehensive and balanced view of the care delivered by A&E departments, and accurately reflect the experience and safety of patients and the effectiveness of the care they receive.

Full details are published in the A&E Clinical Quality Indicators – Data Definitions document:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122892.pdf

This states that:

“These indicators are provider-based rather than commissioner-based. Primary Care Trusts (PCTs) should therefore provide information on each of the A&E services they provide (such as minor injury units or Walk-in Centres managed by the PCT), not those it commissions from local NHS trusts.

Data should be presented in a way that is most meaningful for the patient and which facilitates targeted local interventions to improve the quality of A&E services. Data should therefore be reported for providers at the level of five character provider codes (i.e. organisation code + site code), rather than three character provider codes (i.e. trust level).”

At present it is only possible to identify A&E attendances at provider level and not individual site level as specified within the A&E Clinical Quality Indicators data definitions. As a result there is a need to include a new data element for Site Code of Treatment as is currently defined within both Admitted Patient Care and Outpatient CDS.

This change is also required by providers and commissioners to identify and analyse A&E activity at greater granularity and to differentiate activity for multiple A&E sites within the same provider.

To meet this requirement the following existing NHS Data Dictionary data element will be included within CDS:

SITE CODE (OF TREATMENT)

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/s/site/site_code_(of_treatment)_de.asp?shownav=1

This data element has previously been approved by ISB for several information standards and is already implemented within both Admitted Patient Care and Outpatient CDS.

Requestor	**Dr Louise Plewes** Urgent and Emergency Care Analyst Commissioning Analysis & Intelligence Department of Health	**Sponsor**	**Professor Matthew Cooke** National Clinical Director for Urgent and Emergency Care Department of Health

4.5 Mental Health

<table>
<tr><td colspan="4">Ward Security Level</td><td>ID</td><td>CDS6.2_054_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">There is currently no way to identify activity within the following types of mental health secure accommodation within CDS or Hospital Episode Statistics (HES).

Low Secure

Low secure wards/units deliver comprehensive, multidisciplinary, treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security. This includes (but is not limited to) Psychiatric Intensive Care Unit (PICU), low secure forensic services, challenging behaviour services, and secure rehabilitation services.

Medium Secure

Medium secure wards/units deliver comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who may present a serious risk to others.

High Secure

High secure wards/hospitals provide comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and have been assessed as presenting a grave and immediate danger to others. The Hospital must be part of an NHS Trust approved by the Secretary of State to provide high security psychiatric services.

Treatment of patients within such facilities will have significant resource implications for the provider.

There is a need to identify such activity to support a variety of secondary use purposes including answering of parliamentary questions (PQs), such as the number of patients treated in such secure accommodation, and other ad hoc queries, and to support commissioning and Payment by Results (PbR).

To meet this requirement the following existing NHS Data Dictionary data element will be included within CDS:

WARD SECURITY LEVEL

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/w/war/ward_security_level_de.asp?shownav=1

This data element has already been approved by ISB within the Mental Health Minimum Data Set (MHMDS).</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Dr Hugh Griffiths
National Clinical Director for Mental Health
Department of Health</td></tr>
</table>

Legal Status Classification Code Rename				**ID**	CDS6.2_008_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST

Description

The existing Legal Status Classification Code has been replaced by Mental Health Legal Status Classification Code to address issues that the naming may be ambiguous in relation to other types of legal status.

This relates to the following existing CDS data elements:

Legal Status Classification Code (on Admission)
Legal Status Classification Code (at Census Date)

As a result there is a requirement to resolve this ambiguity and to ensure alignment with NHS Data Dictionary editorial policy and updated Mental Health Minimum Data Set (MHMDS) naming conventions.

To meet this requirement the following existing NHS Data Dictionary data elements will be replaced with the new naming convention and included within CDS:

Legal Status Classification Code (on Admission)

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/l/legal_status_classification_code_(on_admission)_de.asp?shownav=1

Legal Status Classification Code (at Census Date)

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/l/legal_status_classification_code_(at_census_date)_de.asp?shownav=1

Similar changes have previously been approved by ISB for the Mental Health Minimum Data Set (MHMDS).

Requestor	**Netta Hollings** Programme Manager - Mental Health and Community Care Health and Social Care Information Centre	**Sponsor**	**Dr Hugh Griffiths** National Clinical Director for Mental Health Department of Health

<table>
<tr><td colspan="4">Legal Status Classification Code – Removal of Supervised Discharge</td><td>ID</td><td>CDS6.2_XXX_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">The Mental Health Act 2007 repealed existing legislation relating to s25A Supervised Discharge and replaced it with s17A Community Treatment Orders (CTO) (known as Supervised Community Treatment (SCT).

http://www.legislation.gov.uk/ukpga/2007/12/part/1/chapter/4

This Mental Health Legal Status was removed when the Act came into force on 3rd November 2008, although this status could still apply to some patients already on Supervised Discharge until 3rd May 2009.

As a result s25A Supervised Discharge is no longer a valid Mental Health Legal Status Classification.

To meet this requirement there is a need to remove the following enumerated value from the XML schema:

[33] Supervised Discharge (Mental Health (Patients in the Community) Act 1995)

This will ensure alignment with the Mental Health Minimum Data Set (MHMDS) and the following existing NHS Data Dictionary attribute:

Mental Health Act Legal Status Classification Code

http://www.datadictionary.nhs.uk/data_dictionary/attributes/m/men/mental_health_act_legal_status_classification_code_de.asp?shownav=1

This change has previously been approved by ISB for the Mental Health Minimum Data Set (MHMDS).</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Dr Hugh Griffiths
National Clinical Director for Mental Health
Department of Health</td></tr>
</table>

<table>
<tr><td colspan="4">Admission Method Code - Gate-kept by Crisis Resolution Team</td><td>ID</td><td>CDS6.2_012_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">There is a requirement to identify mental health inpatient admissions gate kept by a Crisis Resolution Team. This is to support national reporting and analysis, particularly the development of the following key Department of Health performance indicator:

‘The number of admissions to the trust's acute wards that were gate kept by the crisis resolution home treatment teams.’

The following code has already been added to the existing NHS Data Dictionary Admission Method attribute:

[25] Admission via Mental Health Crisis Resolution Team

http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/admission_method_de.asp?shownav=1

Existing NHS Data Dictionary guidance states:

‘National Code 25 'Admission via Mental Health Crisis Resolution Team' is only valid for use in the Mental Health Minimum Data Set (Version 4-0). This value is not permitted to flow in the current Commissioning Data Set schema (versions 6-0 and 6-1). National Code 25 should be mapped to another appropriate Admission Method code for the purposes of flowing data through the Commissioning Data Set.’

The requirement is to allow this code to flow within CDS to ensure alignment with the Mental Health Minimum Data Set (MHMDS) for national reporting and analysis purposes.

This change has already been approved by ISB and implemented within the Mental Health Minimum Data Set (MHMDS) so changes to CDS will ensure alignment with MHMDS.</td></tr>
<tr><td>Requestor</td><td colspan="2">Netta Hollings
Programme Manager - Mental Health and Community Care
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Dr Hugh Griffiths
National Clinical Director for Mental Health
Department of Health</td></tr>
</table>

Removal of Mental Category				**ID**	CDS6.2_012_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					
The Mental Health Act 2007 removed existing mental categories introduced in the Mental Health Act 1987. http://www.legislation.gov.uk/ukpga/2007/12/section/1 The Mental Category data element has now been superseded by the Mental Health Act 2007 Mental Category and no mental health patients should still have an old mental category. There is consequently a need to remove the Mental Category data element from the CDS 170 Admitted Patient Care - Detained And/Or Long Term Psychiatric Census Commissioning Data Set. This will ensure adherence with the Mental Health Act 2007 and ensure alignment with the NHS Data Dictionary and Mental Health Minimum Data Set (MHMDS). *This change has already been approved by ISB and implemented within the Mental Health Minimum Data Set (MHMDS) so changes to CDS will ensure alignment with MHMDS.*					
Requestor	**Netta Hollings** Programme Manager - Mental Health and Community Care Health and Social Care Information Centre		**Sponsor**	**Dr Hugh Griffiths** National Clinical Director for Mental Health Department of Health	

4.6 Improving Quality and Value of Hospital Data

In 2011 The NHS Information Centre published a discussion document entitled 'Hospital Episode Statistics (HES): Improving the quality and value of hospital data'.

http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/hospital-care/hospital-episode-statistics-hes-improving-the-quality-and-value-of-hospital-data

This document, endorsed by the Academy of Royal Medical Colleges and produced in consultation with Royal Colleges and Medical Directors within Trusts, identified several key areas to be addressed through the capture of additional information to improve the quality and value of hospital data.

These included the following issues:

- Capture clinicians, including non-consultant career grade doctors, undertaking medical or surgical procedures in addition to the consultant in charge so as to represent the current way in which senior clinicians work in teams and to assist in the detection of quality or safety issues in relation to any particular anaesthetist or surgeon.
- A diagnosis present on admission flag to highlight events that are normally considered to be hospital acquired or iatrogenic which have in fact been acquired prior to the hospital admission e.g. a broken leg in association with a trip or fall, a pressure sore and acquisition of MRSA.

It was felt that Commissioning Data Sets (CDS) would be the most appropriate mechanism for meeting these requirements. The initial requirement is that this information be collected and reported on an optional basis by Trusts within CDS 6.2 with this being mandated in the future through a separate ISB submission.

References

1. Department of Health. Liberating the NHS: Transparency in outcomes - a framework for the NHS. 19-7-2010; http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117591.pdf

2. Department of Health. Liberating the NHS: Greater Choice & Control: A consultation on proposals. 18-10-2010; http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120613.pdf

Present on Admission				**ID**	CDS6.2_055_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					
The requirement for a Present on Admission Indicator was identified by Dr Foster Intelligence as a result of investigation into Decubitus Ulcers, otherwise known as pressure sores, in which a large number of hospitals could not distinguish between pressure sores that had developed whilst in hospital care and those that were present when the patient was admitted. Following this Dr Foster Intelligence instigated a campaign to make the recording of POA flag mandatory for conditions associated with adverse events and have received support from a number of hospital trusts, the CQC, the Royal College of Nurses and others including MPs. It is proposed that monitoring these conditions can be used as an early warning system to identify patient safety issues in adult social and health care using the POA flag to ensure that incidents are correctly attributed to the care provider					

© Open Government Licence 2012

responsible.

http://drfosterintelligence.co.uk/thought-leadership/campaign-for-present-on-admission-flag/

Initially it is expected that the Present on Admission Indicator would only be required for a small subset of conditions to be agreed by the Royal Colleges. These might change from year to year as new risks to patients are identified

This change is necessary for Domain 5 of the Outcome Framework[1] which is entitled “Treating and caring for people in a safe environment and protecting them from avoidable harm”. Part 3 of the overarching indicator associated with this domain is concerned with measuring a reduced incidence of adverse events over time. This change is necessary to fulfil this requirement because voluntary reporting is not a reliable way of measuring changes in incidence.

Requestor	**Dr Andy Spencer** National Clinical Lead for Hospital Specialties Health and Social Care Information Centre	**Sponsor**	**Dr Mark Davies** Medical Director Health and Social Care Information Centre

Details of Staff Involved in Operations				**ID**	CDS6.2_056_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

There is a requirement to capture details of clinicians, including non-consultant career grade doctors, undertaking medical or surgical activities in addition to the consultant in charge so as to represent the current way in which senior clinicians work in teams. At present only details of the Consultant with overall responsibility for the patient’s consultant episode is reported through CDS and available within HES.

Anaesthetists and surgeons are very keen to record the main surgeon and anaesthetist for each operative procedure. This is essential for evaluation of the workload of individual consultants to improve patient care, including supporting clinical safety, as well as supporting appraisal and re-validation.

Liberating the NHS: Greater Choice and Control[2] puts a great deal of emphasis on choice of consultant led-team. However to make sense of this choice in surgical specialties it is necessary to understand the outcomes of the surgeon undertaking the procedure. This development is required in order to provide patients with an appropriate level of choice in line with the spirit of this document.

Requestor	**Dr Andy Spencer** National Clinical Lead for Hospital Specialties Health and Social Care Information Centre	**Sponsor**	**Dr Mark Davies** Medical Director Health and Social Care Information Centre

4.7 Treatment Function Codes (TFC)

Treatment Function Codes				**ID**	CDS6.2_049_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					
Changes to CDS are required to support the flow of new Treatment Function Codes (TFCs) agreed by the Treatment Function Maintenance Group (TFMG). [108] Specialist Spinal Surgery Service [223] Paediatric Epilepsy [331] Congenital Heart Disease [344] Complex Specialised Rehabilitation Service [345] Specialist Rehabilitation Service [346] Local Specialised Rehabilitation Service [663] Podiatric Surgery [725] Mental Health Recovery and Rehabilitation Services [726] Mental Health Dual Diagnosis Service [727] Dementia Assessment Service [920] Patient Clinical Education These new Treatment Function Codes are required to all reporting support reporting of activity for these discrete clinical sub-divisions for Payment by Results and Mental Health purposes. These are currently being considered for approval by ISB as a separate standard but will be implemented in CDS 6.2 and SUS R12.					
Requestor	**Dr Graham Venables** Chair, Treatment Function Maintenance Group (TFMG) Consultant Neurologist and Clinical Director Sheffield Teaching Hospitals NHS		**Sponsor**	**Martin Campbell** Deputy Director of Finance PbR Development Branch Department of Health	

4.8 Ambulance Care

<table>
<tr><td colspan="4">Ambulance Incident Number</td><td>ID</td><td>CDS6.2_062_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>SHOULD</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Ambulance Care Quality Indicators (CQIs) require Ambulance Trusts to report on outcomes for patients that have been transported to hospital via an emergency ambulance for certain conditions.

http://transparency.dh.gov.uk/category/statistics/amb-quality-indicators/

These include the following CQIs:

• Outcome from cardiac arrest to discharge from hospital

Information to enable derivation of these outcomes is only available from hospital providers as they relate to what happens after responsibility for the patient has been handed over from the ambulance crew to the hospital healthcare professionals.

As a result providers are frequently required to use manual processes to identify patients to provide relevant outcomes information to ambulance trusts.

To support easier sharing of data locally it is proposed that the unique identifier or Ambulance Incident Number assigned to the incident upon receipt of an emergency call and transferred to the hospital by the ambulance crew is included within CDS on an optional basis.

As the format may differ between ambulance trusts and potentially result in duplication of ambulance incident numbers assigned there will also be the need to identify the organisation that issued the incident number to ensure that the combination of these is unique across the system.

In the future this will support linkage of A&E CDS data to ambulance data in the form of the Ambulance Electronic Patient Report. This will allow detailed analysis of patient pathways across ambulance and A&E care to support national analysis and service improvement.</td></tr>
<tr><td>Requestor</td><td colspan="2">Dr Louise Plewes
Urgent and Emergency Care Analyst
Commissioning Analysis and Intelligence
Department of Health</td><td>Sponsor</td><td colspan="2">Nick Hall
Head of Urgent and Emergency Care
Department of Health</td></tr>
</table>

4.9 Respiratory/Renal/Diabetes/Liver/Kidney

<table>
<tr><td colspan="4">Discharged to Hospital At Home</td><td>ID</td><td>CDS6.2_043_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>SHOULD</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Models of patient care are constantly evolving to ensure the best possible patient care in the most appropriate setting. This has included the emergence of Hospital at Home programmes to prevent readmission and to support development of models of integrated care

http://www.brit-thoracic.org.uk/Portals/0/Guidelines/Intermediate%20Care%20-%20Hospital%20at%20Home/intermediatecarehospitalathomecopd%20feb07.pdf

A Hospital At Home Service is a subtype of Intermediate Care, encompassing both the active treatment at home by health professionals of patient's (always for a limited period) who may otherwise be admitted to Hospital, and early supported discharge schemes following a Hospital Provider Spell.

As a result there is a national requirement to identify patients who have been discharged from a secondary care hospital provider spell to a hospital at home service or programme for national reporting and analysis purposes. This requirement has been identified by the Renal/Diabetes/Liver/Kidney/Respiratory improvement programmes. Hospital at Home provides care for a number of people with long term conditions who continue their care away from the hospital, for care pathways such as those with Chronic Obstructive Pulmonary Disorder (COPD).

Inclusion of a new code in existing Discharge Method and Discharge Destination were considered, however it was felt that these changes would contradict NHS business definitions of discharge or result in non-mutually exclusive value lists. As a result a new optional indicator has been included with plans to mandate this in the future.</td></tr>
<tr><td>Requestor</td><td colspan="2">Rachel McIlroy
Casemix Information Design Consultant
The National Casemix Office
Health and Social Care Information Centre</td><td>Sponsor</td><td colspan="2">Kevin Holton
Head of Respiratory, Diabetes, Liver and Kidney Programmes
Department of Health</td></tr>
</table>

4.10 Information Governance

Identify Records which have been anonymised by the provider				**ID**	CDS6.2_032_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

Commissioning Data Sets (CDS) is a patient level data set and contains patient identifiable information to support national analysis and commissioning. Providers are required, or may choose, to withhold patient identifiers for individual patients for a variety of reasons including legal or statutory reasons (e.g. HIV/IVF), or upon request of the Caldecott Guardian or the patient. In other cases patient identifiers are not submitted due to purely data quality reasons.

As a result there is a need to identify the reason that submitted records have been anonymised by the provider prior to submission. This will ensure that payment to providers is not withheld for records where patient details have been withheld legitimately.

Without this identifier, payment may have been denied or allocated to an incorrect tariff due to the missing patient details.

The proposed solution addresses the concerns raised in relation to the previous proposed solution for the introduction of a new NHS Number Status Indicator Code.

Requestor	**Dominic Povey** Senior IG Advisor Health and Social Care Information Centre	**Sponsor**	**Andy Burn** Director for NIRS engagement and SUS Informatics Directorate Department of Health

Removal of Very General Purpose (VGP) fields				**ID**	CDS6.2_035_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

Historically Commissioning Data Sets (CDS) have included Very General Purpose (VGP) fields within the XML message to support the flow of additional, locally defined information between providers and their commissioners. These are undefined free text fields and as a result have been identified as a significant area of concern from an information governance perspective as they could be used to flow highly sensitive or patient identifiable information that would otherwise be strictly controlled.

There is consequently a need to remove VGP fields from CDS 6.2 to address information governance concerns. In addition to this VGP fields within CDS 6.1(and sub versions) will not be landed from SUS R12 and all existing VGP data and access within SUS will be removed.

In consultation with the SUS User Group (SUS) a number of existing VGP fields have been identified as important to support commissioning and will need to be in incorporated within CDS as follows:

- Addition of Ward Code (replaces VGP)
- Addition of Clinic Code (replaces VGP)

- Addition of Overseas Visitors Status (replaces VGP)
- Addition of Local Sub Specialty Code (replaces VGP)

These changes will be included as optional items to support the continued flow of information between providers and commissioners where this is currently achieved through VGP fields and also to prevent the proliferation of alternative flows of information between providers and commissioners which could introduce further information governance risks.

National flow of these items will be on an optional basis to support local use in a controlled manner only.

Requestor	**Dominic Povey** Senior IG Advisor Health and Social Care Information Centre **Andy Banks** Chair SUS User Group (SUG)	**Sponsor**	**Andy Burn** Director for NIRS engagement and SUS Informatics Directorate Department of Health

4.11 SUS User Group (SUG)

Addition of Time elements to existing date elements				ID	CDS6.2_051_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

At present, with the exception of Accident and Emergency (A&E), activity within CDS is reported at date level only and not with the corresponding time of the activity.

Users have increasingly indicated that there is a need for a greater level of granularity in reported activity to support more sophisticated analysis including the calculation of activity durations to the nearest hour or even minute rather than just dates.

As a result there is a requirement from the SUS User Group (SUG) to include the following time based data elements:

- Start Time (Hospital Provider Spell)
- Discharge Time (Hospital Provider Spell)
- Start Time (Episode
- End Time (Episode)
- Start Time (Ward Stay)
- End Time (Ward Stay)
- Appointment Time

It is intended that these be optional initially to support local uses, however may be mandated in the future.

Various options were considered in relation to this requirement including changes to the existing date items to allow an optional time element to be reported, however it was decided that introducing separate time based data items would reduce the impact of the change on key systems, including SUS, and ensure consistency with existing examples of this nature within CDS.

Requestor	**Andy Banks** Chair, SUS User Group (SUG) Head of Information Development Western Sussex Hospital NHS Trust	**Sponsor**	**Andy Burn** Director for NIRS engagement and SUS Informatics Directorate Department of Health

Introduce dates into A&E where there are currently only times				ID	CDS6.2_027_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

Existing CDS includes a number of time only based data elements including the following:

- Accident And Emergency Initial Assessment Time
- Accident And Emergency Time Seen For Treatment
- Accident And Emergency Attendance Conclusion Time
- Accident And Emergency Departure Time

For the majority of patients these will all occur on the same date as the A&E Arrival Date which is explicitly reported. In some cases the A&E attendance may span midnight. This can make it difficult to derive the date that the activity relates to for analysis purposes and this may also be compounded by any data quality issues.

As a result users have requested that date based data elements be included for existing time based only data elements within the A&E CDS. This will prevent the need for complex algorithms to enable users to correctly identify the date that the activity occurred and analyse the data accordingly. This request has been supported by the SUS User Group (SUG).

It is intended that these be optional initially to support local uses, however may be mandated in the future.

Various options were considered in relation to this requirement including changes to the existing time items to allow an optional date element to be reported, however it was decided that introducing separate date based data items would reduce the impact of the change on key systems, including SUS, and ensure consistency with existing examples of this nature within CDS.

Requestor	**Andy Banks** Chair, SUS User Group (SUG) Head of Information Development Western Sussex Hospital NHS Trust	**Sponsor**	**Andy Burn** Director for NIRS engagement and SUS Informatics Directorate Department of Health

Expected Duration of Appointment				**ID**	CDS6.2_XXX_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

At present there is no way of identifying activity where the duration of an outpatient appointment, and consequently the resources involved, is outside of the norm i.e. very long appointments. This information is important to ensure that the activity undertaken is accurately reflected to support service planning and also to support local commissioners in understanding the services that they commission.

Feedback from the CDS 6.2 Consultation Exercise indicated that the inclusion of Outpatient Appointment Time in isolation was of limited use. Analysis has indicated that Appointment End Time or Actual Duration of Appointment are not routinely captured by Trusts and would potentially be difficult to capture and may result in a significant burden upon clinicians and administrative staff. As a result it has been proposed that Expected Duration of Appointment be included as this is routinely captured during the booking of appointments.

It is intended that this item be included as optional initially. In the future, however, it is likely that this will be used to drive payment through Payment by Results either through the generation of Healthcare Resource Groups (HRGs) or application of tariff where Outpatient Attendances are outside of ‘normal’ duration.

Requestor	**Kathryn Knight** Casemix Information Design Consultant The National Casemix Office Health and Social Care Information Centre	**Sponsor**	**Andy Burn** Director for NIRS engagement and SUS Informatics Directorate Department of Health

4.12 XML Schema/NHS Data Dictionary

Replacement of numeric data elements containing enumerated lists				**ID**	CDS6.2_016_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

CDS currently contains a large number of data element defined as numeric format e.g. n2 but which comprise a list of enumerated values e.g. [01] 'Number Present and Verified'.

A large number of users have reported issues resulting in local systems and analysis tools stripping leading zeros e.g. national code [01] being translated as [1] resulting in codes not mapping to reference data to provide meaning for the codes.

To address this issue the NHS Data Dictionary editorial policy is now that data elements comprising numeric values with leading zeros are defined as alphanumeric. This will ensure that only specified national codes may be submitted. This requirement relates to the following existing CDS data elements:

- NHS NUMBER STATUS INDICATOR
- NHS NUMBER STATUS INDICATOR (BABY)
- NHS NUMBER STATUS INDICATOR (MOTHER)
- A and E ARRIVAL MODE
- A and E ATTENDANCE CATEGORY
- A and E ATTENDANCE DISPOSAL
- ADMINISTRATIVE CATEGORY
- ADMINISTRATIVE CATEGORY (ON ADMISSION)
- ADMISSION METHOD (HOSPITAL PROVIDER SPELL)
- ADMISSION OFFER OUTCOME
- ANAESTHETIC GIVEN DURING LABOUR OR DELIVERY
- ANAESTHETIC GIVEN POST LABOUR OR DELIVERY
- ATTENDED OR DID NOT ATTEND
- DELIVERY PLACE CHANGE REASON
- DELIVERY METHOD
- DELIVERY PLACE TYPE (ACTUAL)
- DELIVERY PLACE TYPE (INTENDED)
- DISCHARGE DESTINATION (HOSPITAL PROVIDER SPELL)
- DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)
- ELECTIVE ADMISSION LIST REMOVAL REASON
- ELECTIVE ADMISSION TYPE
- FIRST ATTENDANCE
- FIRST REGULAR DAY OR NIGHT ADMISSION
- AGE GROUP INTENDED
- INTENDED CLINICAL CARE INTENSITY
- INTENDED MANAGEMENT
- INTENDED PROCEDURE STATUS
- LABOUR OR DELIVERY ONSET METHOD
- LAST EPISODE IN SPELL INDICATOR
- LIVE OR STILL BIRTH
- MAIN SPECIALTY CODE
- NEONATAL LEVEL OF CARE
- NUMBER OF BABIES
- OPERATION STATUS
- OUTCOME OF ATTENDANCE
- PATIENT CLASSIFICATION

- PERSON GENDER CURRENT
- PERSON GENDER CURRENT (BABY)
- PRIORITY TYPE
- PSYCHIATRIC PATIENT STATUS
- REFERRAL TO TREATMENT STATUS
- RESUSCITATION METHOD
- SERVICE TYPE REQUESTED
- SEX OF PATIENTS
- SOURCE OF ADMISSION (HOSPITAL PROVIDER SPELL)
- STATUS OF PATIENT INCLUDED IN THE PSYCHIATRIC CENSUS
- STATUS OF PERSON CONDUCTING DELIVERY
- TREATMENT FUNCTION CODE
- WARD DAY PERIOD AVAILABILITY
- WARD NIGHT PERIOD AVAILABILITY

To allow for legacy support existing data elements within CDS 6.1, whilst addressing this issue within CDS 6.2, replacement data elements will be introduced in the new format which will require different naming.

Requestor	**Cath Chilcott** NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	**Sponsor**	**Nicholas Oughtibridge** Acting Director - Data Standards and Products Informatics Directorate Department of Health

New CDS NET Deletion Process				**ID**	CDS6.2_020_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

Users are currently able to delete CDS submissions using NET protocol from Secondary Uses Service (SUS). This can be achieved by submitting national code [1] 'To indicate a CDS Deletion or Cancellation' for the CDS Update Type data element within the Commissioning Data Sets Transaction Header Group - Net Change Protocol.

http://www.datadictionary.nhs.uk/data_dictionary/messages/cds_v6/data_sets/cds_v6_type_005n_details_fr.asp?shownav=1

Users have raised issues that this method requires the full CDS record to be generated and submitted for such records which can be difficult to ascertain for deleted records.

As a result there is a need for a more user friendly method to delete CDS records from SUS requiring users to only submit a subset of the data elements for the record. It is proposed that a separate message structure be included within the XML to allow users to delete records using only information contained within the Commissioning Data Sets Transaction Header – Net Change Protocol combined with an empty payload record rather than requiring the full CDS record to be submitted.

It is proposed that the existing deletion mechanism be retained within the CDS XML Schema and SUS to support users on CDS 6.1 or users on CDS 6.2 that are unable to utilise this mechanism.

Requestor	**Cath Chilcott** NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	**Nicholas Oughtibridge** Acting Director - Data Standards and Products Informatics Directorate Department of Health

Critical Care Discharge Status Additional Value				**ID**	CDS6.2_011_REQ
Status	Validated	**Version**	1.0	**Priority**	MUST
Description					

Changes to the Critical Care Minimum Data Set (CCMDS) Information Standard were approved by ISB in June 2010. This included the addition of a new value for the Critical Care Discharge Status data element as follows:

[11] Patient Died (non heart beating solid organ donor)

http://www.isb.nhs.uk/library/release/42

To date there is no implementation mechanism for this change and the NHS Data Dictionary states:

'National Code 11 '*PATIENT died (non heart beating solid organ donor)'* should not be reported nationally until the functionality to do so becomes available in the next release of the Commissioning Data Sets (Version 6-2) and the associated CDS-XML Schema Release. Prior to this release, this code may be recorded locally, however this National Code 11 cannot be transmitted in the current versions of the Commissioning Data Sets (6-0 and 6-1).'

http://www.datadictionary.nhs.uk/data_dictionary/attributes/c/cou/critical_care_discharge_status_de.asp?shownav=1

As a result there is a need to update the CDS Information Standard ensure that it aligns with the Critical Care Minimum Datasets (CCMDS) and supports the national flow of this code.

Requestor	**Cath Chilcott** NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	**Nicholas Oughtibridge** Acting Director - Data Standards and Products Informatics Directorate Department of Health

<table>
<tr><td colspan="4">Organisation Code (Code of Provider) Mandatory in XML schema</td><td>ID</td><td>CDS6.2_017_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Organisation Code (Code of Provider) is an existing CDS data element and is used to allocate activity to providers within SUS.

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_code_(code_of_provider)_de.asp?shownav=1

This is currently optional within CDS XML schema resulting in the submission of activity that cannot be correctly allocated to a provider and ultimately may result in incorrect or withheld payment to the provider. In virtually all instances non submission of Provider Code is the result of data quality issues.

There requirement is to make Provider Code mandatory within the CDS XML schema to prevent the submission of CDS records that do not contain a Provider Code. This will ensure that all activity can be correctly allocated to a provider for payment purposes.</td></tr>
<tr><td>Requestor</td><td colspan="2">Cath Chilcott
NHS Data Model and Dictionary Content Delivery Manager
Informatics Directorate
Department of Health</td><td>Sponsor</td><td colspan="2">Nicholas Oughtibridge
Acting Director - Data Standards and Products
Informatics Directorate
Department of Health</td></tr>
</table>

<table>
<tr><td colspan="4">Organisation Code (Code of Commissioner) Mandatory in XML schema</td><td>ID</td><td>CDS6.2_018_REQ</td></tr>
<tr><td>Status</td><td>Validated</td><td>Version</td><td>1.0</td><td>Priority</td><td>MUST</td></tr>
<tr><td colspan="6">Description</td></tr>
<tr><td colspan="6">Organisation Code (Code of Commissioner) is an existing CDS data element and is used to allocate activity to commissioners within SUS.

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_code_(code_of_commissioner)_de.asp?shownav=1

This is currently optional within CDS XML schema resulting in the submission of activity that cannot be allocated to a commissioner and ultimately may result in incorrect or withheld payment to the provider. In virtually all instances non submission of Commissioner Code is the result of data quality issues.

There requirement is to make Commissioner Code mandatory within the CDS XML schema to prevent the submission of CDS records that do not contain a Commissioner Code. This will ensure that all activity can be correctly allocated to a commissioner for payment purposes.</td></tr>
</table>

Requestor	Cath Chilcott NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	Nicholas Oughtibridge Acting Director - Data Standards and Products Informatics Directorate Department of Health

Removal of old Source of Referral for Outpatient Code from XML Schema				ID	CDS6.2_007_REQ
Status	Validated	Version	1.0	Priority	MUST
Description					

National Code [08] Other source of referral was retired from the Source of Referral for Outpatients attribute in October 2007.

http://www.datadictionary.nhs.uk/data_dictionary/messages/cds_v6/data_sets/cds_v6_type_020_details_fr.asp?shownav=1

Details of this are included within DSCN 16/2007.

http://www.isb.nhs.uk/documents/dscn/dscn2007/162007.pdf

This code is still permitted in the CDS XML schema. As a result there is a need to remove this enumerated value from the XML schema to prevent the flow of this code.

Requestor	Cath Chilcott NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	Nicholas Oughtibridge Acting Director - Data Standards and Products Informatics Directorate Department of Health

Removal of CDS Test Indicator Item from Transaction Header				ID	CDS6.2_047_REQ
Status	Validated	Version	1.0	Priority	MUST
Description					

CDS XML Schema currently includes the CDS Test Indicator data element within both the CDS Transaction Header Group - Net Change Protocol and CDS Transaction Header Group – Bulk Net Change Protocol.

http://www.datadictionary.nhs.uk/data_dictionary/messages/cds_v6/data_sets/cds_v6_type_005n_details_fr.asp?shownav=1

This was intended to allow users to flag individual records within a CDS interchange that are test records and are not to be processed into the SUS database.

The ability to submit interchanges containing a combination of both 'live' and 'test' records is not supported by SUS and as a result the NHS Data Dictionary data element states:

'This function is not supported by the Secondary Uses Service and must not be used.'

As a result there is a need to remove this data element from the XML schema to align with existing SUS functionality.

N.B. Users can continue to submit 'test' CDS Interchanges to SUS using the existing CDS Interchange Test Indicator which identifies whether the entire interchange should be treated as 'test' or 'live':

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/c/cds/cds_interchange_test_indicator_de.asp?shownav=0

Requestor	**Cath Chilcott** NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	**Nicholas Oughtibridge** Acting Director - Data Standards and Products Informatics Directorate Department of Health

Total Previous Pregnancies Restrictions				**ID**	CDS6.2_XXX_REQ
Status	Validated	**Version**	1.0	**Priority**	SHOULD
Description					

CDS currently contains a data element for Pregnancy Total Previous Pregnancies.

http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/p/pre/pregnancy_total_previous_pregnancies_de.asp?shownav=1

This records the number of previous pregnancies resulting in a registrable birth, either a live birth or still births or abortions occurring after a gestation of 24 weeks or more.

This data element is currently restricted within the CDS XML schema to allow a maximum value of 19 to flow.

NHS Data Standards have received a helpdesk enquiry from a healthcare provider requesting the restriction be increased as they have had examples where the upper limit had been exceeded.

To ensure CDS meets the needs of all providers the proposal is that the maximum allowable value be increased to 29.

Requestor	**Cath Chilcott** NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Sponsor	**Nicholas Oughtibridge** Acting Director - Data Standards and Products Informatics Directorate Department of Health

5 Withdrawn/Deferred Requirements

The following section outlines requirements that were included in the Consultation Exercise but subsequently withdrawn or deferred.

5.1 Health and Social Care Act 2012

Health and Social Care Act 2012 – New commissioning arrangements – Reporting CCGs in shadow form/historic PCTs				**ID**	CDS6.2_048_REQ
Status	Withdrawn	**Version**	1.0	**Priority**	COULD
Description					
There may be a need for providers to report the future Clinical Commissioning Group (CCG) in shadow form prior to April 2013 for planning purposes and Primary Care Trust (PCT) after April 2013 for comparative analysis purposes. Requirement withdrawn as no firm national requirement or sponsor identified to support changes. Also potentially significant impact upon systems and risk to SUS as a result of using two fields rather than a single field. Locally providers and commissioners can derive the future CCG or historic PCT using GP Practice Code or Postcode of Usual Address as appropriate combined with Organisation Data Services (ODS) reference data.					
Requestor			**Sponsor**		

5.2 Violent Incident Prevention

Violent Incident Prevention				**ID**	CDS6.2_061_REQ
Status	Withdrawn	**Version**	1.0	**Priority**	SHOULD
Description					

The Tackling Knives Action Programme (TKAP) is a cross-government programme to reduce incidents of death and serious violence among young people.

Accident and Emergency Departments can contribute distinctively and effectively to violence prevention by working with Crime and Disorder Reduction Partnerships (CDRPs) and by sharing, electronically wherever possible, simple anonymised data about precise location of violence, weapon use, assailants and day/time of violence. These data, and the contributions of consultants in CDRP meetings, may enhance effectiveness of targeted policing significantly, may reduce licensed premises and street violence, and may reduce overall A&E violence related attendances.

A pilot to collect information related to violent incidents for those attending A&E in Cardiff has resulted in a fall in A&E violence related attendances by 40% since 2002. Evaluations have been published in the Emergency Medicine Journal and the Journal of the Royal College of Surgeons of Edinburgh.

http://www.vrg.cf.ac.uk/Files/vrg_violence_prevention.pdf

The proposal is to include the following new data element within CDS to support the reporting of violent incidents:

- ASSAULT INDICATOR
- ASSAULT TIME
- ASSAULT METHOD
- ASSAULT LOCATION

This requirement has been withdrawn by the Sponsor as reporting through CDS via SUS is not felt to be the most effective way of meeting the requirement.

This requirement is still deemed to be important to meet key national policy however the intention is that a separate Information Standards Notice (ISN) be published for the local capture and sharing of such information with Community Safety Partnerships (CSPs) rather than through SUS.

Requestor	**Ian Boyd** Senior Project Manager Cross Government Programmes NHS Connecting for Health	**Sponsor**	**Martin Teff** Violence and Social Exclusion Health Inequalities and Partnership Department of Health

5.3 Main Specialty

Flow Main Specialty Code [500] Obstetrics and Gynaecology				**ID**	CDS6.2_025_REQ
Status	Deferred	**Version**	1.0	**Priority**	MUST
Description					

<table>
<tr><td colspan="4">Obstetrics and Gynaecology is a recognised clinical specialty overseen by the Royal College of Obstetricians and Gynaecologists.

Despite this, and although Main Specialty Code [500] Obstetrics and Gynaecology is a current main specialty code, providers are not permitted to submit activity against this code and must instead use either [500] Obstetrics or [501] Gynaecology for national reporting purposes, including through Commissioning Data Sets and a variety of Department of Health National Returns.

A user has requested that main specialty [500] Obstetrics and Gynaecology be allowed to flow for national reporting purposes within CDS to accurately reflect the recognised specialty for the consultant.

This requirement has been deferred following the identification of a potential barrier by the Knowledge and Information Division, Department of Health. This relates to the potential negative impact this change would have upon reporting of national statistics for activity based central returns that use main specialty.</td></tr>
<tr><td>Requestor</td><td></td><td>Sponsor</td><td></td></tr>
</table>