

Document filename:	Emergency Care Data Set: CDS v6.2.3 Type 011 – Implementation Guide		
Project	ECDS	Project	ECDS
Document Reference	DCB0092-2062, CDS6.2.3, Amd 19/2020		
Project Manager	Peter Sherratt	Status	Final
Owner	Lynda Brazier	Version	1.0
Author	Peter Sherratt	Version issue date	10/09/2020

Emergency Care Data Set: CDS Version 6.2.3 Type 011 (ECDS Version 3)

Implementation Guide

Data Coordination Board

This information standard (DCB0092-2062) 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 Coordination Board (DCB), 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 (DCB0092 Amd 19/2020) 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.

Date of publication: 10 September 2020



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Glossary of Terms

See Requirements Specification

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1 Introduction

This document describes how to implement the Emergency Care Data Set (ECDS) CDS Version 6.2.3 Type 011 Amd 19/2020 – hereafter referred to as ECDS or ECDS v3.

The ECDS will be collected from Type 01, 02 and 03 Emergency Care Departments.

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.
- CDS XML/middleware suppliers
- Other organisations that use the CDS 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 (as described above) in conjunction with other available 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 submission timetable (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.

Table 1 - Use of supporting documents by existing and new ECDS users.

	Existing user – Provider currently submits ECDS	New user – Provider currently does not submit ECDS
Published by DCB		
Information standards notice (ISN)	Y	Y
Requirements specification	Y	Y
Change specification	Y	Not applicable
Implementation guide (this document)	Y	Y
Technical output specification (TOS)	Y	Y

NHS Data model and dictionary change request	Y	Y
XML Schema	Y	Y
Published by NHS Digital		
ECDS Technical guidance	Y	Y
Enhanced technical output specification (E TOS)	Y	Y
ECDS User guidance	Y	Y
Guidance for clinical and administration staff	Y	Y

The TOS contains TRUD concept references but not SNOMED CT.

The E TOS contains a full list of SNOMED 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 each biannual SNOMED CT release (April and October) 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.

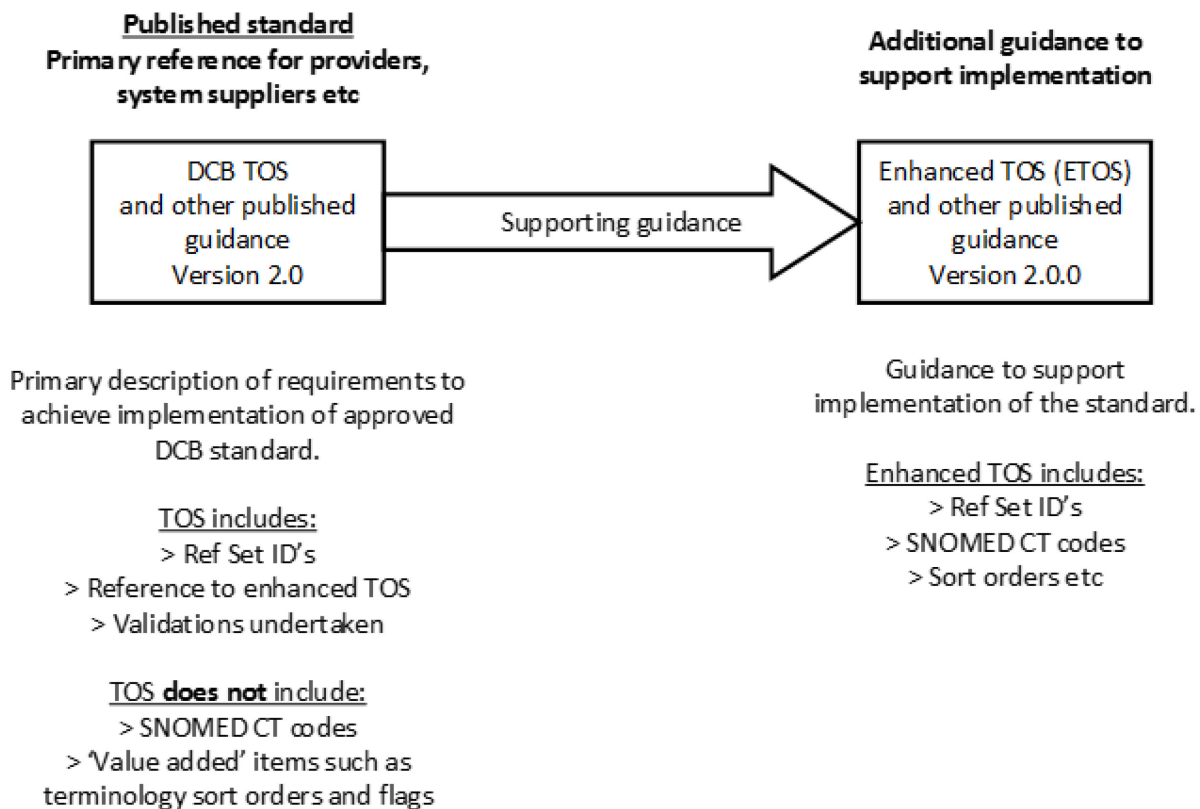


Figure 1: Difference between the TOS and E TOS.

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 Change Specification have been developed by the Royal College of Emergency Medicine, NHS England and NHS Improvement and NHS Digital. The NHS Data Model and Dictionary change request is also published alongside the ISN.

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.

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 guide (this document) and [other available guidance](#), noting that the ECDS User Guide 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 data in or for your organisation (including commissioners). This includes system supplier actions. 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 from the conformance date of the Information Standard.

Step 6: Prepare for XML submission

Ensure process and system are aligned with submission using ECDS schema v6.2.3. 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.

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

Step 9: Commence daily submissions of v6.2.3 by 1st April 2021.

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 guide and [other available guidance](#), noting that the ECDS User Guide 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 data in or for your organisation (including commissioners). This includes addressing local training requirements and system supplier actions. Also check the definitions of the data items and test these with stakeholders to ensure clear understanding.

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 Type 011 ECDS from the Conformance Date of this standard.

Step 6: Prepare for XML submission

Ensure process and system are aligned with submission using ECDS schema v6.2.3. 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.

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

Step 9: Commence daily submissions of v6.2.3 by 1st April 2021.

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 attendance, 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 change apply to?

Both new and existing ECDS type 01, 02 and 03 providers.

3.3 Who should capture the 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 CDS v6.2 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 CDS v6.2.3 Type 011 – ECDS. Additional detail regarding other requirements, including consent issues, are included in the 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](#).

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

- If it is a SUS+ related query the SUS Team will respond.
- If it is a specific ECDS Information Standard question the ECDS team will respond.

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

4 ECDS Submission

4.1 Overview

All providers of Type 01, 02 and 03 Emergency Care Departments **MUST** submit ECDS 6.2.3 to SUS+ on a daily basis, using MESH to allow collection and extraction in the required manner, from 1st April 2021.

This amendment takes effect from 1st April 2021, though providers may choose to optionally conform from 1st November 2020.

Sections 4.2 to 4.11 below give generic implementation guidance for implementing ECDS in all emergency care department 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](#) noting there is less value in sending data that is not recent data too. The ECDS Conformance Criteria 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 for it to improve as time goes on and 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 document](#).

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 synch with local activity. Full information on 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 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 CDS v6.2.3 Type 011 – ECDS is enforced through the CDS v6.2.3 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.

Note that any updates to the ECDS SNOMED CT concepts are presented on TRUD and in the E TOS following October and / or April releases.

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. EMERGENCY CARE DIAGNOSIS (SNOMED CT)
2. CODED CLINICAL ENTRY SEQUENCE NUMBER
3. 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 CDS Type 011 – 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 CDS Type 011 – ECDS **must** always be one from the ECDS diagnostic code set.
- If a more detailed diagnosis is required and **is not** in the approved CDS Type 011 – 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 local health record.
- If a clinician makes a more detailed diagnosis that is **not** contained in the approved CDS Type 011 – 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 RCGP (Royal College of General Practitioners) and the PRSB (Professional Record Standards Body), 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 [Professional Records Standards Body \(PRSB\) / Academy of Medical Royal Colleges \(AoMRC\)](#) standards for capturing diagnoses in the clinical record.
- Requires no alteration to the arrangements already agreed and 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. Releases can occur in April and / or October each year. The positioning of SNOMED CT in the E TOS (rather than the TOS) caters for regular updates without the need for the DCB 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 CDS v6.2.3 Type 011 – ECDS Data Elements

Full details of all ECDS Data elements are available within the ECDS TOS and the CDS v6.2.3 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 NHS Improvement 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 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 CDS Type 011 – 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 CODE (CONVEYING AMBULANCE TRUST)	Ambulance Organisation Data Service (ODS) codes	No change to current practice, although needs to reflect Organisation code guidelines
ATTENDANCE OCCURRENCE ACTIVITY CHARACTERISTICS	ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)	ODS codes of organisations a patient may have been transferred from for ED care	No change within this release.
ATTENDANCE OCCURRENCE ACTIVITY CHARACTERISTICS	EMERGENCY CARE ACUITY (SNOMED CT)	Triage score in use locally (or other assessment measure) needs mapping to 5- or 3-way acuity score	No change within this release.
ATTENDANCE OCCURRENCE ACTIVITY CHARACTERISTICS	EMERGENCY CARE CHIEF COMPLAINT (SNOMED CT)	May need mapping to ICD-10 or other depending on how plan to implement SNOMED CT	No change within this release.
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 (EMERGENCY CARE)	PROFESSIONAL REGISTRATION ISSUER CODE	Professional Registration information in clinician records e.g. GMC , NMC , HCPC	No change to current practice
CARE PROFESSIONALS (EMERGENCY CARE)	CARE PROFESSIONAL TIER (EMERGENCY CARE)	Need mapping to clinician records.	No change within this release.
EMERGENCY CARE DIAGNOSIS (SNOMED CT)	EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)	May need mapping to ICD-10 or other depending on how Provider plans to implement SNOMED CT	No change within this release.
DISCHARGE FROM EMERGENCY CARE	ORGANISATION SITE IDENTIFIER (DISCHARGE FROM EMERGENCY CARE)	ODS codes of services patients may be discharged to.	No change within this release.

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 User 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).

Public Health England (PHE) 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@phe.gov.uk

4.11.2 ISTV

The [Information Sharing to Tackle Violence \(ISTV\) Information Standard](#) (ISB1594 Amd 30/2012) comprises a small de-identified data set collected by Emergency Care Departments and shared with local Community Safety Partnerships (CSP) on a monthly basis.

The data covers all Emergency Care Departments attendances resulting from violent incidents, including:

- Time and date of the incident
- Time and date of arrival in Emergency Care Department
- Specific location of the incident (Latitude and Longitude)
- Primary means of assault (i.e. weapon or body part used)
- Assault location description (this is a pilot field and providers that are not part of the pilot MUST NOT submit data for this item)

The ISTV standard is mandatory for Type 01 Emergency Departments in England and optional for all other Emergency Care Department types.

The ECDS standard introduced a number of data items to enable the consistent collection of information relating to Emergency Care Department attendances as a result of an injury. These data items have been designed to capture information relating to all types of injury including violent assault.

Due to the greater detail of the injury information that ECDS introduces, particularly in relation to Injury location / place type and Injury mechanism, CSPs may see a change in the data flowing to them. Please see the [ECDS User Guidance](#).

The collection of information regarding all injury-related Emergency Care Department attendances provides greater information to support the aims of the ISTV standard, increasing the granularity and detail of the available information at local level.

Providers should work with their system suppliers and local partners to ensure that the ECDS injury information can be captured locally and that relevant information can be included in local flows to CSPs (in line with the ISTV guidance) and also to NHS Digital as part of ECDS submission.

4.11.3 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 [Trauma Audit and Research Network 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 proposed, 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.

4.11.4 Emergency Care Department to GP Discharge Summary

The Professional Record Standards Body (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 Department 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.

4.11.5 Child Protection Information Sharing

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

4.11.6 Female Genital Mutilation Risk Indication System – Local System Integration

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

5.0 Technical Guidance

5.1 Providers who currently submit CDS 6.2

Providers currently submitting CDS 6.2 must continue to submit CDS 6.2 for all CDS Types. Use of CDS Type 010 – Accident and Emergency CDS ceased on 31st March 2019, before which a transition should have been made to the submission of CDS Type 011 – ECDS by all in scope providers.

A schema is available for CDS v6.2.3 Type 011 – ECDS (ECDS schema v6.2.3), which must be used to submit ECDS.

CDS Type 011 is submitted, as with earlier versions of the standard, via the [Message Exchange for Social Care and Health \(MESH\)](#) service. MESH is used to transfer electronic messages, directly and securely from one application to another.

Note: From 1st June 2019 all CDS type schemas are sent to SUS+ via MESH.

5.2 Data Validation CDS v6.2.3 Type 011 – ECDS

Full data validation is carried out on receipt of the XML file at NHS Digital. Automated feedback is generated and made available to the user.

5.3 Providers who currently do not submit CDS 6.2

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

5.4 Using the MESH service

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

- Setting up a MESH account by completing the [MESH application form](#)
- Setting up a MESH end point certificate
- Installing MESH as a service

Installation guidance for MESH is available from NHS Digital.

5.4.1 CDS v6.2.3 XML Schema

The CDS v6.2.3 XML schema is consistent with the published standard by the [Terminology Reference data Update Distribution \(TRUD\)](#) Service.

TRUD provides a mechanism for the terminology licence and distribution to interested parties.

5.4.2 CDS 6.2 and v6.2.3 XML Schema Support

CDS v6.2.3 support is provided by the SUS+ support teams via enquiries@nhsdigital.nhs.uk

5.4.3 XML / Middleware Suppliers

All XML / Middleware suppliers are required to complete appropriate assurance for submission of CDS v6.2.3 XML schema. Information on this assurance approach can be obtained from NHS Digital (functional.assurance@nhs.net).

All XML / Middleware suppliers are required to submit the CDS Type 011 ECDS XML schema including the ECDS data to the MESH service (which transmits the ECDS data to SUS+).

[General guidance about MESH](#) is available from NHS Digital.

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

5.4.4 Changes for Providers

Additional fields are added to the Emergency Care Data Set from November 2020 to facilitate:

1. Clinically Ready to Proceed Timestamp
2. NEWS2 (National Early Warning Score)
3. CFS (Clinical Frailty Scale)
4. Expected Time of Treatment
5. Assault Location Description to support Information Sharing to Tackle Violence (ISTV) (Pilot only)
6. Future proposed linkage with the Ambulance Data Set.

Full details of the changes can be found in the ECDS Change Specification and the ECDS v3 TOS and E TOS. For more details on how to collect the information outlined above, it is essential to read the [ECDS User Guide](#).

The Emergency Care Attendance Conclusion date and time fields are removed from this version of ECDS.

Additionally, enumeration within the XML schema for some Data Dictionary fields will be removed.

Business Processes

In some cases, changes introduced may require new, or changes to existing, business processes.

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

6.0 Timescales

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

7.0 Further Information and Support

1. Information Standard Documentation/Data Coordination Board

For information relating to CDS v6.2.3 Type 011 – ECDS, 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/dcb0092-2062-commissioning-data-sets-emergency-care-data-set>

2. 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>

3. 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>

4. Opting out of Data Sharing

www.nhs.uk/your-nhs-data-matters/

5. 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>

6. ECDS Data Quality

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

7. TRUD

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

8. 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>

9. Data Dictionary for Care

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

10. Terminology and Classifications

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

11. 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>

12. Tarn – Standard Data set

https://webarchive.nationalarchives.gov.uk/20150107145551/http://www.isb.nhs.uk/documents/isb-1606/amd-12-2013/index_html

13. Tarn

www.tarn.ac.uk

14. CRASH3

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

15. Tarn – Injury Severity Score

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

16. Data Dictionary – Emergency Care Department Type

www.datadictionary.nhs.uk/data_dictionary/attributes/e/emergency_care_department_type_de.asp?shownav=1?query=%22emergency+Care+department%22&rank=66.66666&shownav=1

17. Emergency Care Discharge

<https://theprsb.org/standards/emergencycare/discharge/>

18. 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>

19. 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/scci2112-fgm-risk-indication-system-fgm-risk-local-system-integration>

20. 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>

21. MESH 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>

22. Payment by Results

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

23. NHS Data Model and Dictionary Service

For information relating to the NHS Data Dictionary including CDS 6.2 data elements, attributes, business definitions, supporting information and CDS 6.2 XML schemas.

www.datadictionary.nhs.uk

24. 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>

25. 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>

26. National Casemix Service

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

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