

Data Services for Commissioners



Data Conformance

Supporting documentation for
providers and commissioners



NHS England INFORMATION READER BOX

Directorate

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Nursing	Trans. & Corp. Ops.	Commissioning Strategy
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This information can be made available in formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the DSfC team on england.widersystemschange@nhs.net.

How much valuable NHS resource does it take to process local commissioning data flows?

The Data Services for Commissioners (DSfC) programme is working with providers and commissioners to support legal data access and improve data quality and standardisation. It is a compliance programme with a primary objective to ensure that high-quality, robust data is provided to commissioners legally and efficiently. It should also generate a number of additional benefits surrounding the management of local commissioning data flows, including:

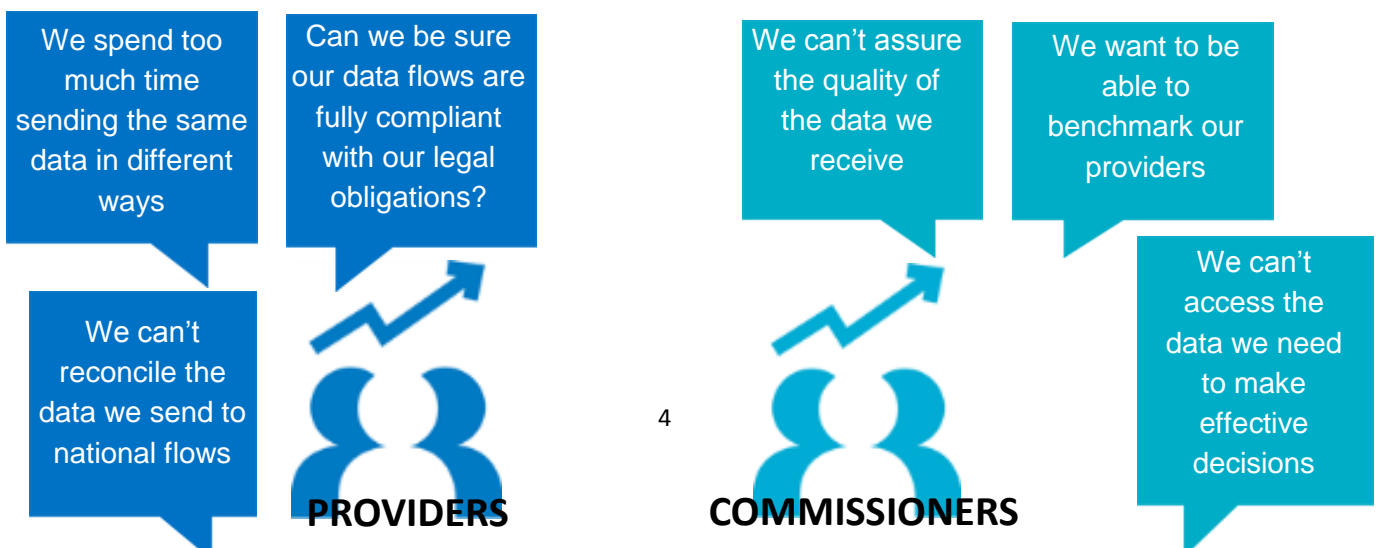
- Access to national data flows;
- Reduced processing burden;
- Improved standardisation;
- Increased utility to undertake benchmarking.

In addition to nationally mandated flows, there are thousands of locally specified datasets flowing between providers and commissioners, collecting data for similar purposes in a multitude of definitions and formats. This creates significant burden placed on providers to provide varying specifications for different commissioners and considerable processing for commissioners with little data utility to undertake comparative analysis and benchmarking.

Many of these local flows exist because national data collections:

- do not exist;
- do not flow sufficiently frequently;
- take too long to flow from providers to commissioners;
- do not have the flexibility to include additional local requirements;
- can be difficult to access due to a range of technical and governance issues;
- take too long to respond to changing requirements.

DSfC is developing standardised local data specifications to help reduce provider burden and increase the utility of data for commissioners to improve NHS services and outcomes for patients.



Providers

Reduce **burden** of processing multiple versions of similar data to different commissioners.

Prepare for the implementation of a new commissioning intelligence **Data Services Platform** in 2017.

Quickly adapt to changing **local requirements**.

All

Enable **comparative analysis** and **benchmarking**.

Improve **data quality**.

Increase **compliance** with Health and Social Care Act 2012 and other legal obligations.

Reduce risk of **information governance breaches**.

Align to national data sets and definitions.

Provide evidence to define and **improve national flows**.

Commissioners

Support **consistent reporting**.

Better utilise **analyst resource** for value added insight

Improve resources available for **contract negotiations**.

Commissioning Support

Reduce development and processing **burden**.

Process **consistent data** flows.

Increase resource for analysis as opposed to data processing

What is the DSfC programme requesting from Commissioners and Providers?

Commissioners

- ✓ Consider if all your local flows of patient level information are utilised
- ✓ Maximise use of national data flows wherever possible
- ✓ For remaining local data flows, consider implementing the relevant specifications on the DSfC online resource with your providers
- ✓ Where it is not practical for providers to flow data using conformed specifications, consider mapping any remaining local flows to the specifications

Providers

- ✓ Ensure that identifiable information doesn't flow in any fields other than those defined as core identifiers in the conformed specifications to reduce the risk information governance breaches
- ✓ Flow appropriate metadata alongside local flows to ensure the data can be clearly understood and documented

Commissioners and Providers

- ✓ Consider adopting the DSfC conformed specifications to help standardise your local flows
- ✓ Ensure any locally defined fields in addition to specified fields in the conformed data sets are well-defined and codified
- ✓ Define fields using national data dictionary defined fields or the conformed specifications wherever possible – only use locally defined fields when certain it isn't collected or derivable from elsewhere
- ✓ Work with the DSfC team to test potential new data standards, or changes to existing standards, so that national flows can better meet local needs

How is the DSfC programme supporting you?

The following annexes provide a range of resources that will help to conform local data sets in order to reduce the processing burden and increase their value to local organisations.

The following resources are included in this document:

- ✓ Core data identifiers for local flows
- ✓ File metadata
- ✓ Advice surrounding use of locally-defined fields
- ✓ Conformed local specifications and guidance

The DSfC team are available to provide further information, advice and support if required.

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Appendix 1 – Core Data Identifiers

To ensure all data flows are fit for purpose, nationally consistent and suitable for processing by the HSCIC, it is proposed to include a number of **core data identifiers**. These are highlighted in table 1 below.

Table 1: Core Data Identifiers

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code		Validation	Data Dictionary Link	Rationale
1	NHS NUMBER	The NHS NUMBER, the primary identifier of a PERSON, is a unique identifier for a PATIENT within the NHS in England and Wales.	n10	integer			Must pass the Modulus11 algorithm check digit test NOT ALLOWED 123 456 7890 n0000000000n Where withheld identity reason is populated	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/n/nhs/nhs_number_de.asp?shownav=1	Used as a unique patient identifier and as a potential part of the data linkage within and between different datasets
2	NHS NUMBER STATUS INDICATOR CODE	The NHS NUMBER STATUS INDICATOR of the PATIENT.	an2	char (2)	01	Number present and verified	If value is not between '01' - '06' then a warning should be generated. This field should be mandatory where the NHS Number provided is blank to ensure proper linkage. If the NHS Number field is blank and the value for	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/n/nhs/nhs_number_status_indicator_code_de.asp?shownav=1	Highlights the status of the NHS number
					02	Number present but not traced			
					03	Trace required			
					04	Trace attempted - No match or multiple match found			

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
					05	Trace needs to be resolved - (NHS Number or PATIENT detail conflict)	this item is anything other than '07' then a warning will be reported. If NHS NUMBER contains a value, and NHS NUMBER STATUS INDICATOR CODE is "07 - Number not present and trace not required", a warning should be reported.	
				06	Trace in progress			
				07	Number not present and trace not required			
				08	Trace postponed (baby under six weeks old)			
3	WITHHELD IDENTITY REASON	Allows suppliers of records to indicate to recipients of the record that the record has been purposely anonymised for a valid reason.	an2	char (2)	01	Record anonymised for legal/statutory reasons	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/w/we/withheld_identity_reason_de.asp?shownav=0	Highlights where a record has been anonymised
				02	Record anonymised at request of Caldicott Guardian			
				03	Record anonymised at request of PATIENT			

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
					97	Record anonymised for other reason		
					99	Identity withheld but reason not known		
4	ACTIVITY IDENTIFIER	A unique number or set of characters that is applicable to only one ACTIVITY for a PATIENT within an ORGANISATION.	an12	char (12)		Must be in the correct format NOT ALLOWED Where withheld identity reason is populated	http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/activity_identifier_de.asp?shownav=0	Used as a unique identifier for activity (by provider/data set) to link between national and local data
5	LOCAL PATIENT IDENTIFIER	This is a number used to identify a PATIENT uniquely within a Health Care Provider. It may be different from the PATIENT's casenote number and may be assigned automatically by	an10	char (10)		Must be in the correct format NOT ALLOWED Where withheld identity reason is populated	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/li/local_patient_identifier_de.asp?shownav=1	Used as alternative unique patient identifier, in addition to NHS number

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
		the computer system.						
6	AGE AT ACTIVITY DATE	The number of completed years between the person birth date of the patient and the activity date.	n3	integer		<p>Must be in the correct format and same value derived by taking the person birth date from the activity date (where person birth date is supplied)</p> <p>Should only be submitted where PERSON BIRTH DATE is missing</p>		Enables age to flow for sensitive records
7	PERSON BIRTH DATE	The date on which a PERSON was born or is officially deemed to have been born.	an10 CCYY-MM-DD	date		<p>Must be in the correct format</p> <p>Cannot be after date of submission <= Today Cannot be after date of activity date <= Activity date</p> <p>NOT ALLOWED Where withheld identity</p>	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/p/pers/person_birth_date_date.asp?shownav=0	Used in combination with other date fields (for example dates) to derive age. Also a potential part of the data linkage within and between different datasets

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
						reason is populated		
8	POSTCODE OF USUAL ADDRESS	The POSTCODE of the ADDRESS nominated by the PATIENT with ADDRESS ASSOCIATION TYPE 'Main Permanent Residence' or 'Other Permanent Residence'.	max an8	varchar (8)		If the Postcode is provided and it is not in one of the accepted formats (see http://www.datadictionary.nhs.uk/web_site_content/supporting_information/nhs_postcode_directory.asp?shownav=1 for details), the record should be rejected.If the Postcode is provided and it cannot be located in the national postcode look-up table, a warning should be reported.NOT ALLOWEDWhere withheld identity reason is populated	http://www.datadictionary.nhs.uk/data_dictionary/field_notes/po/postcode_of_usual_address_de.asp?shownav=1	Used to derive location based data items (e.g. LSOA and resident CCG). Also a potential part of the data linkage within and between different datasets

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code		Validation	Data Dictionary Link	Rationale
9	PERSON STATED GENDER CODE	PERSON STATED GENDER CODE is self-declared or inferred by observation for those unable to declare their PERSON STATED GENDER.	an1	char (1)	1	Male	Must be one of the defined national codes	http://www.datadictionary.nhs.uk/data_dictionary/attributes/p/person_state_d_gender_code_de.asp?shownav=1	Will enable analyses to explore potential health inequalities. Also a potential part of the data linkage within and between different datasets
					2	Female			
					9	Indeterminate (unable to be classified as either male or female)			
					X	Not Known (PERSON STATED GENDER CODE not recorded)			
10	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	The ORGANISATION CODE of the GP Practice that the PATIENT is registered with.	an6	char (6)			If code is not for a current live organisation, in the national ODS tables, a warning should be reported.	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/g/general_medical_practice_code_patient_registration_de.asp?shownav=0	Used to derive the commissioner and GP-based analyses

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
11	ORGANISATION CODE (CODE OF PROVIDER)	The ORGANISATION CODE of the ORGANISATION acting as a Health Care Provider.	max an12	varchar (12)		<p>If Organisation Code (Code of Provider) does not match the organisation code for the provider in the metadata, the file should be rejected.</p> <p>If code is not for a current live organisation, in the national ODS tables, a warning should be reported.</p>	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_code_(code_of_provider)_de.asp?shownav=1	Shows the provider for the activity and will also be a potential part of the data linkage within and between different datasets
12	ORGANISATION CODE (CODE OF COMMISSIONER)	The ORGANISATION CODE of the ORGANISATION commissioning health care.	max an12	varchar (12)		<p>If code is not for a current live organisation, in the national ODS tables, a warning should be reported.</p>	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_code_(code_of_commissioner)_de.asp?shownav=1	Shows the commissioner for the activity. Can be derived using Commissioner Assignment Method
15	ORGANISATION CODE (RESIDENT RESPONSIBILITY)	The ORGANISATION CODE derived from the PATIENT's	max an12	varchar (12)		<p>If code is not for a current live organisation, in the national ODS tables, a warning should be reported.</p>	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/	Enables CCG/health board etc. to flow where there is no

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code	Validation	Data Dictionary Link	Rationale
	BILITY)	POSTCODE OF USUAL ADDRESS.				Should only be submitted where POSTCODE OF USUAL ADDRESS is missing	o/org/organisation_code_residence_responsibility_de.asp?shownav=1	postcode
16	ORGANISATION CODE (GP PRACTICE RESPONSIBILITY)	The ORGANISATION CODE of the ORGANISATION responsible for the GP Practice where the PATIENT is registered, irrespective of whether they reside within the boundary of the Clinical Commissioning Group.	max an12	varchar (12)		If code is not for a current live organisation, in the national ODS tables, a warning should be reported. Should only be submitted where GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION) is missing	http://www.datadictionary.nhs.uk/data_dictionary/field_notes/o/org/organisation_code_gp_practice_responsibility_de.asp?shownav=1	Enables CCGs/health boards etc. to flow data where there is no GP
17	ACTIVITY DATE	The relevant activity date will vary from dataset. In most cases, the CDS ACTIVITY DATE definition should be applied, unless specific	an10 CCYY-MM-DD	date		Must be in the correct format Cannot be after the end of the reporting period <= REPORTING PERIOD END DATE	http://www.datadictionary.nhs.uk/data_dictionary/field_notes/c/cds/cds_activity_date_definition_de.asp?shownav=1	Enables date-based derivations to be applied and differential date rules to be applied

ID	Data Item Name	Data Item Description	Format	Physical Data Type	National Code		Validation	Data Dictionary Link	Rationale
		<p>guidance for the data you are flowing instructs otherwise. Broadly speaking, the relevant activity date is: A&E/ED = Arrival date OP = Appointment date Finished APC Episode = End date Birth/Delivery = Delivery date</p>						v=1?query=%22CDS+Activity+Date%22&rank=100&shownav=1	

It is also important to highlight that information relating to personal confidential data (PCD) should under no circumstances be entered into any other columns in a dataset. Such action would risk PCD flowing out to the commissioning system, which would represent an Information Governance breach; in many cases, this would violate the requirement of the Health and Social Care Act (2012) that states that the HSCIC should be the sole recipient of PCD for uses other than direct care unless specific legal bases have been separately identified (e.g. s251).

Appendix 2 – File Metadata

A further requirement of any local dataset will be the inclusion of appropriate **file metadata**. File metadata, in this context, is defined as data that describes other data. This includes summary information for the file being uploaded into the system, such as extract file type, date of submission, number of records and the submitter.

Metadata will be collected in relation to all local data flows and a list of ‘current thinking’ for core file metadata items recommended for inclusion in any data submission can be seen in table 2 below. However, these will be confirmed as the programme and development of technical solutions progresses.

Table 2: File metadata

ID	Data Item Name	Data Item Description	Format	Physical Data Type	Validation	Data Dictionary Link	Rationale
1	DATA SET VERSION NUMBER	The version number of a Data Set	an10	char (10)	Must not be blank		Maintains accurate file processing
2	ORGANISATION CODE (CODE OF PROVIDER)	The ORGANISATION CODE of the ORGANISATION acting as a Health Care Provider.	max an12	varchar (12)	<p>If Organisation Code (Code of Provider) does not match the organisation code for the provider in the core data identifiers, the file should be rejected.</p> <p>If Organisation Code (Code of Provider) is not for a current live organisation in national tables, a warning should be reported.</p>	http://www.datadictionary.nhs.uk/data_dictionary/organisation_code_code_of_provider_de.asp?shownav=1	Provides an audit trail where a different organisation is undertaking the submission on behalf of the provider organisation

ID	Data Item Name	Data Item Description	Format	Physical Data Type	Validation	Data Dictionary Link	Rationale
3	ORGANISATION CODE (CODE OF SUBMITTING ORGANISATION)	The ORGANISATION CODE of the ORGANISATION acting as the physical sender of a Data Set submission.	max an12	varchar (12)	If Organisation Code (Code of Submitting Organisation) is not for a current live organisation in national tables, a warning should be reported.	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/organisation_code_(code_of_submitting_organisation)_de.asp?shownav=1	n
4	REPORTING PERIOD START DATE	The date that a REPORTING PERIOD begins	an10 CCY Y-MM-DD	date	Must be in the correct format	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/r/reporting_period_start_date_de.asp?shownav=0	Enables the file to be processed appropriately (e.g. right period rules, or latest file created), can also be used for data quality
5	REPORTING PERIOD END DATE	The date that a REPORTING PERIOD ends	an10 CCY Y-MM-DD	date	Must be in the correct format	http://www.datadictionary.nhs.uk/data_dictionary/attributes/r/rep/reporting_period_end_date_de.asp?shownav=0	
6	DATE AND TIME DATA SET CREATED	The DATE AND TIME a data set was created.	an19 YYY Y-MM-DDThh:mm:ss	datetime	Must be in the correct format	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/d/date_and_time_data_set_created_de.asp?shownav=1	
7	RECORD COUNT	A count of records contained within the submission	n10	integer	Must equal the same as a count of the number of records		Ensures files are complete

ID	Data Item Name	Data Item Description	Format	Physical Data Type	Validation	Data Dictionary Link	Rationale
							upon receipt, and to maintain accurate file processing
8	EXTRACT FILE TYPE	A code to show what format a file is in, including which data items are personal confidential data	an10	char (10)	Must not be blank		Maintains accurate file processing
9	SUBMITTER - PERSON NAME	The name of the person submitting the file	max an70	varchar (70)	Must not be blank	http://www.datadictionary.nhs.uk/data_dictionary/classes/p/person_name_de.asp?shownav=1?query=%22name%22&rank=68.27304&shownav=1	Ensures appropriate contact details for any queries with the file
10	SUBMITTER - UK TELEPHONE NUMBER	The contact details of the person submitting the file	max an35	varchar (35)	Must not be blank	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/u/uk_telephone_number_de.asp?shownav=1?query=%22telephone%22&rank=93.53838&shownav=1	

ID	Data Item Name	Data Item Description	Format	Physical Data Type	Validation	Data Dictionary Link	Rationale
11	SUBMITTER - INTERNET E-MAIL ADDRESS		max an25 5	varchar (255)	Must not be blank	http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/i/in/internet_email_address_de.asp?shownav=1	

Appendix 3 – Locally Defined Fields

In the interests of streamlining the flow of data within the NHS, as well as reducing the reliance on local intelligence flows, the specifications also includes a number of locally defined fields. These fields cover any additional data collected by providers that is currently not part of a standard national dataset. This enables flexibility of meeting local reporting needs.

To enable locally defined fields to be captured data submitters are required to:

- Provide a clear definition of each locally defined field via the specification
- Use and describe a coding structure
- Flow the same information consistently in these fields and not change what flows between data submissions
- Not, under any circumstances, flow personal confidential data (PCD).

For example:

Data Item Name	Data Item Description	Format	Physical Data Type	Coding Structure	
MARRIAGE STATUS INDICATOR	An indicator to identify the legal marital status of a person	an2	char (2)	99	Non Applicable
				88	Not Known
				77	Not Disclosed
				01	Single
				02	Married/Civil
				03	Partner
				04	Divorced
				05	Widowed
				06	Separated

When the Data Services Platform (DSP) becomes operational providers will be required to name locally defined fields consistently and in a way that makes them clearly different to the fields not locally defined (e.g. 'Local_MARRIAGE STATUS INDICATOR'). Therefore it should be best practice to already follow these naming conventions in preparation for the implementation of DSP in 2017/18.

Appendix 4 – Urgent Care

Appendix 4.1 – Urgent Care – Introduction

The proposed urgent and emergency care specifications are provided to encourage the collection of data in a nationally defined and standardised manner across all urgent care settings. They underpin a programme of work to improve data quality in all urgent care settings.

Urgent care services such as GP out of hours, A&E / Emergency Department, telephone triage and advice through NHS Direct and 111, and emergency ambulance have traditionally been commissioned separately. Increasingly, the boundaries between these services are changing, as are the types of care they deliver. There is therefore difficulty in designing a one-size fits all commissioning data set. The Urgent and Emergency Care specifications can be used in a modular way – commissioners and providers can pick and choose the fields that are useful to them across all of the specifications. Greater use of these consistent field names and data definitions could eventually lead to developing a general data model for urgent care commissioning.

The Urgent and Emergency Care specifications are available for local testing and use; feedback is requested in order to further refine the specifications, to support development of a data model, and to evidence the requirement for any national information standard development (please see Appendix 4.6 for contact details) or universally agreed approaches for local flows.

Appendix 4.2 – Urgent Care – Scope

Conformed datasets in the urgent and emergency care context include:

- Urgent care treatment centres (incorporating A&E departments - all types including Minor Injury units, Urgent Care Centres and Walk-In Centres) and GP Out of Hours services), to account for local variations in addition to the national CDS fields.
- NHS 111 / Integrated Urgent Care and Emergency Ambulance specifications for data flows. This is data where there is not a current national information standard or system for collecting data.

Most areas can access Accident and Emergency (A&E) data via national collections on SUS and many commissioners have supplemented this with local flows that may be more frequent or contain additional data items defined in their local area.

For other types of urgent care services, such as Emergency Ambulance or the NHS 111 / Integrated Urgent Care service, there are existing nationally defined aggregate data collections, however, there are no national standard for patient-level commissioning data.

In ambulance trusts, some commissioners receive data at a patient-level to support urgent care modelling. However, due to the absence of Information Standards Notices (ISN), there is no mandate or existing consistent provision of patient-level data from NHS 111 / Integrated Urgent Care and Emergency Ambulance services. Specifications are, therefore, included as proposals to conform data for these areas. They are also included to collect feedback about the suitability of these data flows to emerge as national information standards for both NHS 111 / Integrated Urgent Care and Emergency Ambulance.

Where data regarding Out of Hours (OOH) primary care is available, there is wide variation in the types of data transferred. This disparity is often due to the clinical systems in use by Out of Hours providers; as they may use a system similar to A&E providers or a primary care data system. The proposal, presented in this guidance, is that DSfC could attempt to use the fields within an A&E specification, and additional local fields to capture this information for local needs.

The Royal College of Emergency Medicine is working towards a new information standard for emergency care. The standard, known as the Emergency Care Data Set (ECDS), is intended to replace the current A&E Commissioning Data Set. The A&E specification, presented in this guidance, is an interim solution that is intended to cover existing purposes and variation, until the ECDS is established and mandated for national collection.

Appendix 4.3 – Urgent Care – Data Collection Developments

The proposals for urgent care include 3 locally-conformed specifications, which can be adopted in whole for local use, where service delivery is in line with the straightforward A&E, Emergency Ambulance or 111 models. To account for more complex services, which may include and integrate elements of primary care, telephone calls, home and clinical settings, commissioners and providers may wish to look at taking elements from each of the specifications to support all local variations, using the data fields as items to select. A data model is being developed to support this approach.

Appendix 4.3.1 – Urgent Care – A&E (Including Out of Hours)

The proposal for a local conformed A&E data specification is to expand the existing A&E CDS with additional locally-defined fields for purely local commissioning purposes.

The specification is designed to be flexible to cover all current situations.

- Where daily flows of data exist, which cover a small number of fields, the standard can be used for this, as fields match CDS definitions, yet fewer fields are mandated.

- Where local flows expand the CDS definition, the specification includes additional fields and the option for locally defined fields to capture any additional items.

Three additional fields have been proposed where there is evidence that they are frequently used in local flows. These are to cover Chief presenting complaint of the patient arriving at A&E, any medication received by the patient at discharge, and a field for the provider to mark submitted data that could be subject to further revision.

The conformed A&E dataset includes some fields that are defined within the draft ECDS specification where they support and add value to local requirements.

Some providers may choose and be currently able to report data that meets the expectations of the proposed ECDS specification; DSfC anticipate that the HSCIC Data Services Platform will eventually be able to process data in this format. It would be helpful if areas proposing this approach can get in touch, in order to work with them to support piloting the ECDS proposals with the new HSCIC platform.

Early adoption of the A&E Dataset specification will enable providers to prepare for sharing data to meet the new ECDS standard, as it includes the option to include some of the new data requirements of ECDS.

Adoption of either the conformed standard will facilitate the provision of conformed data to better support benchmarking and reduce both provider and commissioner burden.

Appendix 4.3.2 – Urgent Care – NHS 111 / Integrated Urgent Care

The NHS 111 / Integrated Urgent Care specification addresses the relative deficiency of nationally defined 111 data standards. It incorporates the current requirements of the Integrated 111 programme and includes items currently reported as part of the NHS Pathways Continuous Quality Improvement¹ data collection.

The specification is designed to support the delivery and local assurance for the KPIs for the NHS England Integrated 111 Programme.

¹ [NHS Pathways](#)

Appendix 4.3.3 – Urgent Care – Emergency Ambulance

The Emergency Ambulance specification delivers the immediate requirement to capture ambulance data and includes fields for the derivation of Ambulance Quality Indicators² and builds upon recommendations from the Royal College of Physicians' Professional Guidance on the Structure and Content of Ambulance Records³.

The proposal is for a data set that covers call handling, and allows for multiple records for vehicle dispatch and clinical care.

Appendix 4.4 – Urgent Care – Specifications

The A&E, NHS111 / Integrated Urgent Care and Emergency Ambulance specifications can be downloaded from the Data Services for Commissioners Online Resource.

Appendix 4.5 – Urgent Care – Data Submission

A&E, NHS 111 / Integrated Urgent Care and Emergency Ambulance data submissions should be collected from providers' own local systems and submitted to the appropriate DSCRO in the same way as the current local flows.

Appendix 4.6 – Urgent Care – Next Steps

DSfC will provide support to any providers and commissioners who are interested in using the Urgent and Emergency Care Datasets to flow their data more consistently. DSfC are keen to work with providers and commissioners to refine the definitions and develop the data model approach.

One of our long term objectives is to give consideration to the requirements of the Standardisation Committee for Care Information (SCCI) process and the underlying Information Standards for NHS 111 / Integrated Urgent Care and Emergency Ambulance specifications. In addition, DSfC are working closely with the ECDS Project Board to achieve a national emergency care data collection.

If any providers, DSCROs or commissioners have any comments or suggestions for any further improvement, these should be sent to the NHS England Data Development team, which is part of the Data Services for

² [Ambulance Quality Indicators](#)

³ [Professional Guidance on the Structure and Content of Ambulance Records](#)

Commissioners programme at england.widersystemschange@nhs.net for consideration and possible incorporation into future developments of this guidance and any dataset specification.

Appendix 5 – Community

Appendix 5.1 – Community – Introduction

The intention of a Local Community Services Data Set (LCSDS) is to enable the interchange of community data between commissioners and providers of healthcare, in a consistent way and aligning these with the national community data flows. Conforming data, in the community context means adherence not only to the existing national standard specifications for children (CYPHS) and for all ages (CIDS) as much as is possible, but also accommodating additional and locally defined fields to capture any data that is not currently part of the Children and Young Persons Data Set (CYPHS), or the locally mandated Community Information Data Set (CIDS).

The Local Community Services Data Set (LCSDS) specification and accompanying guidance documents aim to reduce the number of local community flows and ease burden on providers where the specification is adopted.

Investigations are underway as to the feasibility of developing a new Information Standard for a national Community Services Dataset for adults and children. This specification and guidance aims to steer providers and commissioners into the right direction in preparation for any future national standard for community data, as well as streamlining the provision of local commissioning data.

Appendix 5.2 – Community – Scope

Due to the level of complexity of community healthcare and the national variation in community services, it is important to define the scope of the services covered by the LCSDS specification. The scope of the information to be collected in LCSDS is, therefore, the same as for CIDS and CYPHS. Full details of services in and out of scope can be found in tables 3 and 4.

Table 3: Services in scope for inclusion in LCSDS, CIDS and CYPHS

01	Appliances Service
02	Arts Therapy Service
03	Cancer Service
04	Cardiac Service
05	Community Dental Service
06	Community Paediatrics Service
07	Continence Service
09	Counselling Service
10	Dermatology Service
11	Diabetes Service
12	District Nursing Service
13	Ear, Nose and Throat Service
14	End of Life Care Service

15	Gastrointestinal Service
16	Health Visiting Service
17	Hearing Service
18	Intermediate Care Service
19	Long Term Conditions Case Management Service
20	Musculoskeletal Service
21	Neurology Service
22	Nutrition and Dietetics Service
23	Occupational Therapy Service
24	Orthoptist Service
25	Pain Management Service
26	Physiotherapy Service
27	Podiatry Service
28	Public Health and Lifestyle Service
29	Rehabilitation Service
30	Respiratory Service
31	Rheumatology Service
32	School Nursing Service
33	Speech and Language Therapy Service
34	Vulnerable Children's Service
35	Vulnerable Adult's Service
36	Respite Care Service
37	Clinical Psychology Service
38	Children's Community Nursing Service
39	Diagnostic Service
40	Treatment Room Nursing Service
41	Haematology Service
42	Phlebotomy Service
43	Tissue Viability Service
44	Family Support Service
45	Integrated Multi-Disciplinary Team (jointly commissioned)

Table 4: Services out of scope for inclusion in LCSDS, CIDS and CYPHS

Ambulance Care
Services covered by primary care contracts (General Medical Services (GMS), Personal Medical Services (PMS), Alternative Provider Medical Services (APMS) and Specialist Provider Medical Services (SPMS))
Other Primary Care Services that are not considered Community Services including: General Dental Services, General Ophthalmology Services and Pharmacy Services
Social Care and specialist community services where separate data flows exist, e.g. community mental health
Admitted Patient Care (including Community Hospitals, General Acute or Mental Health)

Ambulance Care
Maternity Services - depending on local processes, information on Newborn Hearing Screening and Blood Spot Card Investigation Results can be captured by Maternity or Child Health Services (Health Visitors). The remit of this information standard only covers results captured within Child Health Services
Out Patient Care which was previously provided under General Acute or Mental Health contracts
Non-NHS funded activity, e.g. Speech and Language Therapy activity which is funded by schools
Activity reported through the National Drug Treatment and Monitoring System (NDTMS) Data Set, Sexual and Reproductive Health Activity Data Set (SRHAD) or Genitourinary Medicine Clinic Activity Dataset (GUMCAD)
Activity funded through Acute Payment by Results (PbR), i.e. included in Healthcare Resource Groups (HRGs)
Prison or secure facility-based health services (however, community-based services visiting a prison or secure facility to deliver healthcare are in scope)

Appendix 5.3 – Community – Data Collection Development

The Children and Young People’s Health Services Data Set (CYPHS) is a national patient-level, output-based, secondary uses dataset that collects, nationally consistent and comparable person-based information on patients under the age of 19 who are in contact with community health services. This is a [national information standard](#)⁴ and all providers are mandated to flow community data for children and young people to the HSCIC from October 2015.

The Community Information Dataset (CIDS) collects information on community services for all ages, however, the [interim Information Standards Notice](#)⁵ (ISN) only mandates the submission of CIDS data from providers to commissioners for local purposes. The Local Community Services Data Set aims to close the gap between CYPHS and CIDS and the number of local community flows.

Strategically, the long-term aim is to expand the nationally mandated CYPHS dataset to also include adults (phase 1) to create an all-ages inclusive Community Services Dataset (CSDS) with existing CYPHS fields. Phase 2 then aims to incorporate any gaps in the dataset as identified by various stakeholders. NHS England is working closely with HSCIC to initiate this work. However the timescales for this are currently undetermined.

There remains an immediate requirement to capture consistent local data for community services that are not covered by CYPHS or CIDS. Therefore, a conformed local community specification needs to include additional fields and locally defined fields to capture any requirements that are not currently part of

⁴ [Children and Young People's Health Services \(CYPHS\) Data Set](#)

⁵ [Interim Information Standards Notice](#)

CYPHS or CIDS. It also needs to cover core data identifiers to enable linkage to the national datasets to enhance the flexibility and usefulness of community data. This is in order to encourage a reduction in the number of local community flows. For the purpose of the DSfC resource, this will be referred to as the **Local Community Services Data Set (LCSDS)**.

Figure 1 shows the whole picture of how the Local Community Services Dataset (LCSDS) aligns with the national mandated community datasets CYPHS and CIDS.

Figure 1: Whole picture of community services data

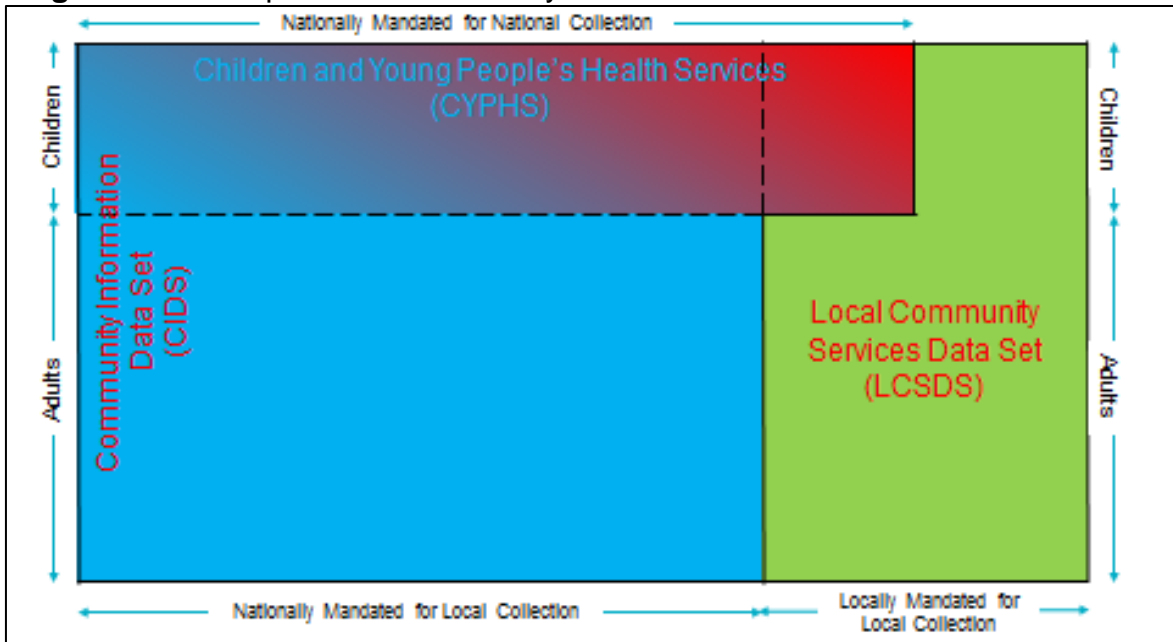


Figure 1 shows how the Local Community Services Dataset (LCSDS) sits alongside the CYPHS and CIDS and aims to capture anything that is currently not included in those datasets in a consistent and conformed way. The LCSDS will be referenced as part of a wider DSfC Resource in the 'Local Requirements Reported Locally' section of schedule 6b of the 2016/17 NHS Standard Contract with the potential to mandate the collection of community data according to the specification in the 2017/18 contract.

Table 5 below shows the different components of the LCSDS specification.

Table 5: Components of the LCSDS specification

Data Items included	Description	Data collected for
Core Data Identifiers	These are fields that should be collected as part of any local flow or conformed dataset including key patient and event identifiers to allow linkage of local data to CIDS and CYPHS.	Data for these fields should be submitted for children and adults.
Additional Community Data Fields	These fields are not currently captured in either the CIDS or CYPHS standard. They fall into two categories - fields that will be proposed as additions to an all-ages Community Services Dataset in the future and fields that will only support local commissioning and will not be appropriate for addition to a national dataset. These fields have been defined in the LCSDS as part of the gap analysis carried out.	Data for these fields should be submitted for children and adults.
Locally Defined Fields	These are fields that are collected for purely local purposes and should be clearly defined using a specified coding structure by the data submitters.	Data for these fields should be submitted for children and adults.

Appendix 5.4 – Community – Specifications

The **Local Community Services Data Set (LCSDS)** specification can be downloaded from the Data Services for Commissioners Online Resource.

[Children and Young Persons Health Services Dataset \(CYPHS\) specification document](#)

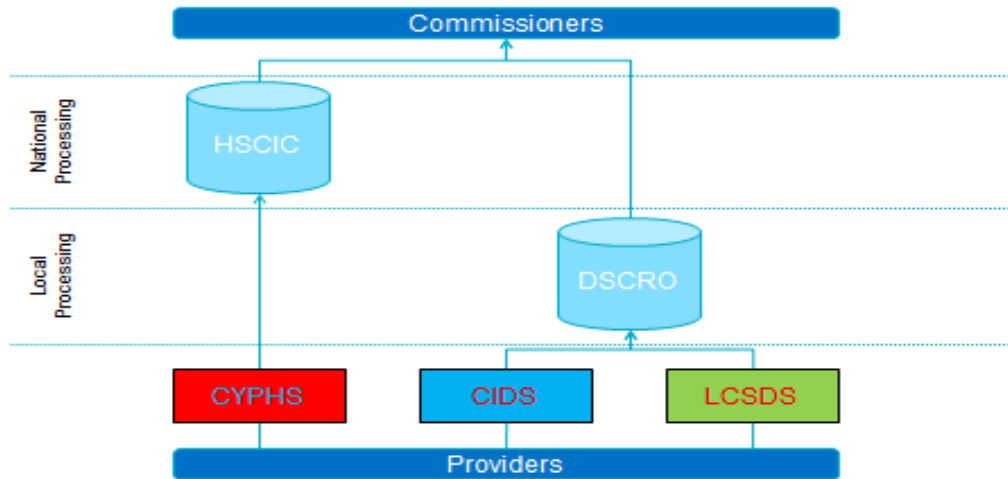
[Community Information Dataset \(CIDS\) specification document](#)

Appendix 5.5 – Community – Data Submission

LCSDS data submissions should be collected from providers' own local systems and submitted to the appropriate DSCRO in the same way as the current local flows.

Figure 2 below highlights how the collection of locally consistent community data as part of the LCSDS aligns with the national datasets CYPHS and CIDS in 2016/17.

Figure 2: Submission of community data in 2016/17



This shows that Providers should submit the following:

- 1 **CYPHS** data as per [CYPHS specification](#) to the HSCIC for national processing
- 2 **CIDS** data as per [CIDS specification](#) to their local DSCRO for local processing
- 3 **LCSDS** data to their local DSCRO for local processing

Appendix 5.6 – Community – Next Steps

Initially, DSfC will provide support to any providers and commissioners who are interested in using the LCSDS dataset to flow their data alongside submissions of CYPHS and CIDS data.

In the long term, our work will feed into wider NHS England plans to develop a combined adult and children community dataset. This will be mandated as an Information Standard.

If any providers, DSCROs or commissioners have any comments or suggestions for any further improvement, these should be sent to the NHS England Data Development team, which is part of the Data Services for Commissioners programme at england.widersystemschange@nhs.net for consideration and possible incorporation into future developments of this guidance and any dataset specification.