DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of changes to be included in the NHS Data Dictionary & Manual and the NHS CDS Manual as appropriate. These will be consolidated into the publications in due course.

Summary of Changes:

Changes to the NHS Data Dictionary & Manual as a result of the organisational changes brought about by 'Shifting the Balance of Power'.

The NHS Information Standards Board (NHS ISB) is responsible for approving information standards. The NHS ISB is supported by the Management Information Standards Board, the Clinical Information Standards Board and the Technical Standards Board.

The packaging of standards document is under review. Any changes will be notified in due course.

Please note that the website address has changed, and that Data Set Change Notices are now located at:

http://www.nhsia.nhs.uk/dscn/pages/default.asp and on the NHSnet at:
http://nww.nhsia.nhs.uk/dscn/pages/default.asp
DATA SET CHANGE NOTICE 31/2002

Reference: CP 25/02 - DG1061/08/22 v2.3

Subject: Shifting the Balance of Power

Type of Change: Changes to NHS data standards

Effective Date: 01 October 2002

Reason for Change: Update the NHS Data Dictionary & Manual to reflect the organisational changes identified in ‘Shifting the Balance of Power’

Background:

The government is radically reforming the NHS and Social Care, in order to make the system more patient-focused as part of its NHS Plan.

The Department of Health is working towards shifting the balance of power away from central government to frontline staff, who have a day-to-day understanding of patients' needs and concerns. As part of this process it is necessary to change the structure of the NHS and Social Care to help empower patients and to help staff and patients have their say on the future.

Local Primary Care Trusts (PCTs) have become the lead NHS organisations in assessing need, planning and securing all health services and improving health in their localities. They will also provide most community services and develop primary care services, including GPs and dentists.

This DSCN updates the NHS Data Dictionary & Manual to reflect the organisation changes for the NHS in England. A review of the use of HEALTH AUTHORITY throughout the NHS Data Dictionary & Manual has been carried out and the appropriate structure required to support the ‘Shifting of the Balance of Power’ inserted. In doing so the following areas have been addressed:

1. Abolition of the Medical Practices Committee (MPC) and organisational changes relating to General Medical Practitioners. Some of these changes came into effect on 1st April 2002 under the Health and Social Care Act 2001.

2. The services supporting the National Drugs Treatment and Monitoring System (NDTMS) will be provided by the Primary Care Trusts as reflected in the revised data sets included in DSCN 19/2001.

3. The regulation of all care homes will be undertaken by a new body; the National Care Standards Commission from 1st April 2002. The Care Standards Act 2000 replaces the Registered Homes Act 1984.
4. PCTs have assumed responsibility for the implementation of population screening programmes through collaboration with other PCTs. The Strategic Health Authority will ensure all organisations work together to deliver the services through their Performance Agreements.

5. The remaining references to NHS Executive in the NHS Data Dictionary & Manual have been removed.

The following documents have been used as reference:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issued by</th>
<th>Date</th>
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<tbody>
<tr>
<td>Shifting the Balance of Power: New arrangements for managing General Medical</td>
<td>DoH Memo</td>
<td>13 March 2002</td>
</tr>
<tr>
<td>Practitioner Appointments</td>
<td></td>
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</tr>
<tr>
<td>Shifting the Balance of Power within the NHS – Securing Delivery</td>
<td>DoH publication</td>
<td>July 2001</td>
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<td>Shifting the Balance of Power – The next Steps</td>
<td>DoH publication</td>
<td>Jan 2002</td>
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<tr>
<td>Health and Social Care Act 2001</td>
<td>Crown</td>
<td>2001</td>
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<tr>
<td>National Health Service Reform And Health Care Professions Act 2002</td>
<td>Crown</td>
<td>July 2002</td>
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<tr>
<td>Care Standards Act 2000</td>
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<td>2000</td>
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<td>The Care Homes Regulations 2001</td>
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<td>2001</td>
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<tr>
<td>DSCN 20/2002 – Data flows from NHS organisations to the Department of Health</td>
<td>NHSIA</td>
<td>May 2002</td>
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Summary of Changes:

**Entity Definitions**

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<td>DRUG MISUSE AGENCY</td>
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REGISTERED SITE INSPECTION
RUBELLA IMMUNISATION TARGET
SCREENING POPULATION
SCREENING TEST
SERVICE TO THE COMMUNITY PROGRAMME
SINGLE SEX ACCOMMODATION TARGET
SMOKING CESSATION SERVICE

STRATEGIC HEALTH AUTHORITY

Attribute Definitions
ACTUAL EXPENDITURE

CHILD HEALTH LIST ENTRY
COMPLAINT FHS SUBJECT
COMPLAINT HCHS SUBJECT
CONTRACEPTIVE LIST ENTRY
COVERAGE ACHIEVED
CYTOLOGY SCREENING ACTION TYPE
CYTOLOGY SCREENING PLAN NUMBER
DRUG MISUSE AGENCY CODE
GENERAL OR PERSONAL MEDICAL SERVICES
GMP PAYMENT NUMBER
MATERNITY NOTES POLICY
MINOR SURGERY LIST ENTRY
NIGHT VISIT LIST ENTRY
OBSTETRICS LIST ENTRY
ORGANISATION TYPE

Change entity type description
Change entity type description
Change entity type description
Change entity type attributes
Change entity type description
Change entity type description
New entity type

Change attribute description
Change attribute description
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<td><strong>HA OF RESIDENCE</strong></td>
<td>Change data item note name and comment</td>
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<td><strong>HRG DOMINANT GROUPING</strong></td>
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<td><strong>VARIABLE – PROCEDURE</strong></td>
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<td><strong>NHS SERVICE AGREEMENT</strong></td>
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<td><strong>OUT OF AREA TREATMENT</strong></td>
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<td><strong>PCG OR PCT OF RESIDENCE</strong></td>
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CDS, CMDS and HES
Contextual Overview
Update text

ACCIDENT AND EMERGENCY ATTENDANCE CDS
Change CDS table

Central Return Forms
KH06R - Demand for Elective Admission:
Events Occurring during the Quarter
(Responsible Population Based)
Change central return form guidance text

KH07AR - Demand for Elective Admission: Deferred
Admissions Responsible Population Based
Change central return form guidance text

Model View Diagrams
AD020 – Core Administrative Data - Organisation Details
Change model view diagram contents
AD030 – Core Administrative Data - Address and Geographic Area Details
Change model view diagram contents and overview text
CM020 - Community Programmes
Change model view diagram contents and overview text
CM030 - Community – Child Health and Immunisation for Health Authorities
Change model view diagram contents and overview text
CM040 - Child Health and Immunisation for Health Care Providers
Change model view diagram contents and overview text
CM070 - Screening for Health Care Providers
Change model view diagram contents and overview text
CM090 - Community - Genito-Urinary Clinics
Change model view diagram contents and overview text
CM120 - Drug Misuse
Change model view diagram contents and overview text
GN020 - Organisation Structure
Change model view diagram contents and overview text
GN060 - Services Provided by Non-Hospital Services
Change model view diagram contents and overview text
HP170 - Hospital Beds – Planning Intent
Change model view diagram contents
MS040 - GP Hospital Communication Messages – Cytology
PC020 - GMPS Claims and Payments or Reimbursements from Health Authorities
PC030 - General Medical Practitioner Contracts
PC110 - Community Pharmacies
PC120 - General Ophthalmic Services
PC130 - Emergency Dental Services
Central Return Diagrams
EXTDRUG - Extended Drug Misuse Database
HA48 - List of Ophthalmic Practitioners
KH06R - Demand for Elective Admissions: Events Occurring during the Quarter, Responsible Population Based
KH07A - Demand for Elective Admission: Number of Patients who have Deferred Admission Waiting at the End of the Quarter, Provider Based
KH07AR - Demand for Elective Admission: Number of Patients who have Deferred Admission Waiting at the End of the Quarter, Responsible Population Based
PHS1 - Community Pharmacies
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CDS and CMDS View Diagrams
CDS010 - Commissioning Details and Service Arrangement
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CDS020 - Patient Details

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CMDS010 - Commissioning Details and Service Agreement Change Details – All CDS Types

CMDS030 – GP Referral Letters CMDS

Supporting Information
NHS Organisation Codes

NHS Organisation Codes Table

NHS Postcode Directory

Practitioner Codes

Change CDS and CMDS view diagram contents
Change CDS and CMDS view diagram contents
Change CDS and CMDS view diagram contents
Change CDS and CMDS view diagram contents
Change supporting information section text
Change supporting information section text
Change supporting information section text
Change supporting information section text
ASSISTANT GMP CONTRACT

A type of GMP EMPLOYMENT CONTRACT

An arrangement whereby a GENERAL MEDICAL PRACTITIONER is employed as an Assistant by another GENERAL MEDICAL PRACTITIONER with the consent of a HEALTH AUTHORITY PRIMARY CARE TRUST.

The attributes and relationships are unchanged

CARE TRUST

A type of ORGANISATION.

CARE TRUSTS are NHS bodies which combine either one or more Primary Care Trusts or NHS Trusts with local authority services, using the power to delegate functions under the 1999 Health Act.

CARE TRUSTS are accountable to local authorities. If Primary Care Trusts are involved they are also accountable to Health Authorities. If NHS Trusts are involved they are also accountable to Regional Offices. If Primary Care Trusts or NHS Trusts are involved they are also accountable to STRATEGIC HEALTH AUTHORITIES.

The remaining description, attributes and relationships are unchanged

CHILDREN RESIDENT BY AGE GROUP

The description and attributes are unchanged

Each CHILDREN RESIDENT BY AGE GROUP \( K \) must be related to one and only one HEALTH AUTHORITY \( K \) must be related to one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged
Change Type: Change entity type description and relationships

COMMUNITY PHARMACY SITE APPLICATION

An application by a COMMUNITY PHARMACY SITE or an ORGANISATION to a HEALTH AUTHORITY PRIMARY CARE TRUST to hold a pharmaceutical contract, including applications made by GP PRACTICES. Also included are applications to change an existing contract, for extension of time or a change of ownership.

The attributes are unchanged

Each COMMUNITY PHARMACY SITE APPLICATION

K must be an application to one and only one HEALTH AUTHORITY

K must be an application to one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type description and relationships

DRUG MISUSE AGENCY

An organisation with DRUG MISUSE FACILITIES that provides a service to drug misusers. It encompasses all organisations offering a DRUG MISUSE FACILITY, both NHS and non-NHS located within the Health Authority PRIMARY CARE TRUST boundary

The remaining description and attributes are unchanged

Each DRUG MISUSE AGENCY

K must be within geographical boundary of one and only one HEALTH AUTHORITY

K must be within geographical boundary of one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type relationships

DRUG MISUSER

The description and attributes are unchanged

Each DRUG MISUSER

may be resident in the geographical area of one and only one HEALTH AUTHORITY
may be resident in the geographical area of one and only one
PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type relationships

FINANCIAL PERIOD

The description and attributes are unchanged

Each FINANCIAL PERIOD may be related to one or more HEALTH AUTHORITY PROGRAMME STATEMENTS

The remaining relationships are unchanged

Change Type: Change entity type description

GENERAL MEDICAL PRACTITIONER PRACTICE

A type of GP PRACTICE.

An organisation acting as HEALTH CARE PROVIDER and constituted for the delivery of General Medical Services. A GENERAL MEDICAL PRACTITIONER PRACTICE comprises a set of POSTS IN GMP PRACTICES approved for the delivery of services in a specified GEOGRAPHIC AREA. The posts are of three types. Principal GENERAL MEDICAL PRACTITIONER PRACTICE posts are approved by the Medical Practices Committee PRIMARY CARE TRUST. That committee also approves the practice area. GENERAL MEDICAL PRACTITIONER REGISTRARS are approved by the local Postgraduate Education Committee. Other posts in the practice are approved by the HEALTH AUTHORITY PRIMARY CARE TRUST.

Individuals are contracted to fill these posts.

A GENERAL MEDICAL PRACTITIONER PRACTICE will survive changes in personnel or the removal or addition of approved posts.

The attributes and relationships are unchanged

Change Type: Change entity type description

GENERAL MEDICAL SERVICES CONTRACT
A type of GMP CONTRACT. A contract between the Secretary of State for Health and a GENERAL MEDICAL PRACTITIONER within a specific GENERAL MEDICAL PRACTITIONER PRACTICE. The contract is held and maintained on behalf of the Secretary of State by the HEALTH AUTHORITY PRIMARY CARE TRUST. The contract commits the practitioner to provide specified services in a particular area, from particular premises, and at specified times.

When this contract is awarded, a GENERAL MEDICAL PRACTITIONER is entered as a Principal GENERAL MEDICAL PRACTITIONER on the Medical List of the HEALTH AUTHORITY PRIMARY CARE TRUST.

The attributes and relationships are unchanged

Change Type: Change entity type description

GENERAL MEDICAL SERVICES PREMISES

A type of LOCATION.

A part of a postal address which is recognised by the HEALTH AUTHORITY PRIMARY CARE TRUST at which General Medical services are provided, i.e. more than one set of premises can exist at an address.

The attributes and relationships are unchanged

Change Type: Change entity type description and relationships

GEOGRAPHIC AREA

An area with definable or notional boundaries (eg. "Hillsborough Electoral Ward", "Sheffield Health Authority", "Sheffield West PCT").

The remaining description and attributes are unchanged

Each GEOGRAPHIC AREA may be the residential area for one and only one HEALTH AUTHORITY may be the residential area for one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type description and relationships

GMP CLAIM FOR PAYMENT OR REIMBURSEMENT
A claim made by a GENERAL MEDICAL PRACTITIONER to a HEALTH AUTHORITY PRIMARY CARE TRUST for payment or reimbursement. The claim can be made in the context of ITEMS OF SERVICE DELIVERY, or for other reasons, for example the child health surveillance fees, temporary resident fees and maintenance and improvement of GENERAL MEDICAL SERVICES PREMISES.

The attributes are unchanged

Each GMP CLAIM FOR PAYMENT OR REIMBURSEMENT
K must be submitted to one and only one HEALTH AUTHORITY
K must be submitted to one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type description and relationships

GMP CONTRACT

A contract approved by a HEALTH AUTHORITY PRIMARY CARE TRUST and held by a GENERAL MEDICAL PRACTITIONER. This is either a GMP EMPLOYMENT CONTRACT, a LOCUM GMP CONTRACT or a GENERAL MEDICAL SERVICES CONTRACT.

The attributes are unchanged

Each GMP CONTRACT
K must be approved by one and only one HEALTH AUTHORITY
K must be approved by one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

Change Type: Change entity type description and relationships

GMP PAYMENT OR REIMBURSEMENT

A transfer of money from a HEALTH AUTHORITY PRIMARY CARE TRUST to a GENERAL MEDICAL PRACTITIONER which may be in response to a GMP CLAIM FOR PAYMENT OR REIMBURSEMENT or may be an automatic payment for services provided.

The attributes are unchanged

Each GMP PAYMENT OR REIMBURSEMENT
K must be made by one and only one HEALTH AUTHORITY
K must be made by one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged
**Change Type:** Change entity type description and relationships

**GMP TRAINING CONTRACT**

An arrangement under which a GENERAL MEDICAL PRACTITIONER REGISTRAR is trained in general medical practice by a GENERAL MEDICAL PRACTITIONER TRAINER. The arrangement is approved by a HEALTH AUTHORITY PRIMARY CARE TRUST on behalf of the Secretary of State.

*The attributes are unchanged*

Each GMP TRAINING CONTRACT must be approved by one and only one HEALTH AUTHORITY and one and only one PRIMARY CARE TRUST.

*The remaining relationships are unchanged*

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**Change Type:** Change entity type description and relationships

**HEALTH AUTHORITY**

A type of ORGANISATION.

A body corporate established by parliament, and responsible for the provision of comprehensive health care for residents in Wales a specific geographic area or to fulfil other specific objectives as a Special Health Authority.

*The entity type has no attributes*

Each HEALTH AUTHORITY may be related to one or more CHILDREN RESIDENT BY AGE GROUPS, may be the receiver of one or more COMMUNITY PHARMACY SITE APPLICATIONS, may be related to one or more DRUG MISUSE AGENCIES, may be related to one or more DRUG MISUSERS, may be related to one or more GEOGRAPHIC AREAS, may be in receipt of one or more GMP CLAIMS FOR PAYMENT OR REIMBURSEMENT, may be approver of one or more GMP CONTRACTS, may be the maker of one or more GMP PAYMENTS OR REIMBURSEMENTS, may be the approver of one or more GMP TRAINING CONTRACTS, may be related to one or more HEALTH AUTHORITY PROGRAMMES, may be the sender of one or more PRIOR NOTIFICATION LISTS FOR CYTOLOGY, may be the coordinator of one or more SMOKING CESSATION SERVICES.
Change Type: Change entity type name, description and relationships

HEALTH AUTHORITY PROGRAMME

This is a programme run by a HEALTH AUTHORITY PCT collaborative with a lead PCT to provide general preventive or advisory services to groups of the population, or specific services to PATIENTS with identified needs or conditions.

HEALTH AUTHORITY PROGRAMMES are hierarchically structured to meet, at least, the mandatory accounting requirements defined by PROGRAMME HEADING CODE and other HEALTH AUTHORITY PROGRAMMES about which data are required centrally.

Each HEALTH AUTHORITY PROGRAMME has a sub-type of SERVICE TO THE COMMUNITY PROGRAMME or NURSING IN THE COMMUNITY PROGRAMME.

The attributes are unchanged

Each HEALTH AUTHORITY PROGRAMME
K must be related to one and only one HEALTH AUTHORITY
K must be led by one and only one PRIMARY CARE TRUST
may be a subdivision of one and only one HEALTH AUTHORITY PROGRAMME
may be related to one or more HEALTH AUTHORITY PROGRAMME STATEMENTS
may be subdivided into one or more HEALTH AUTHORITY PROGRAMMES

The remaining relationships are unchanged

Change Type: Change entity type name, description and relationships

HEALTH AUTHORITY PROGRAMME STATEMENT

A statement, made each FINANCIAL PERIOD, which establishes and reviews local policies and objectives and sets targets for a HEALTH AUTHORITY PROGRAMME.

The attributes are unchanged

Each HEALTH AUTHORITY PROGRAMME STATEMENT
K must be related to one and only one HEALTH AUTHORITY PROGRAMME

The remaining relationships are unchanged

Change Type: Change entity type description
HEALTH CARE PROVIDER

An ORGANISATION acting as a direct provider of health care services. A HEALTH CARE PROVIDER is a legal entity, or a sub-set of a legal entity, which may provide health care under NHS SERVICE AGREEMENTS; it may operate on one or more sites within and outside hospitals.

This definition covers a Local Authority Social Services Department working in cooperation with an NHS HEALTH CARE PROVIDER on nationally targeted and prioritised care as delivered within CARE SPELLS. Lead responsibility for such care may be solely led by one HEALTH CARE PROVIDER or jointly shared by two or more HEALTH CARE PROVIDERS each of which must share equal responsibility.

The following types of ORGANISATION may act as HEALTH CARE PROVIDERS:

a. GP Practice
b. NHS Trust
c. Registered non-NHS Provider
d. Unregistered non-NHS Provider
e. Health Authority-Primary Care Trust
f. Care Trust
g. Local Authority Social Services
h. Other agencies

*The attributes and relationships are unchanged*

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**Change Type:** Change entity type description

JOINT INVESTMENT PLAN

An agreed local joint investment plan between a HEALTH AUTHORITY PRIMARY CARE TRUST and other ORGANISATIONS. These plans focus on those services and individual needs which are to be jointly planned and delivered by the NHS and Local Authorities.

For each JOINT INVESTMENT PLAN, the FUNCTIONAL GROUP classifies the service being planned and delivered by the HEALTH AUTHORITY PRIMARY CARE TRUST whilst JOINT INVESTMENT PLAN ASSOCIATIONS identify the other ORGANISATIONS party to the plan.

*The attributes and relationships are unchanged*

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**Change Type:** Change entity type description

JOINT INVESTMENT PLAN ASSOCIATION
An association which identifies the other ORGANISATIONS party to an agreed local joint investment plan with a HEALTH AUTHORITY PRIMARY CARE TRUST.

The attributes and relationships are unchanged

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**Change Type:** Change entity type description

**LOCUM GMP CONTRACT**

A type of GMP CONTRACT.

A contract between a HEALTH AUTHORITY PRIMARY CARE TRUST and a GENERAL MEDICAL PRACTITIONER. In the contract the GENERAL MEDICAL PRACTITIONER agrees to fulfil the duties of the holder of a GENERAL MEDICAL SERVICES CONTRACT who is temporarily absent.

The contract is made in the expectation that the other GENERAL MEDICAL PRACTITIONER will return and resume tenure of his or her post.

The attributes and relationships are unchanged

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**Change Type:** Change entity type description

**NHS TRUST**

A type of ORGANISATION.

An NHS TRUST is a legal entity, set up by order of the Secretary of State under section 5 of "The National Health Service and Community Care Act 1990" and performance managed by a STRATEGIC HEALTH AUTHORITY.

The remaining description, attributes and relationships are unchanged

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**Change Type:** Change entity type description

**NURSING HOME**

A type of ORGANISATION SITE.

A facility staffed by NURSES or MIDWIVES 24 hours a day, providing services for client/patients requiring residential nursing care. Medical care continues to be the responsibility of the client/patient's GENERAL PRACTITIONER.

The premises may be used for nursing people suffering from sickness, injury or infirmity; pregnant women or women after childbirth; provision for certain services
such as endoscopy or a premises used for nursing or treatment for mentally disordered patients (mental NURSING HOME).

Exceptionally some PATIENTS may remain under the care of a CONSULTANT, ie CONSULTANT EPISODES (HOSPITAL PROVIDER) may occur in NURSING HOMES. This is likely to be where the complexity or intensity of their clinical care (whether medical, nursing or other), or the need for frequent not easily predictable interventions, requires the regular supervision of a CONSULTANT.

A non NHS run NURSING HOME must be registered with a HEALTH AUTHORITY the National Care Standards Commission under Section 23 Part II of the Registered Homes Act 1984.

References:
HSG 95(8) NHS Responsibilities for meeting Continuing Health Care needs.

The attributes and relationships are unchanged

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**Change Type:** Change entity type description

**NURSING IN THE COMMUNITY PROGRAMME**

A type of HEALTH AUTHORITY PROGRAMME.

A programme of care delivered by a group of nurses (COMMUNITY NURSE STAFF GROUP) or ancillary staff working in the community to PATIENTS with an identified physical or mental illness or disability. HEALTH AUTHORITY PROGRAMMES are classified by COMMUNITY NURSE STAFF GROUP.

The remaining description, attributes and relationships are unchanged

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**Change Type:** Change entity type description

**OTHER CLAIM BY GMP**

A type of GMP CLAIM FOR PAYMENT OR REIMBURSEMENT.

A claim made by a GENERAL MEDICAL PRACTITIONER to a HEALTH AUTHORITY PRIMARY CARE TRUST for payment or reimbursement, other than for ITEMS OF SERVICE DELIVERY. These claims include the maintenance and improvement of GENERAL MEDICAL SERVICES PREMISES.

The remaining description, attributes and relationships are unchanged

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**Change Type:** Delete entity type

**PRIMARY CARE GROUP**
Change Type: Change entity type description and relationships

PRIMARY CARE TRUST

A type of ORGANISATION.

A PRIMARY CARE TRUST is a legal entity, set up by order of the Secretary of State. It is a free-standing NHS body, separate from, but accountable to, a HEALTH AUTHORITY, performance managed by a STRATEGIC HEALTH AUTHORITY.

The overall function of a Primary Care Trust is to improve the health of the community; develop primary and community health services; and commission secondary care services. A Primary Care Trust will, if it so wishes and is capable of doing so, be able to directly provide a range of community health services, creating new opportunities to integrate primary and community health services as well as health and social care provision.

With ‘Shifting the Balance of Power’, Primary Care Trust’s will be the leading NHS organisation for partnership with Local Authorities and a range of other partners, including NHS Trusts Strategic Health Authorities and a range of other Primary Care Trusts and local communities to improve health and deliver wider objectives for social and economic regeneration.

Primary Care Trusts can operate at level 3 or level 4. A level 3 Primary Care Trust will be able to commission services but not provide them. A Level 4 Primary Care Trust will bring together commissioning and primary care development with the provision of community health services. PRIMARY CARE TRUSTS provide some services themselves and others through agreement with other organisations. Several PRIMARY CARE TRUSTS may decide to work together to provide certain services. In this case a lead Primary Care Trust will be identified for the group.

There may be occasions when relationships are formed on a larger scale. For example the provision of a highly specialised service, such as specialist cancer or spinal injury services, may be done collaboratively across a population larger even than strategic health authority.

References:

NHS Executive Department of Health Booklet "Primary Care Trusts: Establishing Better Services" (Ref. PCT1), issued April 1999. Shifting the Balance of Power publications

The attributes are unchanged

Each PRIMARY CARE TRUST may be related to one or more CHILDREN RESIDENT BY AGE GROUPS.
may be the receiver of one or more COMMUNITY PHARMACY SITE APPLICATIONS
may be related to one or more DRUG MISUSE AGENCIES
may be related to one or more DRUG MISUSERS
may be related to one or more GEOGRAPHIC AREAS
may be in receipt of one or more GMP CLAIMS FOR PAYMENT OR REIMBURSEMENT
may be approver of one or more GMP CONTRACTS
may be the maker of one or more GMP PAYMENTS OR REIMBURSEMENTS
may be the approver of one or more GMP TRAINING CONTRACTS
may be the lead PCT for one or more HEALTH PROGRAMMES
may be the sender of one or more PRIOR NOTIFICATION LISTS FOR CYTOLOGY
may be the lead PCT coordinator of one or more SMOKING CESSATION SERVICES

The remaining relationships are unchanged

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Change Type: Change entity type relationships

PRIOR NOTIFICATION LIST FOR CYTOLOGY

The description and attributes are unchanged

Each PRIOR NOTIFICATION LIST FOR CYTOLOGY
K must be received from one and only one HEALTH AUTHORITY
K must be received from one and only one PRIMARY CARE TRUST

The remaining relationships are unchanged

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Change Type: Change entity type description

REGISTERED SITE INSPECTION

An inspection of a registered/chartered ORGANISATION SITE by a HEALTH AUTHORITY Registration and Inspection Unit, the National Care Standards Commission.

The attributes and relationships are unchanged

__________________________

Change Type: Change entity type description

RUBELLA IMMUNISATION TARGET
Statistics of the number of girls resident within the boundaries of the HEALTH AUTHORITY PRIMARY CARE TRUST at a given date. The population statistics are by age group set by RUBELLA AGE GROUP.

The attributes and relationships are unchanged

Change Type: Change entity type description

SCREENING POPULATION

The population within a particular age group that is of interest to a SCREENING PROGRAMME at a given date.

SCREENING PROGRAMMES need to serve larger populations than those of individual PRIMARY CARE TRUSTS; in some cases these populations will be larger than STRATEGIC HEALTH AUTHORITIES. Effective population sizes will vary with individual screening programmes. Approximate population sizes for securing and delivering any given screening programme will be determined at a national level.

The populations responsibilities of a PRIMARY CARE TRUST are for patients on the lists of the GPs in the PRIMARY CARE TRUST and for the unregistered population who live in the geographical area for which the PRIMARY CARE TRUST is responsible.

For breast cancer screening, this is the number of eligible women resident in the HEALTH AUTHORITY on 31st March within the target population.

For cervical cytology, this is the population of women for whom the HEALTH AUTHORITY and its constituent PRIMARY CARE GROUPS are responsible. It includes those women registered with GENERAL MEDICAL PRACTITIONERS with practices within a PRIMARY CARE GROUP accountable to the HEALTH AUTHORITY, some of whom may not be resident within the HEALTH AUTHORITY area. It also includes those women resident within the HEALTH AUTHORITY’s boundary who are not registered with a GMP. It excludes women who are resident in the area but registered with a GMP within a PRIMARY CARE GROUP accountable to another HEALTH AUTHORITY.

The attributes and relationships are unchanged

Change Type: Change entity type attributes

SCREENING TEST

The description is unchanged

Attributes of this entity type are:

O SCREENING RESULT SENT DATE
cervical cytology result sent by **HEALTH AUTHORITY-PRIMARY CARE TRUST**

The remaining attributes and relationships are unchanged

---

**Change Type:** Change entity type description

**SERVICE TO THE COMMUNITY PROGRAMME**

A type of **HEALTH AUTHORITY PROGRAMME**.

The remaining description, attributes and relationships are unchanged

---

**Change Type:** Change entity type description

**SINGLE SEX ACCOMMODATION TARGET**

A target for monitoring the implementation of standards for the provision of acceptable segregated hospital accommodation. The objective target may be

- ensuring that the appropriate organisational arrangements, for example procedures, are in place to secure good standards of privacy and dignity for hospital patients,
- segregated washing and toilet facilities or
- providing single sex safe facilities for people who are mentally ill in hospital which protect their privacy and dignity.

A **SINGLE SEX TARGET DATE** for achieving the target is agreed between the **HEALTH AUTHORITY PRIMARY CARE TRUST** and the **NHS Executive Regional Office STRATEGIC HEALTH AUTHORITY**. A revision to this date, the **SINGLE SEX TARGET REVISED DATE**, may be agreed with the **NHS Executive Regional Office STRATEGIC HEALTH AUTHORITY** if the original target date cannot be met.

The attributes and relationships are unchanged

---

**Change Type:** Change entity type description and relationships

**SMOKING CESSATION SERVICE**

A service set up by a **HEALTH AUTHORITY PRIMARY CARE TRUST** to help people give up smoking and to monitor the service.

The remaining description and attributes are unchanged

Each **SMOKING CESSATION SERVICE** must be coordinated by one and only one **HEALTH AUTHORITY**
**Change Type:** New entity type

**STRATEGIC HEALTH AUTHORITY**

A type of ORGANISATION.

An NHS organisation established to lead the strategic development of the local health service and manage Primary Care Trusts and NHS Trusts on the basis of local accountability agreements.

The main responsibilities of STRATEGIC HEALTH AUTHORITIES are:

- Creating a coherent strategic framework for services development across the full range of local NHS organisations.
- Performance management of local NHS Trusts and Primary Care Trusts.
- Together with Primary Care Trusts and NHS Trusts, enhance the involvement of patients, the public and health & social care profession in developing services.

References:
Shifting the Balance of Power publications

This entity type has no attributes and relationships.

**Change Type:** Change attribute description

**ACTUAL EXPENDITURE**

This records the estimated actual expenditure for a HEALTH AUTHORITY PROGRAMME.

Expenditure on community health programmes will be produced using estimates of staff time devoted to each HEALTH AUTHORITY PROGRAMME. For national purposes, expenditure by type of programme only will be required.

**Change Type:** Change attribute description

**CHILD HEALTH LIST ENTRY**
An indication of whether or not a GENERAL MEDICAL PRACTITIONER is on a HEALTH AUTHORITY's PRIMARY CARE TRUST's Child Health Surveillance Services List, and can therefore provide such services.

The remaining description is unchanged.

Change Type: Change attribute description

COMPLAINT FHS SUBJECT

The subject of a WRITTEN COMPLAINT ON FHS.

Classification:
  a. Communication/Attitude
  b. Premises
  c. Practice/Surgery management
  d. Health authority FHS administration
  e. Clinical
  f. Other

Change Type: Change attribute description

COMPLAINT HCHS SUBJECT

The subject of a WRITTEN COMPLAINT ON HCHS.

Classification:

For all organisations:
  a. Admission, discharge and transfer arrangements
  b. Aids and appliances, equipment, premises (including access)
  c. Appointments, delay/cancellation (out-patients)
  d. Appointments, delay/cancellation (in-patients)
  e. Attitude of staff
  f. All aspects of clinical treatment
  g. Communication/information to patients (written and oral)
  h. Consent to treatment
  i. Complaints handling
  j. Patients' privacy and dignity
  k. Patients' property and expenses
  l. Independent sector services commissioned by Health Authorities
  m. Personal records (including medical and/or complaints)
  n. Failure to follow agreed procedures
  o. Patients' status, discrimination (e.g. racial, gender, age)
  p. Mortuary and post mortem arrangements
  q. Transport (ambulances and other)
  r. Code of openness - complaints
  s. Hotel services (including food)
t. Other

For Health Authorities and NHS Trusts only:
u. Length of time waiting for a response, or to be seen: NHS Direct
v. Length of time waiting for a response, or to be seen: Walk in centres
w. HA / PRIMARY CARE GROUP TRUST commissioning (including waiting lists)
x. Independent sector services commissioned by NHS Trusts
y. Policy and commercial decisions of NHS Trusts

The remaining description is unchanged

**Change Type:** Change attribute description

**CONTRACEPTIVE LIST ENTRY**

An indication of whether or not a GENERAL MEDICAL PRACTITIONER is on a HEALTH AUTHORITY's PRIMARY CARE TRUST's Contraceptive Services List, and can therefore provide such services.

The remaining description is unchanged.

**Change Type:** Change attribute description

**COVERAGE ACHIEVED**

This is recorded for services to the community only and measures the extent to which the HEALTH AUTHORITY PROGRAMME is reaching its target population. This is normally measured as a percentage of the target population.

**Change Type:** Change attribute description

**CYTOLOGY SCREENING ACTION TYPE**

The action recommended as a consequence of a Cytology SCREENING TEST.

**Classification:**

a. Standard Health Authority Primary Care Trust recall interval (Normal) (A)
b. Repeat at interval specified (R)
c. Refer for medical assessment or under medical treatment (Suspend) (S)
d. Make no change to recall date (H)

The remaining description is unchanged

**Change Type:** Change attribute description
CYTOLOGY SCREENING PLAN NUMBER

A unique identifier created by the HEALTH AUTHORITY PRIMARY CARE TRUST for a PRIOR NOTIFICATION LIST FOR CYTOLOGY.

The remaining description is unchanged

Change Type: Change attribute description

DRUG MISUSE AGENCY CODE

A unique identifier of a DRUG MISUSE AGENCY within a Health Authority PRIMARY CARE TRUST boundary.

Change Type: Change attribute description

GENERAL OR PERSONAL MEDICAL SERVICES

An indication of whether the GENERAL MEDICAL PRACTITIONERS within the GENERAL MEDICAL PRACTITIONER PRACTICE have a contract for General Medical Services or Personal Medical Services.

The General Medical Services (GMS) provided by a GENERAL MEDICAL PRACTITIONER are normally provided under a standard national contract between GENERAL MEDICAL PRACTITIONERS and the Secretary of State for Health. A Personal Medical Services contract allows GENERAL MEDICAL PRACTITIONERS and other NHS staff or organisations to contract for such services under an alternative arrangement with their HEALTH AUTHORITY or PRIMARY CARE TRUST.

The remaining description is unchanged

Change Type: Change attribute description

GMP PAYMENT NUMBER

The identifier allocated to a GMP PAYMENT OR REIMBURSEMENT by the HEALTH AUTHORITY PRIMARY CARE TRUST.

Change Type: Delete attribute

MATERNITY NOTES POLICY

Change Type: Change attribute description
MINOR SURGERY LIST ENTRY

An indication of whether or not a GENERAL MEDICAL PRACTITIONER is on a HEALTH AUTHORITY's PRIMARY CARE TRUST's Minor Surgery Services List, and can therefore provide and claim fees for the delivery of such services.

The remaining description is unchanged.

Change Type: Change attribute description

NIGHT VISIT LIST ENTRY

An indication of whether or not a GENERAL MEDICAL PRACTITIONER is on a HEALTH AUTHORITY's PRIMARY CARE TRUST's Out of Hours (Night Visit) Services List, and can therefore make night visits.

The remaining description is unchanged.

Change Type: Change attribute description

OBSTETRICS LIST ENTRY

An indication of whether or not a GENERAL MEDICAL PRACTITIONER is on a HEALTH AUTHORITY's PRIMARY CARE TRUST's Obstetrics List.

The remaining description is unchanged.

Change Type: Change attribute description

ORGANISATION TYPE

A classification of ORGANISATIONS according to the nature of the ORGANISATION (eg. "NHS Trust", "Strategic Health Authority").

Classification:

a. Strategic Health Authority
   A body corporate with succession and common seal established by the National Health Service Reform and Health Care Professions Bill 2002, HA Bill and responsible for the provision of comprehensive health for the residents of the Authority in England.

b. Regional Office
   The regional outposts of the NHS Executive Department of Health tasked with monitoring Health Care performance, managing strategic health authorities.

c. NHS Trust
   A legal entity set up by order of the Secretary of State under Section 5 of the “The National Health Service and Community Care Act 1990”. NHS Trusts may act as HEALTH CARE PROVIDERS and provide hospital services, community services...
and/or other aspects of patient care, such as patient transport facilities. They may also act as commissioner when sub-contracting patient care to other providers of health care.

d. **GP Practice**
   A single GP practising otherwise than in a partnership or two or more GPs practising in partnership. Includes all Practices in England and Wales.

e. **Other NHS Organisation**

f. **Armed Forces**

g. **MOD Hospital**
   A Hospital run and maintained by the MOD for use by Service personnel and their relatives.

h. **IM&T Service**

i. **Special Trustee**

j. **University**
   A University involved in Medical Training.

k. **Other Statutory Authority**
   An Authority set up within the NHS to provide specific health care related services and support to the NHS.

l. **NHS Administration Unit**
   Any NHS Administration Section that needs to be recognised and coded

m. **Breast Screening Unit**
   An NHS Clinic or mobile facility that provides Breast Screening Services

n. **Pathology Laboratory**
   A Pathology Laboratory that provides Cervical Screening services to the NHS.

o. **Department of Health**

p. **Other Government Department**

q. **Registered non-NHS Provider**
   A facility staffed by nurses 24 hours a day providing services for client/patients requiring residential nursing care. Medical care continues to be the responsibility of the clients GENERAL MEDICAL PRACTITIONER. It is located on a privately owned site registered under section 23 of the Registered Homes Act. Registered non-NHS Providers may act as HEALTH CARE PROVIDERS and provide health care under NHS SERVICE AGREEMENTS

r. **Unregistered non-NHS Provider (except Local Authority)**
   An organisation contracting with individual NHS organisations for the provision of health care services. Unregistered non-NHS Providers may act as HEALTH CARE PROVIDERS and provide health care under NHS SERVICE AGREEMENTS

s. **Non-NHS Commissioner (except Local Authority)**
   A non-NHS organisation that commissions health care from the NHS.

t. **Local Authority**

u. **Pharmacy**
   A non-NHS dispensing contractor identified by the Prescription Pricing Authority

v. **Appliance Contractor**
   A non-NHS dispensing contractor identified by the Prescription Pricing Authority

w. **PRIMARY CARE GROUP**

x. **Specialised Services Commissioning Consortium.**

y. **PRIMARY CARE TRUST**

---

**Change Type:**  
*Change attribute description*
PRACTITIONER APPLICATION DATE

The date that a GENERAL MEDICAL PRACTITIONER applied to a HEALTH AUTHORITY PRIMARY CARE TRUST for a GENERAL MEDICAL SERVICES CONTRACT.

Change Type: Delete attribute description

PRIMARY CARE GROUP LEVEL

Change Type: Change attribute description

PROGRAMME

A unique identifier for each HEALTH AUTHORITY PROGRAMME.

Change Type: Change attribute description

PROGRAMME DESCRIPTION

A description of a HEALTH AUTHORITY PROGRAMME

Change Type: Change attribute description

PROGRAMME HEADING CODE

A classification of HEALTH AUTHORITY PROGRAMME or other services in the community for financial accounting purposes to which costs and workload are attributed by health care professionals when providing general preventative or advisory services to groups of the population, or specific services to people with identified needs or conditions.

The remaining description is unchanged

Change Type: Change attribute description

PROJECTED EXPENDITURE

This records the estimated projected expenditure for the HEALTH AUTHORITY PROGRAMME.
REGULATION OPENING DATE

The date the COMMUNITY PHARMACY SITE is required by regulation to be open by. The regulation time period is 6 months from the date a COMMUNITY PHARMACY SITE APPLICATION is granted. This time period can be extended by a further period of 18 months at the discretion of the HEALTH AUTHORITY PRIMARY CARE TRUST.

Change Type: Change attribute description

REQUEST CATEGORY

A classification of REQUEST FOR DIAGNOSTIC TEST including the category of PATIENT (NHS or private) and the type of location from which the request was sent.

Classification:

a. Request in respect of a NHS patient, including amenity patients and overseas visitors charged under section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988:
   i. from NHS facilities of another provider
   ii. being treated in a non-NHS institution
   iii. being treated in other than i or ii

b. Request in respect of a private patient using accommodation or services authorised under Section 65 or 66 of the NHS Act 1977 (Section 7(10) of the Health and Medicine Act 1988 refers) as amended by Section 26 of the National Health Service and Community Care Act 1990

c. Request in respect of a private patient in a non-NHS institution under a contractual arrangement when a Health Authority Primary Care Trust or NHS Trust is providing a service to the institution in accord with Section 58 of the NHS Act 1977

The remaining description is unchanged

Change Type: Change attribute description

RESIDENT CHILDREN TOTAL

On a CENSUS DATE, the number of children resident in a HEALTH AUTHORITY PRIMARY CARE TRUST in an IMMUNISATION AGE GROUP.

Change Type: Change attribute description

RUBELLA AGE GROUP

The age groups of girls resident within the boundaries of the HEALTH AUTHORITY PRIMARY CARE TRUST whose immunisation status as at 31st March against Rubella is to be recorded.
The remaining description is unchanged

Change Type: Change attribute description

SCREENING PROGRAMME TOTAL WOMEN

The total number of eligible women in a SCREENING PROGRAMME on a census date or the total number of women for whom the PRIMARY CARE TRUST or collaborative is responsible on a census date.

Change Type: Change attribute description

SCREENING RESULT SENT DATE

The date on which the result of a cervical smear is sent from the HEALTH AUTHORITY PRIMARY CARE TRUST.

Change Type: Change attribute description

SINGLE SEX TARGET DATE

The original target date agreed by the ORGANISATION with the Regional Office Strategic Health Authority for achieving the SINGLE SEX TARGET OBJECTIVE.

Change Type: Change attribute description

SINGLE SEX TARGET REVISED DATE

The revised target date agreed by the ORGANISATION with the Regional Office Strategic Health Authority for achieving the SINGLE SEX TARGET OBJECTIVE.

Change Type: Change attribute description

STAFF GROUP CODE

The initial description is unchanged

e. Managers
   i. NHS Trust managers
   ii. Health Authority Primary Care Trust managers
   iii. Other managers

The remaining description is unchanged
**Change Type:** Change data item note comment

**GMP (CODE OF REGISTERED OR REFERRING GMP)**

**Notes:**

This is the code of either the GENERAL MEDICAL PRACTITIONER (GMP) with whom the PATIENT is registered, or for the GP Referral Letters CMDS only it is also the GMP referring the PATIENT. Please note that for HES purposes, the referring GMP is recorded as REFERRER CODE.

A doctor receives a GMC number on qualification. If he/she then chooses to enter general practice, a further number is allocated - the GMP code - by the Department of Health (STATS(W)). This number is passed to the HEALTH AUTHORITY (HA) PRIMARY CARE TRUST (PCT) requesting the number who then liaise with the Prescription Pricing Authority (PPA) on the issue of prescription pads etc. The code of the GMP linked to his/her main practice is included on the Organisation Codes Service (OCS) CD-ROM.

*The remaining data item note comment is unchanged*

**Change Type:** Change data item note name and comment

**HA OF RESIDENCE - ORGANISATION CODE (PCT OF RESIDENCE)**

<table>
<thead>
<tr>
<th>Format/length:</th>
<th>An35</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HES item:</strong></td>
<td>HAR-PCTR</td>
</tr>
<tr>
<td><strong>National Codes:</strong></td>
<td>HAR-PCTR</td>
</tr>
</tbody>
</table>

**Notes:**

This is the ORGANISATION CODE normally derived by a computer process from the PATIENT's POSTCODE, see NHS Postcode Directory. It identifies the HEALTH AUTHORITY where the PATIENT is resident, so that the authority can receive information about the care given to its residents. In certain circumstances, the HA OF RESIDENCE is not applicable. In these cases, such as overseas visitors, including those from the Channel Islands, the default code is X98.

The transition from the 3 character HA OF RESIDENCE to the 5 character ORGANISATION CODE (PCT OF RESIDENCE) is necessary to support wider data set development. However, for the purposes of sending Commissioning Data Set (CDS) messages to the NHS-Wide Clearing Service (regardless of how local systems hold the data) it is essential at present to continue using a 3 character field, using the first 3 characters of the ORGANISATION CODE (PCT OF RESIDENCE) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary primarily to preserve the integrity of the current NHS CDS message.
and the Prime Recipient which is derived from the ORGANISATION CODE (PCT OF RESIDENCE).

Default Code: X98 to be used where PCTR not applicable until further notice.

The Organisation Codes Service provides postcode files which link postcodes to the PRIMARY CARE TRUST. See NHS Postcode Directory.

---

**Change Type:** Change data item note comment

**HRG DOMINANT GROUPING VARIABLE – PROCEDURE**

**Notes:**
The National Schedule of Reference Costs, developed by the NHS Executive Department of Health, uses Healthcare Resource Groups (HRGs) as the basis for costing in-patient and day case services. Healthcare Resource Groups (HRGs) are derived from existing CDS data items using an algorithm and a software package developed by the NHS Information Authority (Casemix Programme).

*The remaining data item note comment is unchanged*

---

**Change Type:** Change data item note comment

**NHS SERVICE AGREEMENT**

**Notes:**
Services may be commissioned in four ways:

* Nationally, arranged through the National Specialist Commissioning Advisory Group (NSCAG);
* Health Authorities Primary Care Trusts acting collectively through Regional or sub-Regional arrangements for Specialised Services;
* At Health Authority level for Out of Area Treatments, for certain limited services commissioned directly by the Health Authority a Primary Care Trust (e.g. screening services) and for Primary Care Groups/Primary Care Trusts acting collectively;
* By Primary Care Groups/Primary Care Trusts, acting individually or as part of a commissioning consortia.

The costs of a Service Agreement accrue to the organisation responsible for commissioning the treatment. For OUT OF AREA TREATMENTS, costs accrue to the NHS Trust’s main commissioner (normally the HA PCT with the highest value of Service Agreements with the NHS Trust).

---

**Change Type:** Change data item note comment

**ORGANISATION CODE (CODE OF COMMISSIONER)**
Notes:
This is the ORGANISATION CODE of the ORGANISATION commissioning health care. However, when the HEALTH AUTHORITY commissions treatment/care on behalf of a PRIMARY CARE GROUP or PRIMARY CARE TRUST, the organisation code of the PCG or PCT PRIMARY CARE TRUST should be recorded in the ORGANISATION CODE (CODE OF COMMISSIONER) field. Organisations may wish to use a component of the COMMISSIONING SERIAL NUMBER in the CDS to identify the actual commissioner of the Service Agreement.

The ORGANISATION CODE of the PRIMARY CARE GROUP or PRIMARY CARE TRUST should be used as described above when the PRIMARY CARE GROUP or PRIMARY CARE TRUST is itself the commissioner.

The ORGANISATION CODE of the HEALTH AUTHORITY PRIMARY CARE TRUST which is the NHS Trust’s main commissioner (normally the HEALTH AUTHORITY PRIMARY CARE TRUST with the highest value of Service Agreements with the NHS Trust) is recorded for OUT OF AREA TREATMENTS. For Specialised Services, the ORGANISATION CODE required would be that of the commissioning consortium. The code may be the ORGANISATION CODE of the ‘lead’ commissioner.

Commissioning responsibility for individual patients rests with the Primary Care Trust (PCT) with whom the patient is registered. This means that patients registered with a GP in one PCT area may reside in a neighbouring or other area but remain the responsibility of the PCT with whom their GP of registration is associated. PCTs are also responsible for non-registered patients who are resident within their boundaries.

The remaining data item note comment is unchanged

Change Type: Change data item note comment

OUT OF AREA TREATMENT

Notes:
OUT OF AREA TREATMENTS are covered by NHS SERVICE AGREEMENTS between a 'main commissioner' and the Trust providing treatment. They cover:
* Patients registered with a GP or resident in an English Primary Care Group or Primary Care Trust with which the NHS Trust has no Service Agreement for that treatment or for that service;
* Patients registered with a GP or resident in Wales, Scotland or Northern Ireland who are not covered by a Service Agreement with the NHS Trust;
* Overseas visitors

Change Type: Change data item note name and comment

PCG OR PCT OF RESIDENCE
Notes:
See PRIMARY CARE GROUP (PCG) and PRIMARY CARE TRUST (PCT) for the definitions of these ORGANISATIONS.

Patients not registered with a GP but resident in the geographical area covered by a PRIMARY CARE GROUP or PRIMARY CARE TRUST are the responsibility of that PRIMARY CARE GROUP’s or PRIMARY CARE TRUST’s HEALTH AUTHORITY. The Organisation Codes Service provides postcode files which link postcodes to PCG OR PCT OF RESIDENCE. See NHS Postcode Directory.

**Change Type:** Update Text

**CDS, CMDS and HES ⇒ Contextual Overview**

**A. Information Requirements**

1. Information on care provided by NHS hospitals and Primary Care Trusts is required to:
   - monitor and manage Service Agreements;
   - develop commissioning plans;
   - monitor Health Improvement Programmes;
   - underpin clinical governance;
   - understand the health needs of the population.

Main commissioners need access to data to monitor OUT OF AREA TREATMENT activity as part of the management of their Service Agreements. PRIMARY CARE GROUPS and PRIMARY CARE TRUSTS also need to monitor in-year referrals to investigate the sources and reasons for Out of Area Treatments.

2. The Department of Health (DH) needs a complete record of all patients admitted to NHS hospitals and Primary Care Trusts, including patients receiving private treatment. Hospital Episode Statistics (HES) are derived from the Admitted Patient Care CDS Types submitted via the NHS-wide Clearing Service (NWCS). These records provide information about hospital and patient management and epidemiological data on patient diagnoses and operative procedures. The HES database has already been used to support every aspect of the new Performance Framework.

**B. Data Flows**

3. HES records are extracted from the NWCS database quarterly. The timely provision of Admitted Patient Care (APC) records to the NWCS, complete with clinical information, is now a performance issue for NHS Trusts.

4. The strategic direction set out within Information for Health is to develop comprehensive and consistent electronic health records for patients from clinical information flows. In the short term, access to and the analysis of CDS
Types/CMDSs will remain important, and the exchange of these data sets should continue on at least a monthly basis.

5. To determine who receives CDS Types/CMDSs, NHS Trusts and Primary Care Trusts need to take all of the following factors into account, not necessarily in the order specified here:
   o identifying the patient’s registered GP - to establish the responsible Primary Care Group/Primary Care Trust;
   o determining where the patient is resident - necessary when the patient is not registered with a GP;
   o assigning the correct type of NHS SERVICE AGREEMENT for the treatment provided;
   o identifying an overseas visitor and whether the patient is a private patient.

The information data flows are shown in the Tables below.

C. CDS and CMDS Data Flow Definitions

6. The exchange of individual CDS Types/CMDSs may be mandatory or optional. All Admitted Patient Care CDS Type exchanges, for example, are mandatory, but exchanges of individual CDS Types for accident and emergency attendances are not, and require local agreement between the parties concerned.

7. Where CDS Types/CMDSs are exchanged, the data items within the CDS Type/CMDS have a mandatory or optional status. A data item marked as mandatory (M) means that it must be included in the CDS Type; a data item marked as optional (O) means that the data item need only be included if both parties agree to its exchange. Although the exchange of the Accident and Emergency CDS Type may be optional, this does not apply to the status of the data items within this CDS Type.

8. For records relating to CDS and CMDS activity from the 1st April 2002 see REVISED CDS INFORMATION FLOW ADDRESSING GRID - Activity from 1st April 2002 below.

9. For records relating to CDS and CMDS activity up to 31st March 2002, see PREVIOUS CDS INFORMATION FLOW ADDRESSING GRID - Activity up to 31st March 2002 below.
<table>
<thead>
<tr>
<th>PATIENT / SERVICE AGREEMENT</th>
<th>CDS PRIME RECIPIENT</th>
<th>CDS COPY RECIPIENTS</th>
<th>PCG/ PCT of residence</th>
<th>PCG/ PCT responsible</th>
<th>Main Commissioner</th>
<th>Organisation To Which Costs Of Treatment Accrue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient registered with a GP with a PCG/ PCT Service Agreement</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient not registered with a GP but resident in an area covered by a PCG/ PCT with a PCG/ PCT Service Agreement</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient registered with a GP treated as an Out Of Area Treatment (OAT)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient not registered with a GP treated as an Out Of Area Treatment (OAT)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas visitor exempt from charges and not registered with a GP (TDH00)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Overseas visitor exempt from charges and registered with a GP (TDH00)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas visitor liable for NHS charges and not registered with a GP (VPP00)</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Overseas visitor liable for NHS charges and registered with a GP (VPP00)</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Private Patient</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

a. Some flows will be sent for unfinished episodes. For example, a consultant episode may be in progress when a data flow is sent. In such cases the end date is not known and the patient has not been discharged. These data items will therefore not be included in that data flow.
b. Note that if two recipients are identical (e.g. PCG or PCT of Residence is the same as the Main Commissioner only one data set should be sent to that recipient.

The remaining text is unchanged

Change Type: Change CDS table

CDS, CMDS and HES ⇒ CDS Type List ⇒ ACCIDENT AND EMERGENCY ATTENDANCE CDS TYPE

Note:
In addition, Accident and Emergency reference costs are mandated and collected via a direct, non-NWCS data flow between Providers and the NHS Executive Headquarters Department of Health.

The remaining CDS table is unchanged

Change Type: Change central return form guidance text

Central Return Forms ⇒ Hospital Aggregated Statistics ⇒ KH06R - Demand for Elective Admission: Events Occurring during the Quarter (Responsible Population Based)

The initial guidance text is unchanged

4. The KH06R return is submitted by HEALTH AUTHORITIES PRIMARY CARE TRUSTS and is based on the population for which the Health Authority Primary Care Trust is responsible. This includes all patients registered with GPs who form part of PRIMARY CARE GROUPS and the PRIMARY CARE TRUSTS for which the Health Authority is responsible, including those who are not resident within the Health Authority's Primary Care Trust’s geographical area. If a patient waiting for admission to hospital does not have an NHS GP, the responsible Primary Care Group or Primary Care Trust is determined by the postcode of the patient's home. The Health Authority’s geographical area is divided up among its Primary Care Groups and Primary Care Trusts for this purpose. The responsible Health Authority is then determined from the Primary Care Group's or Primary Care Trust's line of accountability, as usual. PATIENTS treated under out of area treatments (OATs) are exceptions, who should be counted by the ‘main commissioner’. This is normally the HA PCT with the highest value of Service Agreements with the NHS Trust.

5. KH06R requires information only about waiting list admissions and booked admissions. Do not include planned admissions.

6. The Health Authority Primary Care Trust return indicates the experience of PATIENTS for whom the HEALTH AUTHORITY PRIMARY CARE TRUST is responsible in terms of their waiting times for admission to hospital,
and includes NHS funded PATIENTS waiting for admission either to private or to other non-NHS establishments.

The remaining guidance text is unchanged

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**Change Type:** Change central return form guidance text

Central Return Forms  ⇒  Hospital Aggregated Statistics  ⇒  KH07AR Demand for Elective Admission: Deferred Admissions

**Responsible Population Based**

**Contextual Overview**

1. The Department requires HQ and Regional Offices Strategic Health Authorities to manage waiting time performance. The Department uses the information from this return to help monitor national waiting list trends. These are used to develop policies and indicate changes which can enable ELECTIVE ADMISSION LISTS to be managed more effectively.

2. Information on the return is not published directly; however, the details are used to confirm the responsible population based waiting list statistics.

**Completing the Return KH07AR - Demand for Elective Admission:**

**Number of Patients who have deferred admission waiting at the end of the Quarter**

3. The return KH07AR is submitted by HEALTH AUTHORITIES NHS TRUSTS and PRIMARY CARE TRUSTS and is based on the population for which the Health Authority NHS Trust or Primary Care Trust is responsible. This includes all patients registered with GPs who form part of PRIMARY CARE GROUPS and the PRIMARY CARE TRUSTS for which the Health Authority is responsible, including those who are not resident within the Health Authority’s Primary Care Trust’s geographical area. If a patient waiting for admission to hospital does not have an NHS GP, the responsible Primary Care Group or Primary Care Trust is determined by the postcode of the patient's home. The Health Authority's geographical area is divided up among its Primary Care Groups and Primary Care Trusts for this purpose. The responsible Health Authority is then determined from the Primary Care Group's or Primary Care Trusts's line of accountability, as usual. PATIENTS treated under out of area treatments (OATs) are exceptions, who should be counted by the 'main commissioner'. This is normally the HA PCT with the highest value of Service Agreements with the NHS Trust.

4. KH07AR requires information only about waiting list admissions and booked admissions. Planned admissions are excluded.

5. The return indicates the experience of PATIENTS for whom the HEALTH AUTHORITY PRIMARY CARE TRUST is responsible in terms of their waiting times for admission to hospital, and includes NHS funded PATIENTS waiting for admission either to private or to other non-NHS establishments.
The remaining guidance text is unchanged

**Change Type:** Change model view diagram contents

**Model View Diagrams ⇒ People, Places & Organisations ⇒ AD020 – Core Administrative Data – Organisation Details**

1. Delete entity HEALTH AUTHORITY
2. Insert STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
3. Insert PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert CARE TRUST as subtype of ORGANISATION

The remaining diagram is unchanged

**Change Type:** Change model view diagram contents

**Model View Diagrams ⇒ People, Places & Organisations ⇒ AD030 – Core Administrative Data – Address & Geographic Area Details**

1. Delete HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHIC AREA
3. Insert PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHIC AREA
1. This diagram shows the entity types concerned with the administrative data recorded for ADDRESSES, TELE-COMMUNICATION CONTACT STRINGS, and GEOGRAPHIC AREAS.

2. A ORGANISATION or PERSON may be contacted using many TELE-COMMUNICATION CONTACT STRINGS. A TELE-COMMUNICATION CONTACT STRING may be the contact string for an ADDRESS.

3. A ORGANISATION or PERSON may have many ADDRESS ASSOCIATIONS. Each ADDRESS ASSOCIATION is linked to a known ADDRESS. An ADDRESS is stored only once and may be associated with many PERSONS or ORGANISATIONS.

4. Each ADDRESS may be defined as being in many GEOGRAPHIC AREAS and may have a corresponding ADDRESS IN GEOGRAPHIC AREA entry.

5. As an alternative to, or in addition to describing a GEOGRAPHIC AREA by a set of ADDRESS IN GEOGRAPHIC AREAS an area may be defined as a set of POSTCODE IN GEOGRAPHIC AREAS.

6. A GEOGRAPHIC AREA range from PRIMARY CARE TRUST and STRATEGIC HEALTH AUTHORITY and RO Areas, to Local Authority, GP Practice and Metropolitan areas.

The remaining overview text is unchanged
1. Delete HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and HEALTH AUTHORITY PROGRAMME
3. Rename entity HEALTH AUTHORITY PROGRAMME to HEALTH PROGRAMME.
4. Rename entity HEALTH AUTHORITY PROGRAMME STATEMENT to HEALTH PROGRAMME STATEMENT
5. Insert PRIMARY CARE TRUST as subtype of ORGANISATION
6. Insert relationship between PRIMARY CARE TRUST and HEALTH PROGRAMME
**Change Type:**  
*Change model view diagram overview text*

**Model View Diagrams ⇒ Community ⇒ CM020 – Community Programmes**

1. This diagram identifies the recognised types of HEALTH AUTHORITY PROGRAMME. Each HEALTH AUTHORITY PROGRAMME will have an allocation of resources to provide a level of service to meet planned objectives
2. The approach taken in the diagrams concerned with the planning and delivery of HEALTH AUTHORITY PROGRAMMES is to separate HEALTH AUTHORITY PRIMARY CARE TRUST information needs from HEALTH CARE PROVIDER information needs. HEALTH AUTHORITIES PRIMARY CARE TRUSTS will continue to run HEALTH AUTHORITY PROGRAMMES to meet specific health targets in the local population and clearly need to continue to hold relevant information to achieve this. They may contract one or more HEALTH CARE PROVIDERS to provide services within the framework of an HEALTH AUTHORITY PROGRAMME and providers will need to collect relevant information to be able to deliver these SERVICES PROVIDED.

3. The range and number of HEALTH AUTHORITY PROGRAMMES are determined by each HEALTH AUTHORITY PRIMARY CARE TRUST, but each will be in one of two distinct groups of services; namely, SERVICE TO THE COMMUNITY PROGRAMMES and NURSING IN THE COMMUNITY PROGRAMMES. The latter is described in diagram CM110.

The remaining overview text is unchanged.

Change Type: Change model view diagram contents

Model View Diagrams ⇒ Community ⇒ CM030 – Community - Child Health and Immunisation for Health Authorities

1. Delete entity HEALTH AUTHORITY.
2. Delete relationship between HEALTH AUTHORITY and HEALTH AUTHORITY PROGRAMME.
3. Delete relationship between HEALTH AUTHORITY and CHILDREN RESIDENT BY AGE GROUP.
4. Rename entity HEALTH AUTHORITY PROGRAMME to HEALTH PROGRAMME.
5. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION.
6. Insert relationship between PRIMARY CARE TRUST and HEALTH PROGRAMME.
7. Insert relationship between PRIMARY CARE TRUST and CHILDREN RESIDENT BY AGE GROUP.

CM030 COMMUNITY – CHILD HEALTH AND IMMUNISATION FOR HEALTH AUTHORITIES PRIMARY CARE TRUSTS
The remaining diagram is unchanged

**Change Type:**  Change model view diagram overview text

Model View Diagrams ➞ Community ➞ CM030 – Community - Child Health and Immunisation for Health Authorities

CM030 COMMUNITY – CHILD HEALTH AND IMMUNISATION FOR HEALTH AUTHORITIES PRIMARY CARE TRUSTS

1. This diagram illustrates a HEALTH AUTHORITY’s PRIMARY CARE TRUST’s information requirements for two types of HEALTH AUTHORITY PROGRAMME, immunisation and screening.

The next section of overview text is unchanged

5. Because SURVEILLANCE PROGRAMME STAGES cannot be precisely defined to meet the needs of every HEALTH AUTHORITY PRIMARY CARE TRUST, each HEALTH AUTHORITY PRIMARY CARE TRUST will define its SURVEILLANCE PROGRAMMES and such
SURVEILLANCE PROGRAMME STAGES that are necessary to monitor the health of its targeted resident population

6. **HEALTH AUTHORITIES PRIMARY CARE TRUSTS** may contract one or more HEALTH CARE PROVIDERS to provide services within the framework of an IMMUNISATION PROGRAMME or a SURVEILLANCE PROGRAMME STAGE and providers will need to collect relevant information to be able to deliver these SERVICES PROVIDED (see CM040).

---

**Change Type:** Change model view diagram contents

Model View Diagrams ⇒ Community ⇒ CM040 - Community - Child Health and Immunisation for Health Care Providers

1. Rename entity HEALTH AUTHORITY PROGRAMME to HEALTH PROGRAMME.

The remaining diagram is unchanged

---

**Change Type:** Change model view diagram overview text

Model View Diagrams ⇒ Community ⇒ CM040 - Community - Child Health and Immunisation for Health Care Providers

1. This diagram illustrates a HEALTH CARE PROVIDER’s information requirements for two types of HEALTH AUTHORITY PROGRAMME: immunisation and screening.

The remaining overview text is unchanged

---

**Change Type:** Change model view diagram contents

Model View Diagrams ⇒ Community ⇒ CM070 - Screening for Health Care Providers

1. Rename entity HEALTH AUTHORITY PROGRAMME to HEALTH PROGRAMME.

The remaining diagram is unchanged

---

**Change Type:** Change model view diagram overview text
Model View Diagrams ⇒ Community ⇒ CM070 - Screening for Health Care Providers

1. This diagram illustrates a HEALTH CARE PROVIDER’s information requirements for the HEALTH AUTHORITY PROGRAMME type SCREENING PROGRAMMES.

The remaining overview text is unchanged

Change Type: Change model view diagram overview text

Model View Diagrams ⇒ Community ⇒ CM090 - Community - Genito-Urinary Clinics

The initial overview text is unchanged

3. All services provided by a CONSULTANT CLINIC GENITO-URINARY or NURSE CLINIC GENITOURINARY will be treated as one SERVICE PROVIDED and will be the responsibility of one purchaser, the HEALTH AUTHORITY.

The remaining overview text is unchanged

Change Type: Change model view diagram contents

Model View Diagrams ⇒ Community ⇒ CM120 – Drug Misuse

1. Delete HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and DRUG MISUSE AGENCY
3. Delete relationship between HEALTH AUTHORITY and DRUG MISUSER
4. Insert PRIMARY CARE TRUST as a subtype of ORGANISATION
5. Insert relationship between PRIMARY CARE TRUST and DRUG MISUSE AGENCY
6. Insert relationship between PRIMARY CARE TRUST and DRUG MISUSER
The remaining diagram is unchanged

Change Type: Change model view diagram overview text

Model View Diagrams ⇒ Community ⇒ CM120 – Drug Misuse

The initial overview text is unchanged

1. This diagram shows entity types relevant to the provision of care to DRUG MISUSERS. This diagram is not only relevant to services provided by the NHS; but to every DRUG MISUSE AGENCY within a Health Authority’s PRIMARY CARE TRUST’s boundaries that offers a service to DRUG MISUSERS.

The remaining overview text is unchanged

Change Type: Change model view diagram contents

Model View Diagrams ⇒ General ⇒ GN020 – Organisation Structure

1. Insert STRATEGIC HEALTH AUTHORITY as a subtype of ORGANISATION
2. Delete entity PRIMARY CARE GROUP
The remaining diagram is unchanged

**Change Type:** Change model view diagram overview text

**Model View Diagrams ⇒ General ⇒ GN020 – Organisation Structure**

The initial overview text is unchanged

2. Each ORGANISATION may be a particular subtype such as: HEALTH AUTHORITY, STRATEGIC HEALTH AUTHORITY, PRIMARY CARE TRUST, NHS TRUST and GP PRACTICE. ORGANISATIONS may be hierarchically structured. Such structures are recorded using ORGANISATION STRUCTURE. Accountability and other types of relationships between ORGANISATION, such as ownership, may also be recorded. These other types of relationship need not be hierarchical.

The next section of overview text is unchanged

7. A PRIMARY CARE GROUP is an ORGANISATION which is accountable to a STRATEGIC HEALTH AUTHORITY and is comprised of a number of GENERAL MEDICAL PRACTITIONER PRACTICES.

**Change Type:** Change model view diagram contents

**Model View Diagrams ⇒ General ⇒ GN060 – Services Provided by Non-Hospital Services**

1. Rename entity HEALTH AUTHORITY PROGRAMME to HEALTH PROGRAMME.

The remaining diagram is unchanged

**Change Type:** Change model view diagram overview text
The initial overview text is unchanged

4. Community services being provided within a HEALTH AUTHORITY PROGRAMME or a SURVEILLANCE PROGRAMME STAGE, may be from more than one HEALTH CARE PROVIDER. Each SERVICE PROVIDED as part of a programme will be from one HEALTH CARE PROVIDER. Note that a HEALTH CARE PROVIDER may provide services chargeable to more than one HEALTH AUTHORITY or General Practitioner Fund Holder.

Change Type: Change model view diagram contents

Model View Diagrams ⇒ Hospital ⇒ HP170 – Hospital Beds – Planning Intent

1. Delete entity HEALTH AUTHORITY
2. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION

The remaining diagram is unchanged

Change Type: Change model view diagram contents

Model View Diagrams ⇒ GP Hospital Messages ⇒ MS040 – GP Hospital Communication Messages - Cytology

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and PRIOR NOTIFICATION LIST FOR CYTOLOGY
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and PRIOR NOTIFICATION LIST FOR CYTOLOGY
The remaining diagram is unchanged

**Change Type:** Change model view diagram title and contents

Model View Diagrams ⇒ Primary Care ⇒ PC020 – GMPS Claims and Payments/Reimbursements from Health Authorities

**PC020 GMPS CLAIMS AND PAYMENTS OR REIMBURSEMENTS FROM HEALTH AUTHORITIES PRIMARY CARE TRUSTS**

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GMP CLAIM FOR PAYMENT OR REIMBURSEMENT
3. Delete relationship between HEALTH AUTHORITY and GMP PAYMENT OR REIMBURSEMENT
4. Insert entity PRIMARY CARE TRUST as sub entity of ORGANISATION
5. Insert relationship between PRIMARY CARE TRUST and GMP CLAIM FOR PAYMENT OR REIMBURSEMENT
6. Insert relationship between PRIMARY CARE TRUST and GMP PAYMENT OR REIMBURSEMENT
The remaining diagram is unchanged

**Change Type:** Change model view diagram overview text

Model View Diagrams ⇒ Primary Care ⇒ PC020 – GMPS Claims and Payments/Reimbursements from Health Authorities

PC020 GMPS CLAIMS AND PAYMENTS OR REIMBURSEMENTS FROM HEALTH AUTHORITIES-PRIMARY CARE TRUSTS

1. This diagram shows the entity types concerned with the claims for payment which GENERAL MEDICAL PRACTITIONERS make to the HEALTH AUTHORITY PRIMARY CARE TRUST.

The remaining overview text is unchanged.

**Change Type:** Change model view diagram contents

Model View Diagrams ⇒ Primary Care ⇒ PC030 – General Medical Practitioner Contracts

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GMP CONTRACT
3. Insert PRIMARY CARE TRUST as a sub entity of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GMP CONTRACT

---

Model View Diagrams ⇒ Primary Care ⇒ PC030 – General Medical Practitioner Contracts

1. A PERSON IN GMP PRACTICE POST may be appointed as principal GENERAL MEDICAL PRACTITIONER for a number of GMP CONTRACTS, which will have been approved by the appropriate HEALTH AUTHORITY PRIMARY CARE TRUST.

---

Model View Diagrams ⇒ Primary Care ⇒ PC110 – Community Pharmacies

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and COMMUNITY PHARMACY SITE APPLICATION
3. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
4. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
5. Insert relationship between PRIMARY CARE TRUST and COMMUNITY PHARMACY SITE APPLICATION

The remaining diagram is unchanged

Change Type: Change model view diagram overview text

Model View Diagrams ⇒ Primary Care ⇒ PC110 – Community Pharmacies

1. COMMUNITY PHARMACY SITE APPLICATIONS are made to HEALTH AUTHORITIES – PRIMARY CARE TRUSTS and consent determined based on the Pharmaceutical Services Regulations. Applications are made either from existing COMMUNITY PHARMACY SITES or another ORGANISATION.

The remaining overview text is unchanged

Change Type: Change model view diagram contents

Model View Diagrams ⇒ Primary Care ⇒ PC120 - General Ophthalmic Services

1. Delete entity HEALTH AUTHORITY
2. Insert PRIMARY CARE TRUST as a subtype of ORGANISATION.
Change Type: Change model view diagram overview text

Model View Diagrams ⇒ Primary Care ⇒ PC120 - General Ophthalmic Services

The initial overview text is unchanged

2. The current list of OPHTHALMIC OPTICIANS and OPHTHALMIC MEDICAL PRACTITIONERS for a HEALTH AUTHORITY PRIMARY CARE TRUST are held as a set of PERSON ROLES IN ORGANISATION. The list identifies the sex of a Practitioner as a PERSON CHARACTERISTIC and their OQC/GOC number as a PERSON IDENTIFIER.

3. SIGHT TESTS are carried out by HEALTH CARE PRACTITIONERS operating for a particular HEALTH AUTHORITY PRIMARY CARE TRUST. They may be allocated to a particular SERVICE POINT, especially if they take place as part of a Hospital Eye Service. (See HP340).

The remaining overview text is unchanged

Change Type: Change model view diagram contents

Model View Diagrams ⇒ Primary Care ⇒ PC130 – Emergency Dental Services

1. Delete entity HEALTH AUTHORITY
2. Insert PRIMARY CARE TRUST as a subtype of ORGANISATION.

The remaining diagram is unchanged

Change Type: Change model view diagram overview text

Model View Diagrams ⇒ Primary Care ⇒ PC130 – Emergency Dental Services

The initial overview text is unchanged

2. GENERAL DENTAL PRACTITIONERS undertake EMERGENCY DENTAL SESSIONS at specified LOCATIONS within a HEALTH AUTHORITY PRIMARY CARE TRUST.

The remaining overview text is unchanged
**Change Type:** Change central return diagram contents

**Central Return Diagrams ⇒ Miscellaneous ⇒ EXTDRUG – Extended Drug Misuse Database**

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and DRUG MISUSE AGENCY
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and DRUG MISUSE AGENCY

The remaining diagram is unchanged

---

**Change Type:** Change central return diagram contents

**Central Return Diagrams ⇒ Primary Care ⇒ HA48 – List of Ophthalmic Practitioners**

1. Delete entity HEALTH AUTHORITY
2. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION

The remaining diagram is unchanged

---

**Change Type:** Change central return diagram contents
Central Return Diagrams ⇒ Hospital Aggregated Statistics ⇒ KH06R – Demand for Elective Admission: Events Occurring During the Quarter, Responsible Population Based

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHIC AREA
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHIC AREA

The remaining diagram is unchanged

---

**Change Type:** Change central return diagram contents

Central Return Diagrams ⇒ Hospital Aggregated Statistics ⇒ KH07A - Demand for Elective Admission: Number of Patients who have Deferred Admission Waiting at the End of the Quarter, Provider Based

1. Delete entity HEALTH AUTHORITY
2. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
3. Insert NHS TRUST as subtype of ORGANISATION

The remaining diagram is unchanged

---

**Change Type:** Change central return diagram contents

Central Return Diagrams ⇒ Hospital Aggregated Statistics ⇒ KH07AR - Demand for Elective Admission: Number of Patients who have Deferred Admission Waiting at the End of the Quarter, Responsible Population Based

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHICAL AREA
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHICAL AREA

The remaining diagram is unchanged

---

**Change Type:** Change central return diagram contents

Central Return Diagrams ⇒ Primary Care ⇒ PHS1 – Community Pharmacies

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and COMMUNITY
PHARMACY SITE APPLICATION
3. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of
ORGANISATION
4. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
5. Insert relationship between PRIMARY CARE TRUST and COMMUNITY
PHARMACY SITE APPLICATION

The remaining diagram is unchanged

Change Type: Change central return diagram contents

Central Return Diagrams ➞ Quarterly Monitoring ➞ QF01 – Demand for
Elective Admission: Position at the End of the Quarter, Responsible Population
Based

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHIC
AREA
3. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of
ORGANISATION
4. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
5. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHIC
AREA

The remaining diagram is unchanged

Change Type: Change central return diagram contents
Central Return Diagrams ⇒ Quarterly Monitoring ⇒ QM08R – Out-Patient First Attendances: Responsible Population Based

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHICAL AREA
3. Insert entity PRIMARY CARE TRUST as sub entity of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHICAL AREA

*The remaining diagram is unchanged*

---

**Change Type:** Change central return diagram contents

Central Return Diagrams ⇒ Workforce ⇒ QNW – Qualified Nurse Workforce Monitoring Return

1. Delete entity HEALTH AUTHORITY
2. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION

*The remaining diagram is unchanged*

---

**Change Type:** Change central return diagram contents

Central Return Diagrams ⇒ Primary Care ⇒ SBE515 – Ophthalmic Services Sight Tests, Spectacle Supply and Return

1. Delete entity HEALTH AUTHORITY
2. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION
3. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION

*The remaining diagram is unchanged*

---

**Change Type:** Change CDS and CMDS view diagram contents

CDS and CMDS View Diagrams ⇒ CDS Views ⇒ CDS010 – Commissioning Details and Service Arrangement Change Details – all CDS Types

1. Delete entity HEALTH AUTHORITY
2. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
3. Delete entity PRIMARY CARE GROUP
The remaining diagram is unchanged

**Change Type:** Change CDS and CMDS view diagram contents

CDS and CMDS View Diagrams ⇒ CDS Views ⇒ CDS020 - Patient Details – all CDS Types

1. Delete entity HEALTH AUTHORITY
2. Delete relationship between HEALTH AUTHORITY and GEOGRAPHICAL AREA
3. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
4. Insert relationship between PRIMARY CARE TRUST and GEOGRAPHICAL AREA
5. Delete entity PRIMARY CARE GROUP

The remaining diagram is unchanged
**Change Type:** Change CDS and CMDS view diagram contents

**CDS and CMDS View Diagrams** ⇒ **CDS Views** ⇒ **CDS030 – Referral Details – all CDS Types**

1. Delete entity HEALTH AUTHORITY
2. Insert entity STRATEGIC HEALTH AUTHORITY as subtype of ORGANISATION
3. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION

![Diagram](image)

*The remaining diagram is unchanged*

---

**Change Type:** Change CDS and CMDS view diagram contents

**CDS and CMDS View Diagrams** ⇒ **CMDS Views** ⇒ **CMDS010 - Commissioning Details and Service Arrangement Change Details - Elective Admission List CMDS**

1. Delete entity HEALTH AUTHORITY

*The remaining diagram is unchanged*

---

**Change Type:** Change CDS and CMDS view diagram content

**CDS and CMDS View Diagrams** ⇒ **CMDS Views** ⇒ **CMDS030 – GP Referral Letters CMDS**

1. Delete entity HEALTH AUTHORITY
2. Insert entity PRIMARY CARE TRUST as subtype of ORGANISATION

*The remaining diagram is unchanged*

---

**Change Type:** Change supporting information section text

**Supporting Information** ⇒ **Administrative Codes** ⇒ **NHS Organisation Codes**

**ORGANISATION CODING FRAMES**
1. All NHS organisations (with the exception of GP Practices - see Medical and Dental Practice Codes) are coded using one of two five character coding frames; the A frame or the B frame as shown in the table:

<table>
<thead>
<tr>
<th>Char Position</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>a/n</td>
<td>a/n</td>
<td>a/n</td>
<td>a/n</td>
<td>a/n</td>
</tr>
<tr>
<td>A Frame</td>
<td>Organisation Type Indicator</td>
<td></td>
<td>Organisation Identifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Frame</td>
<td>Organisation Type Indicator</td>
<td>Organisation Identifier</td>
<td></td>
<td>Site or Sub-Division Identifier</td>
<td></td>
</tr>
</tbody>
</table>

2. The A Frame applies to ORGANISATION TYPES with a high volume of ORGANISATIONS and with no requirements to identify sites or sub-divisions within the ORGANISATION. The ORGANISATION CODE is normally a full five characters in length.

**Examples:** Primary Care Groups, Independent Providers

The remaining text is unchanged

---

**Change Type:** Change supporting information section text

**Supporting Information** ⇒ **Administrative Codes** ⇒

**NHS ORGANISATION CODES TABLES**

**Table 1: CODING FORMATS for ORGANISATION in ENGLAND and WALES**

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Character Position</th>
<th>Code allocated by:</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office</td>
<td>Y</td>
<td>OCS</td>
<td>Note: W00 - Wales</td>
</tr>
<tr>
<td>Strategic Health Authority</td>
<td>Q A-9</td>
<td>OCS</td>
<td>2nd char = W for Welsh Has</td>
</tr>
<tr>
<td>Primary Care Group (PCG)</td>
<td>4 A-9 A-9 A-9 A-9</td>
<td>OCS</td>
<td>2nd char = W for Welsh Local Health Groups</td>
</tr>
<tr>
<td>Care Trust</td>
<td>T A-9 A-9</td>
<td>OCS</td>
<td>The 00 suffix should only be used when a 5-character code is required for a Trust and</td>
</tr>
</tbody>
</table>
5. A doctor receives a GMC number on qualification as a doctor. If he/she chooses to enter general practice in England or Wales, a further 6-digit number is allocated by the Department of Health. This number is referred to as the Doctor’s Index Number, the GP National Code or (less correctly) the PPA code. The latter reference arises as the number allocated by the DH is passed by the Health Authority Primary Care Trust to the Prescription Pricing Authority who use it for the issue of prescription pads, etc.

The remaining text is unchanged

Change Type: Change supporting information text

Supporting Information => Administrative Codes => Practitioner Codes

The initial text is unchanged

Change Type: Change supporting information text

Supporting Information => NHS Postcode Directory

1. The NHS Postcode Directory is maintained, on behalf of the Department of Health, by the Office for National Statistics (ONS). It contains a record for every postcode in the UK, Channel Islands and the Isle of Man, and associates each postcode with a variety of geographic information, including grid references, Primary Care Groups, Primary Care Trusts and Strategic Health Authority codes. The file also includes pseudo postcodes covering defaults and overseas countries.

The remaining supporting information is unchanged

Please address enquiries about this DSCN to:-

Data Standards Team
NHS Information Authority
Aqueous II
Aston Cross
Rocky Lane
Birmingham
B6 5RQ

Tel: 0121 333 0333