

WELSH INFORMATION STANDARDS BOARD

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| DSC Notice: | DSCN 2025 / 07 |
| Date of Issue: | 11 th March 2025 |

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| <p>Welsh Health Circular/Official Letter: None</p> <p>Sponsor: Lesley Law, Delivery & Performance Division, Welsh Government</p> <p>Standard Type: Secondary Use</p> <p>Implementation Date: 1st April 2025</p> | <p>Subject: Referral to Treatment (RTT) Weekly Patient Target List (PTL) Data Set</p> |
| <p>DATA STANDARDS CHANGE NOTICE</p> <p>A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.</p> <p>This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on Thursday 20th February 2025.</p> <p>WISB Reference: ISRN 2024 / 012</p> | |
| <p>Summary: To formalise the RTT (Referral to Treatment) PTL (Patient Target List) weekly data submission.</p> | |
| <p>Data sets / returns affected: N/A</p> | |
| <p>Please address enquiries about this Data Standards Change Notice to the Data Standards Team in Digital Health and Care Wales</p> <p>E-mail: data.standards@wales.nhs.uk</p> | |
| <p>The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:</p> <p>https://nhswales365.sharepoint.com/sites/DHC_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx</p> | |

DATA STANDARDS CHANGE NOTICE

Introduction

There is currently a Referral to Treatment Time (RTT) (Combined) (DSCN 2024/03) aggregate data collection which captures non patient level monthly validated data. This data collection was originally introduced in April 2007 to assist in monitoring Welsh Government's commitment that no patient pathways in Wales would wait more than 36 weeks from referral to treatment and 95% of patient pathways would wait less than 26 weeks. In addition to this, the NHS Executive also collect weekly unvalidated RTT data which provides patient level data, on a more frequent basis, to enable granular reporting of waiting times to assess in month progress towards achievement of targets and provides additional data items not currently captured within the monthly aggregate data collection.

Over the years it has become clear that the current aggregate reporting model does not provide the granular level of data required to assess the impact wait times are having on patients. Therefore, it is proposed that following the formalisation of the RTT weekly PTL dataset that work is undertaken to develop a patient level monthly RTT dataset. The RTT weekly PTL data set would be used as the basis of a patient level monthly data collection, using the same data items and standards, and would therefore follow a similar model to that of APC whereby weekly unvalidated data is submitted with a monthly validated submission.

Description of Change

Creation of a new data set to collect weekly RTT (Referral to Treatment) PTL (Patient Target List) data.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.23 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.25 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards:

- Ensure that local processes and systems have been updated to comply with the standard set out within this DSCN.
- Develop data flows to ensure information can be sent and centrally collated.

Digital Health & Care Wales:

- Ensure that all national systems have been updated to comply with the standard set out within this DSCN.
- Develop ingestion processes to receive and centrally collate the data.
- Remove Personal Identifiable Information (PII) prior to making data available to organisations.

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

| Data Definition Type | Name | New/Retired/Changed | Page Number |
|-----------------------------|---|----------------------------|--------------------|
| Patient Level Data set | Referral to Treatment (RTT) Weekly Patient Target List (PTL) Data set | New | 4 |
| Data Item | Booked Date | New | 5 |
| Data Item | Intended Procedure Description | New | 6 |
| Data Item | Local Patient Identifier | Changed | 6 |
| Data Item | NHS Number | Changed | 7 |
| Data Item | Code of Registered GP Practice | Changed | 8 |
| Data Item | Ethnic Group | Changed | 8 |
| Data Item | Patient's name | Changed | 10 |
| Data Item | Birth Date | Changed | 11 |
| Data Item | Sex | Changed | 12 |
| Data Item | Patient's Usual address | Changed | 13 |
| Data Item | Postcode of Usual Address | Changed | 14 |
| Data Item | Organisation Code (LHB Area of Residence) | Changed | 15 |
| Data Item | Age Group at Referral | Changed | 18 |
| Data Item | Site Code (of Treatment) | Changed | 18 |
| Data Item | Return Date | Changed | 19 |
| Data Item | Treatment Function Code | Changed | 20 |
| Data Item | Local Sub Specialty | Changed | 43 |
| Data Item | Stage of Pathway | Changed | 44 |
| Data Item | Clinical Referral Date | Changed | 44 |
| Data Item | Active Wait | Changed | 45 |
| Data Item | Priority Type | Changed | 46 |
| Data Item | Intended Management | Changed | 46 |
| Data Item | Intended Procedure (OPCS or READ) | Changed | 47 |
| Data Item | Pathway Identifier | Changed | 48 |

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a **strikethrough**. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

Return Submission Details

For RTT weekly PTL data set, returns should be submitted weekly by each Local Health Boards (LHBs) by midday/12pm every Wednesday. The weekly extract should provide the data position at midnight on the Tuesday of that week. The RTT weekly PTL extract does not require validation upon loading.

Scope

The Referral to Treatment (RTT) weekly Patient Target List (PTL) Data Set contains unvalidated waiting times data for Welsh residents on an RTT pathway at a Welsh Local Health Board.

The data set is a snapshot of the patients waiting on a Referral to Treatment (RTT) pathway as at the census/return period. The return includes patients that are on an open pathway and excludes any closed pathways.

Private patients are excluded.

If at any point along the Referral to Treatment (RTT) pathway a patient becomes an English resident, and their GP is an English GP then they will cease being reported as part of the Welsh Referral to Treatment (RTT) wait.

RTT in Wales is limited to Welsh residents only. If a patient resides in England and has an English GP but is treated in Wales, they will be excluded from this dataset. Similarly, Welsh residents who are treated in England will also be excluded.

Definitional guidance around Referral to Treatment (RTT) pathways is available on the Welsh Government's website or by contacting hss.performance@gov.wales.

Data set Structure

The Referral to Treatment (RTT) Weekly PTL (Patient Target List) Dataset is effective from 1st April 2025.

| Rating | | Format/Length |
|---|--|---------------|
| 1=mandatory 2=optional | | |
| | PATIENT DETAILS | |
| 1 | Local Patient Identifier | an10 |
| 2 | NHS Number | n10 |
| 1 | Code of Registered GP Practice | an6 |
| 1 | Ethnic Group | an2 |

| | | |
|---|---|--|
| 2 | Patient's name | an70 or structured name with 2 an35 elements |
| 2 | Birth Date | ccyymmdd |
| 1 | Sex | n1 |
| 2 | Patient's Usual address | an175 (5 lines each an35) |
| 2 | Postcode of Usual Address | an8 |
| 1 | Organisation Code (LHB Area of Residence) | an3 |
| 1 | Age Group at Referral | an2 |
| | PATHWAY DATA ITEMS | |
| 1 | Organisation Code | an3 |
| 1 | Site Code (of Treatment) | an5 |
| 1 | Return Date | ccyymmdd |
| 1 | Treatment Function Code | n3 |
| 1 | Local Sub Specialty | an3 |
| 1 | Stage of Pathway | n1 |
| 1 | Clinical Referral Date | ccyymmdd |
| 1 | Active Wait | n5 |
| 2 | Booked Date | ccyymmdd |
| 1 | Priority Type | n1 |
| 2 | Intended Management | n1 |
| 2 | Intended Procedure (OPCS or READ) | nvarchar(500) |
| 2 | Intended Procedure Description | an255 |
| 1 | Pathway Identifier | an20 |

Data Items

A) New Data Items

Booked Date

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|----------|
| RTT weekly PTL ds | 1 st April 2025 | |

This is the date of the booked appointment, treatment or admission.

For RTT PTL data set:

For stages 1, 2 & 3 – Where Stage of Pathway = 1, 2 or 3 - 'Booked Date' refers to the date on which the patient is due to attend an outpatient appointment or diagnostic procedure.

For stage 4 - Where Stage of Pathway = 4 - 'Booked Date' refers to the date on which the patient is due to be admitted as an inpatient or daycase.

In cases where the patient has not been booked for an appointment, treatment, or admission, the field should remain blank.

Format: ccyymmdd

Intended Procedure Description

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|----------|
| RTT weekly PTL ds | 1 st April 2025 | |

When an official classification code cannot be applied to the relevant data item '[Intended Procedure" \(OPCS or READ\)](#)', this data item should be used for free-text entry to provide additional information. If an official classification has been submitted for the data item '[Intended Procedure" \(OPCS or READ\)](#)', this field should be left blank.

Format: maximum 255 character alphanumeric.

B) Changes to existing Data Items

Local Patient Identifier

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| PAP ds | 1 st April 2013 | |
| RTDS | 1 st April 2014 | |
| SCPC ds | 1 st January 2021 | |
| SCPA ds | 1 st January 2021 | 3 rd February 2021 |

| | | |
|---------------------------|-----------------------------|--|
| National Cancer Ds – Core | | |
| National Cancer Ds - SACT | | |
| WECDS | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the case record number. It is a unique identifier for a patient within a health care provider.

Format: 10 character alpha-numeric

See [CASE RECORD NUMBER](#)

Where care for NHS patients is sub-commissioned in the independent sector or overseas, the NHS commissioner local patient identifier should be used. If no NHS local patient identifier has been assigned the independent sector or overseas provider identifier should be used.

NHS Number

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|---------------------------|----------------------------|--------------------|
| APC ds99 | 1st April 1999 | |
| EAL ds | 1st April 1999 | 21st November 2012 |
| OP ds | 1st April 1999 | |
| CC ds | 1st April 2007 | |
| OPR ds | 1st July 2008 | |
| EDDS | 1st April 2009 | |
| PAP ds | 1st April 2013 | |
| SM ds | 1st April 2014 | |
| RTDS | 1st April 2014 | |
| MI ds | 1st April 2016 | |
| SCPC ds | 1st January 2021 | |
| SCPA ds | 1st January 2021 | 3rd February 2021 |
| National Cancer Ds – Core | | |
| National Cancer Ds - SACT | | |
| WECDS | 1st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

The NHS number is the primary identifier of a person and is a unique identifier for a patient within the NHS in Wales.

It is mandatory to record the NHS Number

- (in the MI ds) for each woman and baby

Code of Registered GP Practice

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|--------------------------------|
| APC ds | 1 st September 2012 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| General | | |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| RTDS | 1 st April 2014 | |
| SCPC ds | 1 st January 2021 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the code of the patient's registered General Practitioner (GP) Practice. This allows the practice to be notified about treatment received by the patient. The registered GP Practice may or may not be the same as the referring GP Practice.

For RTT PTL data set: This relates to the patient's current registered Welsh GP practice at the time of reporting.

Format: 6 character alpha-numeric

See [Organisation Code](#)

Ethnic Group

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|----------|
| APC ds99 | 1 st April 1999 | |
| NCCHD | | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st September 2008 | |

| | | |
|---------------------------|------------------------------|------------------------------|
| EDDS | 1 st April 2009 | |
| SM ds | 1 st April 2014 | |
| Non – Medical Staffing | - | 2 nd January 2013 |
| MI ds | 1 st April 2016 | |
| SCPC ds | 1 st January 2021 | |
| National Cancer Ds - Core | | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the ethnic group of the patient, as selected by the patient. The patient is the arbiter of the information. Classifications are based on the ethnic group data categories used in the 2011 Census and the information recorded about ethnic group must be obtained by asking the patient / client.

Format: 2 character alpha- numeric – AB, where the first character (A) is a value taken from the list in the table below, and the second character (B) is a locally defined value to be used in conjunction with the nationally defined values. If no further local breakdown is required, the second character (B) should be filled with a 'Z'. Note that for the Substance Misuse and Maternity Indicators data set, only the first character (A) is submitted.

| Value | Meaning | Valid From | Valid To |
|-------|--|--|----------|
| | WHITE | | |
| A | Any White Background, including Welsh, English, Scottish, Northern Irish, Irish, British | 1 st April 2002 Amended 1 st April 2017 | |
| B | Gypsy or Irish Traveller | 1 st April 2017* | |
| | MIXED / MULTIPLE ETHNIC GROUP | | |
| D | White and Black Caribbean | 1 st April 2002 | |
| E | White and Black African | 1 st April 2002 | |
| F | White and Asian | 1 st April 2002 | |
| G | Any other mixed background / multiple ethnic background | 1 st April 2002 Amended 1 st April 2017 | |
| | ASIAN OR ASIAN BRITISH | | |
| H | Indian | 1 st April 2002 | |
| J | Pakistani | 1 st April 2002 | |
| K | Bangladeshi | 1 st April 2002 | |
| R | Chinese | 1 st April 2002 | |
| L | Any other Asian background | 1 st April 2002 | |
| | BLACK OR BLACK BRITISH | | |
| M | Caribbean | 1 st April 2002 | |
| N | African | 1 st April 2002 | |
| P | Any other Black background | 1 st April 2002 | |
| | OTHER ETHNIC GROUPS | | |

| | | | |
|---|------------------------|-----------------------------|--|
| T | Arab | 1 st April 2017* | |
| S | Any other ethnic group | 1 st April 2002 | |
| | NOT STATED | | |
| Z | Not stated | 1 st April 2002 | |

*Note that this code was included as a valid value in the Maternity Indicators data set from April 2016

The codes below are for historical information only and were retired on the 1st April 2002.

Format: 2 character alpha-numeric

| Value | Meaning | Valid From | Valid To |
|-------|------------------------|---------------------------|-----------------------------|
| 0 | White | 1 st July 1997 | 31 st March 2002 |
| 1 | Black – Caribbean | 1 st July 1997 | 31 st March 2002 |
| 2 | Black – African | 1 st July 1997 | 31 st March 2002 |
| 3 | Black – Other | 1 st July 1997 | 31 st March 2002 |
| 4 | Indian | 1 st July 1997 | 31 st March 2002 |
| 5 | Pakistani | 1 st July 1997 | 31 st March 2002 |
| 6 | Bangladeshi | 1 st July 1997 | 31 st March 2002 |
| 7 | Chinese | 1 st July 1997 | 31 st March 2002 |
| 8 | Any other ethnic group | 1 st July 1997 | 31 st March 2002 |
| 9 | Not given | 1 st July 1997 | 31 st March 2002 |

Patient's name

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| RTDS | 1 st April 2014 | |
| MI ds | 1 st April 2016 | |

| | | |
|---------------------------|-----------------------------|--|
| National Cancer Ds - Core | | |
| WECDs | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This will be the patients preferred name. The patient is the arbiter of his/her/their name.

Format: either structured with two 35 alpha character elements (forename followed by surname) or an unstructured string of 70 characters. Use block capitals, ignore apostrophes and insert space for hyphen. Enter surname first then as many letters of the first name as possible, leaving a blank box between each part of the name. Double-barrelled surnames should be coded in the same order as in the hospital records. [Name Format Code](#) indicates which format is being used.

Birth Date

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|---------------------------|------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| SBH50-59a | - | 2 nd January 2013 |
| Non - Medical Staffing | - | 2 nd January 2013 |
| PAP ds | 1 st April 2013 | |
| SM ds | 1 st April 2014 | |
| RTDS | 1 st April 2014 | |
| MI ds | 1 st April 2016 | |
| SCPC ds | 1 st January 2021 | |
| National Cancer Ds - Core | | |
| National Cancer Ds - SACT | | |

| | | |
|-------------------|-----------------------------|--|
| WECDS | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

Date of birth of patient / client.

Format: 8 digit numeric, CCYYMMDD

For Radiotherapy Data Set and Welsh Emergency Care Data Set

Format: CCYY-MM-DD

If the Date of Birth is unknown; use the date '11/11/1811' (that is 18111111)

Where [Birth Date Status](#) is associated with this data item it should be used to indicate whether Birth Date is supplied or is not applicable.

| Value | Meaning | Valid From | Valid To |
|----------|-----------------------|-------------------------------|-------------------------------|
| 00000000 | Date of Birth Unknown | 1 st March 2006 | 31 st January 2007 |
| 18111111 | Date of Birth Unknown | 1 st February 2007 | |

(Psychiatric Census)

Date of birth of patient.

Format: 8 digit numeric, DDMCCYY

Sex

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|---------------------------|------------------------------|----------|
| APC ds99 | 1 st April 2009 | |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| RTDS | 1 st April 2014 | |
| SCPC ds | 1 st January 2021 | |
| National Cancer Ds - Core | | |
| National Cancer Ds - SACT | | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the sex of person, employee or patient.

Format: 1 digit numeric

| Value | Meaning | Valid From | Valid To |
|-------|---|------------------------------------|-------------------------------|
| 0 | Not known | 1 st July 1997 | 20 th January 2002 |
| 1 | Male | Pre 28 th December 1995 | |
| 2 | Female | Pre 28 th December 1995 | |
| 3 | Indeterminate or anticipated sex change | Pre 28 th December 1995 | 30 th June 1997 |
| 9 | Not Specified | 1 st July 1997 | |

Patient's Usual Address

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|---------------------------|------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| RTDS | 1 st April 2014 | |
| MI ds | 1 st April 2016 | |
| SCPC ds | 1 st January 2021 | |
| National Cancer Ds - Core | | |
| WECDS | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the usual address:

- (in the SCPC ds) for the patient at the Pathway Start Date (Point of Suspicion of Cancer)
- (in every other data set listed above) nominated by the patient at the time of admission or attendance. If patients usually reside elsewhere are staying in hotels, hostels or other residential establishments for a short term, say a week, they should be recorded as staying at their usual place of residence. However if long term, such as at boarding school, the school address must be recorded. University students may nominate either their home address or the address of their university accommodation. Where patients are not capable of supplying this information, because of age or mental illness, for example, then the person responsible for the patient, such as a parent or guardian, should nominate the usual address. Patients not able to provide an address should be asked for their most recent address. If this cannot be established then you should record the address as `No fixed abode' or `Address unknown'. These patients are regarded as resident in the local geographical district for contracting purposes. For birth episodes this should refer to the mother's usual place of residence.
- For RTT PTL data set: This relates to the patient's current address at the time of reporting.

Format: 175 character alpha-numeric. This is based on 5 lines of 35 characters. This relates to the physical layout of the address, not the logical layout and does not require intelligent intervention when splitting the text string into lines.

Prior to April 1999 the PEDW Format: 100 character alpha-numeric. This is based on 4 lines of 25 characters. This relates to the physical layout of the address, not the logical layout.

Postcode of Usual Address

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|---------------------------|------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 2009 | |
| RTDS | 1 st April 2014 | |
| MI ds | 1 st April 2016 | |
| SCPC ds | 1 st January 2021 | |
| National Cancer Ds – Core | | |
| National Cancer Ds - SACT | | |
| WECDS | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

The code assigned by Royal Mail to identify postal delivery areas across the United Kingdom.

This is the usual address

- (in the SCPC ds) for the patient at the Pathway Start Date (Point of Suspicion of Cancer)
- (in every other data set listed above) nominated by the patient at the time of admission or attendance
- For RTT PTL data set: This relates to the patient's current postcode at the time of reporting.

Format: 8 character alpha-numeric. This allows a space to be inserted to differentiate between the inward and outward segments of the code, enabling full use to be made of the Royal Mail postcode functionality.

Organisation Data Service rules apply.

If a patient has no fixed abode, this should be recorded with the appropriate code (ZZ99 3VZ).

For overseas visitors, the postcode field must show the relevant country pseudo postcode commencing ZZ99, plus spaces followed by a numeric, then an alpha character, then a Z. For example, ZZ99 6CZ is the pseudo-postcode for India. Pseudo-postcodes can be found in the NHS Postcode Directory.

See [Postcode](#)

(PEDW (Prior to April 1999), Psychiatric Census)

The postcode applied to the usual address nominated by the patient at the time of admission or attendance, using rules supplied above and those in the NHS Postcode User Directory.

Format: 8 character alpha-numeric. The 5th position is always blank (Δ) and possibly the 3rd and 4th characters may be blank also.

See [Postcode](#)

Organisation Code (LHB Area of Residence)

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| RTT | 1 st April 2007 | 31 st August 2011 |
| PP01W | | 8 th February 2021 |
| OPR ds | 1 st July 2008 | |
| EDDS | 1 st April 1999 | |
| CRTT | 1 st June 2009 | 31 st August 2011 |
| Angiogram | 1 st December 2008 | 1 st April 2010 |
| RTT (Combined) | 1 st September 2011 | |
| MI ds | 1 st April 2016 | |

| | | |
|-------------------|-----------------------------|--|
| WECDs | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

The Local Health Board where the patient is a resident, identified via the NHS Postcode Directory. This ensures that the Local Health Board can receive information about the care given to its residents.

Format: 3 character alpha-numeric

| Value | Meaning | Valid From | Valid To |
|-------|---|----------------------------|----------|
| NAN | The code of the LHB. Codes for Welsh LHBs can be accessed via the Welsh Reference Data Service – WRDS (wales.nhs.uk) (NHS Wales Users Only) | N/A | N/A |
| X98 | Not applicable e.g. for overseas visitors | 1 st April 1996 | |

Note: For English Residents treated in Wales, use the Organisation Code of the Primary Care Trust (PCT) of Residence for all activity / waiting times data up to 31st March 2013.

From 1st April 2013 (inclusive) onwards, use the Organisation Code of the Clinical Commissioning Group (CCG).

Reference data files containing details of the Organisation Codes for English organisations, including the NHS postcode file, can be accessed via the NHS postcode file, which is available via the Technology Reference data Update Distribution (TRUD).

The TRUD website can be accessed via the following link:

<https://isd.hscic.gov.uk>

See [Organisation Code](#)

Organisation Code

Unique identifier for each organisation or site within an organisation.

(Local Health Board / Trust) Code

Code as listed by the Organisation Data Service (ODS). English and Welsh Local Health Board / Trust codes can be viewed on the Health Reference Data Web Pages on HOWIS.

Format: 3 character alpha-numeric

Local Health Board / Trust Codes are available via the Welsh Reference Data Service (WRDS): [WRDS \(wales.nhs.uk\)](http://WRDS.wales.nhs.uk) **(NHS Wales Users Only)**

(Local Health Board / Trust) Site Code

This provides a unique identifier of each site for an organisation. Codes as listed by the Organisation Data Service (ODS). English and Welsh Local Health Board / Trust Site codes can be viewed on the Health Reference Data Web Pages on HOWIS.

Format: 5 character alpha-numeric. Where it is necessary to report only a 3 character Local Health Board / Trust Code include two zeros in the 4th and 5th character positions.

Local Health Board / Trust Site Codes are available via the Welsh Reference Data Service (WRDS): [WRDS \(wales.nhs.uk\)](http://WRDS(wales.nhs.uk)) **(NHS Wales Users Only)**

GP Practice Code

A code which uniquely identifies the GP Practice of the GP.

Code as listed for practices in the UK. These are updated monthly with information supplied by the Organisation Data Service (ODS) and can be viewed on the Health Reference Data Web Pages on HOWIS.

Format: 6 character alpha-numeric

Default Codes:

| Value | Meaning |
|--------|--|
| V81997 | No registered GP Practice |
| V81998 | Practice not applicable. i.e. MOD or Prison GP |
| V81999 | Practice code is unknown |

The use of default codes

V81997 – should only be used where a patient presents who is not currently registered at a GP Practice.

V81998 – should be used where a patient would not have a registered practice, for instance an overseas patient.

V81999 – should only be used where it is not possible to determine a patients registered practice code, for instance the patient cannot communicate and is unidentifiable.

GP Practice Code Reference Data is available here: [WRDS \(wales.nhs.uk\)](http://WRDS(wales.nhs.uk)) **(NHS Wales Users Only)**

Dental Practice Code

The code described by the Organisation Data Service (ODS) as a Dental Practice Code identifies an individual dental practice location. This code should be used as the 'Referring Organisation Code' for referrals made to the Trust.

Format: 6 character alpha-numeric

The first character is set as a V

Characters 2 to 6 are the last 5 digits of the Location ID taken from a Provider Dentist Contract number

Dental Practice Code Reference Data is available here: [WRDS \(wales.nhs.uk\)](http://WRDS(wales.nhs.uk)) **(NHS Wales Users Only)**

Age Group at Referral

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|-------------------------------|----------|
| DATS | 31 st October 2021 | |
| RTT (Combined) | 31 st October 2021 | |
| RTT weekly PTL ds | 1 st April 2025 | |

Is the age group that applies to the age of the patient at the time the referral is made into secondary care. For open pathways the appropriate age group should be recorded. For all closed pathways the Value 99 Not Known/Not Recorded should be used.

For users calculating the age group based on age in days, use the formula: Days ÷ 365.25

Format: 2 character alpha numeric

| Value | Meaning |
|-------|--|
| 01 | <16 years This includes patients up to, but not including, their 16 th birthday |
| 02 | 16 & 17 years This includes patients on their 16 th birthday up to, but not including, their 18 th birthday |
| 03 | =>18 years This includes patient on their 18 th birthday and older |
| 99 | Not Known/Not Recorded |

Site Code (of Treatment)

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|-----------------------------|----------|
| APC ds99 | 1 st April 1999 | |
| OP ds | 1 st April 1999 | |
| CC ds | 1 st April 2007 | |
| EDDS | 1 st April 2009 | |
| PAP ds | 1 st April 2013 | |
| MI ds | 1 st April 2016 | |
| WECDs | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

The organisation code for the site where the patient will be or is treated.

For RTT PTL data set: This refers to the site where the wait is managed for the current stage of the pathway at the time of reporting. If the site is unknown for a specific stage of the pathway, use the site where the referral was initially received.

For MI ds (Birth): The organisation code for the site where the woman gave birth. This may be the same as or different to where she may have been treated during labour.

Format: 5 character alpha-numeric

See [ORGANISATION CODE](#)

Where the response for data item (Consultation method) is

- Virtual Clinical Appointment (Patient Contact) - Video, record the most relevant value for where the healthcare professional is when conducting the appointment.
- Virtual Clinical Appointment (Patient Contact) - Phone, record the most relevant value for where the healthcare professional is when conducting the appointment.
- Virtual Clinical Review (Non-Patient Contact), record the most relevant value for where the healthcare professional is when conducting the review

For outpatients and MI ds:

Face to Face activity may take place outside the hospital, such as in the patient's home; in such cases, raising a site code is impractical. The following default codes should be used when required:

For MI ds:-

| Value | Meaning | Valid From | Valid To |
|-------|---------------------|----------------|----------|
| R9998 | Not a hospital site | 1st April 2016 | |

For Outpatients:-

| Value | Meaning | Valid From | Valid To |
|-------|--|-------------------|----------|
| R9998 | Not a hospital site | 1st April 2016 | |
| 89999 | Not applicable: Non-NHS providers where no site code has been requested and issued | 1st April 2002 | |
| 89997 | Not applicable: Non-UK provider | 21st January 2002 | |

Where treatment for an NHS patient is sub-commissioned to an overseas provider the default code 89997 is applicable.

Return Date

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------|---------------------|
| DT Waiting Times | | |
| RTT | 1st April 2007 | 31st August 2011 |
| PP01W | | 8th February 2021 |
| RTT-PTR | 1st September 2008 | 30th September 2009 |
| CRTT | 1st April 2009 | 31st August 2011 |
| Angiograms | 1st December 2008 | 1st April 2010 |

| | | |
|-------------------|--------------------------------|--|
| RTT (Combined) | 1 st September 2011 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This relates to the date on which the list is measured. ~~that is, last day of the month to which the return relates.~~ This is also known as the census date.

Format: 8 numeric digits in the format: - eccyymmdd

Treatment Function Code

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| OP ds | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| CC ds | 1 st April 2007 | |
| OPR ds | 1 st July 2008 | |
| RTT (Combined) | 1 st September 2011 | |
| PAP ds | 1 st April 2013 | |
| WECDS | 1 st August 2024 | |
| RTT weekly PTL ds | 1 st April 2025 | |

(This data item was formerly known as 'Consultant Specialty Function Code' with the new title being implemented from 15th May 2006)

This is the specialty under which the patient will be or is treated. This may either be the same as the specialty function recorded as the consultant's main specialty or a different specialty function which will be the consultant's interest specialty function. Note that both the main specialty function and the interest specialty function should be based on one of the Royal College specialties.

For RTT PTL data set not all Treatment Function Codes are applicable, therefore please refer to the Welsh Government RTT guidance for the complete list.

For the Welsh Emergency Care Data Set (WECDS):

This is the Treatment Function Code of the service to which a patient is to be admitted following an attendance at an Urgent and Emergency Care service.

For Referral to Treatment Times (RTT) (Combined):

Diagnostic Services

- For pre-consultant referrals to a diagnostic service specified in the table below, a 'pseudo' Treatment Function Code of 998 (Diagnostic Services) should be used.
- Following a consultant referral, the wait for a patient referred to any diagnostic service should be captured using the Treatment Function Code of the referring specialty.

Allied Health Professional (AHP) Services

- For pre-consultant referrals to an Allied Health Professional (AHP) service specified in the table below, a 'pseudo' Treatment Function Codes of 999 (Allied Health Professional Services) should be used.
- Following a consultant referral:
 - Should clinical responsibility remain with the referring consultant, the Treatment Function Code should be that of the referring specialty.
 - Should clinical responsibility for patient care transfer to an AHP service specified in the table below a Treatment Function Code of 999 should be used.

Consultant Referrals

- For consultant referrals, a 'pseudo' Treatment Function Code should not be used.
- As per current RTT rules, the Treatment Function Codes above are not to be used for the reporting of Mental Health and Learning Disabilities Referral to Treatment Times.

Diagnostic & Allied Health Professional (AHP) Services

| Service | Service Sub Heading | Diagnostic or Allied Health Professional (AHP) Service |
|-----------------------------------|--|--|
| Audiology (Adult Hearing Aids) | Consultant GP | Diagnostic Service |
| Cardiology | Stress Test Echo Cardiogram | Diagnostic Service |
| Diagnostic Endoscopy | Gastroscopy Flexible Sigmoidoscopy Colonoscopy Cystoscopy Bronchoscopy | Diagnostic Service |
| Dietetics | Adults Paediatrics | AHP Service |
| Imaging | Fluoroscopy | |
| Neurophysiology | Electromyography Nerve conduction studies | Diagnostic Service |
| Occupational Therapy | Adults Paediatrics | AHP Service |
| Physiological measurement | Urodynamic tests Vascular technology | Diagnostic Service |
| Physiotherapy | Adults Paediatrics | AHP Service |
| Podiatry | Urgent Routine | AHP Service |
| Radiology – GP Referral | Barium Enema C.T. M.R. | Diagnostic Service |

| | | |
|---------------------------------|--|--------------------|
| Radiology – Consultant Referral | Non-Obstetric Ultrasound Nuclear Medicine | Diagnostic Service |
| Speech & Language | Adults Paediatrics | AHP Service |

Format: 3 digit numeric

| Code | Treatment Function Title | Valid From | Comments |
|-----------------------------|--|------------------------------------|--|
| Surgical Specialties | | | |
| 100 | General Surgery Service | Pre 28 th December 1995 | Services delivering surgical activity not covered by other subspecialty areas. The majority of elective procedures, about 80 per cent, fall outside subspecialty areas. For further information, see: Royal College of Surgeons - Surgical Specialties |
| 101 | Urology Service | Pre 28 th December 1995 | Surgical services for the treatment of disorders of the urinary system and male reproductive system. This includes surgery for gender dysphoria. For further information, see: Royal College of Surgeons - Urology |
| 102 | Transplant Surgery Service | 1 st April 2015 | Services for pre- and post-operative care for major organ transplants except heart and lung. Excludes Cardiothoracic Transplantation Service - see Treatment Function Code 174, corneal grafts carried out by Ophthalmology Service - see Treatment Function Code 130 and Blood and Bone Marrow Transplantation Service - see Treatment Function Code 308. For further information, see: Royal College of Surgeons - General Surgery |
| 103 | Breast Surgery Service | 1 st April 2015 | Services which include surgical treatment for cancer, suspected neoplasms, indeterminate breast lesions, benign breast lumps, disorders of the nipple-areolar complex, cysts, and post-cancer reconstructive, revision and symmetrising surgery. Includes breast surgery for gender dysphoria. Excludes cosmetic surgery. For further information, see: Association of Breast Surgery |
| 104 | Colorectal Surgery Service | 1 st April 2015 | Services for the surgical treatment of disorders of the lower intestine (colon, anus, and rectum) |
| 105 | Hepatobiliary and Pancreatic Surgery Service | 1 st April 2015 | Specialist surgical services for hepatobiliary and pancreatic (HPB) disorders. To be used by recognised specialist units and associated outreach services only. Excludes Transplant Surgery Service - see Treatment Function Code 102. |
| 106 | Upper Gastrointestinal Surgery Service | 1 st April 2015 | Services for surgical treatment of disorders of the upper parts of the gastrointestinal tract. For further information, see: Royal College of Surgeons - General Surgery |
| 107 | Vascular Surgery Service | 1 st April 2015 | Services for surgical treatment of diseases of the vascular system. For further information, see Royal College of Surgeons - Vascular Surgery |

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| 108 | Spinal Surgery Service | 1 st April 2015 | Surgery concentrating on specialised and complex treatment of issues of the back and spine. To be used by recognised specialist units and associated outreach services only. Excludes Trauma and Orthopaedic Service - see Treatment Function Code 110, Orthopaedic Service - see Treatment Function Code 111, Trauma Surgery Service - see Treatment Function Code 115 and Spinal Injuries Service - see Treatment Function Code 323. For further information, see: British Association of Spine Surgeons |
| 109 | Bariatric Surgery Service | 24 th January 2022 | Services assessing, managing, and treating obesity, and specifically consideration of bariatric (weight loss) surgery. It includes patients who are obese and have, or are at risk of, other medical conditions. It does not cover preventing a person from becoming overweight or obese, or lifestyle weight management programmes for a person who is overweight or obese. For further information, see: National Institute for Health and Care Excellence - Obesity |
| 110 | Trauma and Orthopaedic Service | Pre 28 th December 1995 | Services to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves, and muscles. Excludes Orthopaedic Surgery Service – Treatment Function Code 111 and Spinal Surgery Service- see Treatment Function Code 108. For major trauma centres use Trauma Surgery Service - see Treatment Function Code 115. For further information, see: Royal College of Surgeons - Major Trauma Surgery and Royal College of Surgeons - Orthopaedic Surgery |
| 111 | Orthopaedic Service | 24 th January 2022 | Services for the elective or planned surgical assessment or treatment of the musculoskeletal system. Excludes Trauma Surgery Service - see Treatment Function Code 115. Where there is no dedicated Orthopaedic Service use Trauma and Orthopaedic Service – see Treatment Function Code 110. For further information, see: Royal College of Surgeons - Orthopaedic Surgery |
| 113 | Endocrine Surgery Service | 24 th January 2022 | Services for the surgical treatment of diseases of the thyroid and/or other endocrine glands. For further information, see: Royal College of Surgeons - General Surgery |
| 115 | Trauma Surgery Service | 24 th January 2022 | Major trauma specialist services at a designated unit, with the specific exclusion of Spinal Surgery Service – see Treatment Function Code 108. Excludes elective or planned Orthopaedic Surgery Service - see Treatment Function Code 111. Where there is no major trauma centre use Trauma and Orthopaedics Service - see Treatment Function Code 110. For further information, see: Royal College of Surgeons - Major Trauma Surgery |
| 120 | Ear Nose and Throat Service | Pre 28 th December 1995 | Formerly known as ENT. Surgical services for the assessment, diagnosis, management and treatment of ear, nose and/or throat issues. Excludes Audiology Service - see Treatment Function Code 840. For further information, see: Royal College of Surgeons - Ear, Nose & Throat (ENT). |
| 130 | Ophthalmology Service | Pre 28 th December 1995 | The surgical treatment of disorders and diseases of the eye. Excludes Medical Ophthalmology Service – see Treatment Function Code 460 and Ophthalmic and Vision Science Service - see Treatment Function Code 461. For further information, see: Royal College of Ophthalmologists. |

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| 140 | Oral Surgery Service | Pre 28 th December 1995 | Services for the diagnosis and surgical treatment of diseases, injuries, and defects of hard and soft tissues of the mouth. Excludes departments delivering a service where oral surgery and maxillofacial services are mixed (i.e., an outpatient clinic accepting oral surgery and maxillofacial surgery patients) - see Treatment Function Code 145. For further information, see: British Association of Oral Surgeons Specialty Training Curriculum - Oral Surgery |
| 141 | Restorative Dentistry Service | Pre 28 th December 1995 | Services providing examination and treatment of diseases of the oral cavity, the teeth, and their supporting structures. Restorative Dentistry includes the dental specialties of Endodontics, Periodontics and Prosthodontics (including implantology), and its foundation is based upon how these interact in the management of cases requiring multifaceted care. For further information, see: British Society for Restorative Dentistry |
| 143 | Orthodontic Service | Pre 28 th December 1995 | Services for the treatment of malocclusions (improper bites). Orthodontic treatment can focus on dental displacement only or can deal with the control and modification of facial growth. For further information, see British Orthodontic Society |
| 144 | Maxillofacial Surgery Service | 1 st April 2016 | Professional recommendation is to use Oral and Maxillofacial Surgery Service where this service is combined with oral surgery - see Treatment Function Code 145. Alternatively, for oral surgery services only see Treatment Function Code 140. This code has been retained for existing services which only provide maxillofacial surgery. |
| 145 | Oral and Maxillofacial Surgery Service | 24 th January 2022 | Combined services providing diagnosis and surgical treatment of diseases, injuries and defects involving hard and soft tissues of the mouth, jaws, and neck. These services may have formerly been categorised as Treatment Function Code 140 (Oral Surgery Service) or Treatment Function Code 144 (Maxillofacial Surgery Service). For further information, see: British Association of Oral & Maxillofacial Surgeons |
| 150 | Neurosurgical Service | Pre 28 th December 1995 | Surgical services for the treatment of disorders of the nervous system including the including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system. Excludes Spinal Surgery Service - see Treatment Function Code 108. For major trauma centres use Trauma Surgery Service - see Treatment Function Code 115. For further information, see: Royal College of Surgeons - Neurosurgery |
| 160 | Plastic Surgery Service | Pre 28 th December 1995 | Services to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns. For care given within specialist burn services, use Burns Care Service - see Treatment Function Code 161. Excludes breast surgery for gender dysphoria, use Breast Surgery Service - see Treatment Function Code 103. For further information, see: Royal College of Surgeons - Plastic and Reconstructive |
| 161 | Burns Care Service | 1 st April 2016 | Services for the surgical and non-surgical treatment of burns within recognised specialist burns units and associated outreach services only. For further information, see: British Burn Association |

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| 170 | Cardiothoracic Surgery Service | Pre 28 th December 1995 | Services delivering surgical treatment of diseases affecting the heart and organs inside the thorax (the chest). Should only be used where there are no separate services for Cardiac Surgery and Thoracic Surgery. For further information, see: Royal College of Surgeons - Cardiothoracic Surgery |
| 172 | Cardiac Surgery Service | 1 st April 2016 | Services delivering surgical treatment of diseases affecting the heart. Procedures are often lengthy and complex, requiring support from advanced forms of technology during surgery. For further information, see: Royal College of Surgeons - Cardiothoracic Surgery |
| 173 | Thoracic Surgery Service | 1 st April 2016 | Services providing surgical treatment of diseases affecting organs inside the thorax (the chest). Generally, treatment of conditions of the lungs, chest wall, and diaphragm. Predominantly this is surgical treatment of malignant disease or its effects. For further information, see: Royal College of Surgeons - Cardiothoracic Surgery |
| 174 | Cardiothoracic Transplantation Service | 1 st April 2016 | Services for pre- and post-operative care for heart and lung transplants. To be used by recognised specialist units and associated outreach services only. For further information, see: Royal College of Surgeons - Cardiothoracic Surgery |

Other Children's Specialist Services – The Paediatric TREATMENT FUNCTION CODES represent CLINICS OR FACILITIES intended to provide dedicated SERVICES to children with appropriate facilities and support staff, i.e., they are designed for children only. If a CLINIC OR FACILITY provides this but also treats adult PATIENTS as part of the SERVICE, then a Paediatric TREATMENT FUNCTION CODE may not be appropriate. The age of the PATIENT attending does not initiate a change to the TREATMENT FUNCTION CODE for the ACTIVITY.

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|------------------|---|------------------------------------|---|
| 142 ¹ | Paediatric Dentistry Service | Pre 28 th December 1995 | Dedicated children's services for dentistry with appropriate facilities and support staff. For further information, see: The British Society of Paediatric Dentistry |
| 171 ¹ | Paediatric Surgery Service | Pre 28 th December 1995 | Dedicated children's services for general surgery. For further information, see: Royal College of Surgeons - Paediatric Surgery |
| 211 | Paediatric Urology Service | 1 st April 2016 | Dedicated children's services for surgical treatment of disorders of the urinary system and male reproductive system. For further information, see: British Association of Paediatric Surgeons - Urology |
| 212 | Paediatric Transplantation Surgery Service | 1 st April 2016 | Dedicated children's services for pre- and post-operative care for major organ transplants except heart and lung. Excludes Paediatric Cardiac Surgery Service - see Treatment Function Code 221, Paediatric Thoracic Surgery Service - see Treatment Function Code 222, corneal grafts carried out by Paediatric Ophthalmology Service - see Treatment Function Code 216 and Blood and Bone Marrow Transplantation Service - see Treatment Function Code 308. For further information, see: Royal College of Surgeons - General Surgery |
| 213 | Paediatric Gastrointestinal Surgery Service | 1 st April 2016 | Dedicated children's services for surgical treatment of disorders of the gastrointestinal tract. For further information, see: British Association of Paediatric Surgeons - Gastrointestinal |
| 214 | Paediatric Trauma and Orthopaedic Service | 1 st April 2016 | Dedicated children's services to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves, and muscles. Excludes Trauma Surgery Service - see Treatment Function Code 115 and Spinal Surgery Service - see Treatment Function Code 108. For further information, see: British Society for Children's Orthopaedic Surgery (BSCOS) |

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| 215 | Paediatric Ear Nose and Throat Service | 1 st April 2016 | Dedicated children's surgical services for the assessment, diagnosis, management and treatment of ear, nose and/or throat issues. Excludes Audiology Service - see Treatment Function Code 840. For further information, see: British Association for Paediatric Otolaryngology |
| 216 | Paediatric Ophthalmology Service | 1 st April 2016 | Dedicated children's services for the surgical treatment of disorders and diseases of the eye. For further information, see: British & Irish Paediatric Ophthalmology and Strabismus Association |
| 217 | Paediatric Oral and Maxillofacial Surgery Service | 1 st April 2016 | Dedicated children's services providing diagnosis and surgical treatment of diseases, injuries and defects involving hard and soft tissues of the mouth, jaws, and neck. Excludes Paediatric Dentistry Services - see Treatment Function Code 142. For further information, see: British Association of Oral & Maxillofacial Surgeons |
| 218 | Paediatric Neurosurgery Service | 1 st April 2016 | Dedicated children's services for the surgical treatment of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system. For further information, see: Royal College of Surgeons - Neurosurgery |
| 219 | Paediatric Plastic Surgery Service | 1 st April 2016 | Dedicated children's services for correction or to restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns. For care given within specialist paediatric burn services, use Paediatric Burns Care Service - see Treatment Function Code 220. |
| 220 | Paediatric Burns Care Service | 1 st April 2016 | Dedicated children's services for the surgical and non-surgical treatment of burns within recognised specialist burns units and associated outreach services only. For further information, see: British Burn Association |
| 221 | Paediatric Cardiac Surgery Service | 1 st April 2016 | Dedicated children's services for the surgical treatment of the heart or great vessels. |
| 222 | Paediatric Thoracic Surgery Service | 1 st April 2016 | Dedicated children's services for the surgical treatment of diseases affecting organs inside the thorax (the chest). Generally, treatment of conditions of the lungs, chest wall, and diaphragm. For further information, see: British Association of Paediatric Surgeons - Thoracic |
| 223 | Paediatric Epilepsy Service | 1 st April 2016 | Dedicated children's services by consultant paediatrician with expertise in epilepsy supported by specialist staff. For further information, see: Royal College of Paediatrics and Child Health - Epilepsy |
| 230 | Paediatric Clinical Pharmacology Service | 24 th January 2022 | Dedicated children's services providing advice and support locally and nationally regarding the introduction of new medicines, adverse drug reactions, poisoning and toxicity, and prescribing policies. For further information, see: Royal College of Paediatrics and Child Health - Drugs and medicines |
| 240 | Paediatric Palliative Medicine Service | 24 th January 2022 | Dedicated children's services improving the quality of life of patients and their families facing the problems associated with life-limiting illness. Prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. For further information, see: Royal College of Paediatrics and Child Health - Palliative care |

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| 241 | Paediatric Pain Management Service | 1 st April 2016 | Dedicated children's services for complex pain disorders requiring diagnosis and treatment by a specialist Multidisciplinary Team. For further information, see: Royal College of Paediatrics and Child Health - Pain management |
| 242 | Paediatric Intensive Care Service | 1 st April 2016 | Dedicated children's services only to be used by designated Paediatric Intensive Care Units. For further information, see: Royal College of Paediatrics and Child Health - Intensive care medicine |
| 250 | Paediatric Hepatology Service | 24 th January 2022 | Dedicated children's services for the treatment of disease of the liver. For further information, see: Royal College of Paediatrics and Child Health - Hepatology |
| 251 | Paediatric Gastroenterology Service | 1 st April 2016 | Dedicated children's services for the treatment of disorders of the digestive system. For further information, see: Royal College of Paediatrics and Child Health - Gastroenterology |
| 252 | Paediatric Endocrinology Service | 1 st April 2016 | Dedicated children's services for the treatment of disorders of the endocrine system. Excludes Paediatric Diabetes Service - see Treatment Function Code 263. For further information, see: British Society for Paediatric Endocrinology and Diabetes |
| 253 | Paediatric Clinical Haematology Service | 1 st April 2016 | Dedicated children's services contributing to the diagnosis and management of diseases of the blood and bone marrow. May be consultative in other specialties including intensive care. Excludes Anticoagulant Service - see Treatment Function Code 324. |
| 254 | Paediatric Audio Vestibular Medicine Service | 1 st April 2016 | Dedicated children's services for the investigation, diagnosis, and management of patients with disorders of balance, hearing, tinnitus, and auditory communication. Excludes Audiology Service - see Treatment Function Code 840. For further information, see: British Association of Paediatricians in Audiology |
| 255 | Paediatric Clinical Immunology and Allergy Service | 1 st April 2016 | Dedicated children's services for the treatment of disorders of the immune system and allergic disease. For further information, see: Royal College of Paediatrics and Child Health - Paediatric allergy, immunology, and infectious diseases - sub-specialty |
| 256 | Paediatric Infectious Diseases Service | 1 st April 2016 | Dedicated children's services for the diagnosis and treatment of contagious or communicable diseases. For further information, see: Royal College of Paediatrics and Child Health - Paediatric allergy, immunology, and infectious diseases - sub-specialty |
| 257 | Paediatric Dermatology Service | 1 st April 2016 | Dedicated children's services for the treatment of diseases of the skin. For further information, see: The British Society for Paediatric Dermatology (BSPD) |
| 258 | Paediatric Respiratory Medicine Service | 1 st April 2016 | Dedicated children's services for the diagnosis and treatment of respiratory conditions. Also known as Thoracic Medicine and Pulmonary Medicine. For further information, see: Royal College of Paediatrics and Child Health - Paediatric respiratory medicine - sub-specialty |
| 259 | Paediatric Nephrology Service | 1 st April 2016 | Dedicated children's services for the diagnosis and treatment of kidney conditions and abnormalities. Also known as Renal Medicine. For further information, see: Royal College of Paediatrics and Child Health - Nephrology |

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| 260 | Paediatric Medical Oncology Service | 1 st April 2016 | Dedicated children's services for the diagnosis and treatment, typically with Chemotherapy, of patients with cancer. For further information, see: Royal College of Paediatrics and Child Health - Oncology |
| 261 | Paediatric Inherited Metabolic Medicine Service | 1 st April 2016 | Formerly known as Paediatric Metabolic Disease. Dedicated children's services for the diagnosis and management of inherited metabolic conditions utilising biochemistry and metabolic characteristics requiring the expertise of both the physician and chemical pathologist. For further information, see: Royal College of Paediatrics and Child Health - Inherited metabolic medicine |
| 262 | Paediatric Rheumatology Service | 1 st April 2016 | Dedicated children's services incorporating the investigation, multidisciplinary holistic management, and rehabilitation of patients with a wide spectrum of disorders of the musculoskeletal system encompassing the locomotor apparatus, bone and connective tissues and blood vessels. For further information, see: Royal College of Paediatrics and Child Health - Rheumatology |
| 263 | Paediatric Diabetes Service | 1 st April 2016 | Formerly known as Paediatric Diabetes Medicine. Dedicated children's services for the diagnosis, treatment, and support of patients with diabetes. For further information, see: Royal College of Paediatrics and Child Health - Diabetes |
| 264 | Paediatric Cystic Fibrosis Service | 1 st April 2016 | Dedicated multidisciplinary children's services concerned with the diagnosis, assessment, and management of patients with cystic fibrosis. This Treatment Function Code should be used by recognised specialist centres only. |
| 270 | Paediatric Emergency Medicine Service | 24 th January 2022 | Dedicated children's services to care for patients with urgent problems delivered as part of an Accident and Emergency Attendance . Excludes Trauma Surgery Service - see Treatment Function Code 115. For further information, see: Royal College of Paediatrics and Child Health - Emergency Medicine |
| 280 | Paediatric Interventional Radiology Service | 1 st April 2016 | Dedicated children's services for the diagnosis and treatment of diseases utilising minimally invasive image-guided procedures. Not to be used for Diagnostic Imaging - see Treatment Function Code 812. For further information, see: British Society of Interventional Radiology - What is Interventional Radiology |
| 290 | Community Paediatric Service | 1 st April 2016 | Services providing assessment and care to vulnerable children, including those with developmental disorders and disabilities, complex behavioural presentations, and those at risk of abuse or are being abused. Excludes Paediatric Neurodisability Service - see Treatment Function Code 291. For further information, see: Royal College of Paediatrics and Child Health - Community child health - sub-specialty |
| 291 | Paediatric Neurodisability Service | 1 st April 2016 | Dedicated Children's services for the diagnosis and treatment of Cerebral Palsy and non-progressive handicapping neurological conditions, with or without Learning Disability / Intellectual Disability. For further information, see: Royal College of Paediatrics and Child Health - Neurodisability |
| 321 ¹ | Paediatric Cardiology Service | 1 st April 2016 | Dedicated children's services for diseases and abnormalities of the heart. Excludes Congenital Heart Disease Service - see Treatment Function Code 331. For further information, see: Joint Royal Colleges of Physicians Training Board - Paediatric Cardiology |

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|------------------|------------------------------|------------------------------------|--|
| 421 ¹ | Paediatric Neurology Service | Pre 28 th December 1995 | Dedicated children's services for diagnosis, management and medical treatment of conditions and diseases of the central nervous system, with appropriate facilities and support staff. Excludes Paediatric Epilepsy Service - see Treatment Function Code 223. For further information, see: Royal College of Paediatrics and Child Health - Neurology |
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Medical Specialties

| | | | |
|------------------|-------------------------------------|------------------------------------|--|
| 180 ¹ | Emergency Medicine Service | Pre 28 th December 1995 | Formerly known as Accident & Emergency. Services to care for patients with urgent problems delivered as part of an Accident and Emergency Attendance or admission at an Accident and Emergency Department. Excludes Trauma Surgery Service - see Treatment Function Code 115. For further information, see: The Royal College of Emergency Medicine |
| 190 | Anaesthetic Service | Pre 28 th December 1995 | Services for patients being assessed for anaesthesia, as well as the provision of sedation and anaesthesia for patients undergoing interventional radiology and radiotherapy. This can be used in outpatients only. Pain Management Service should be recorded in Treatment Function Code 191. Intensive Care Medicine Service should be recorded in Treatment Function Code 192. For further information, see: Royal college of Anaesthetists - Anaesthetists |
| 191 ¹ | Pain Management Service | Pre 28 th December 1995 | Services for complex pain disorders requiring diagnosis and treatment by a specialist Multi-disciplinary Team. |
| 192 | Intensive Care Medicine Service | 1 st April 2016 | Formerly known as Critical Care Medicine. Services using a body of specialist knowledge and practice concerned with the treatment of patients, with, at risk of, or recovering from potentially life-threatening failure of one or more of the body's organ systems. It includes the provision of organ system support, the investigation, diagnosis, and treatment of acute illness, systems management and patient safety, ethics, end-of-life care, and the support of families. For further information, see: Faculty of Intensive Care Medicine |
| 200 | Aviation and Space Medicine Service | 24 th January 2022 | Also known as Aerospace Medicine Services. Aviation and Space Medicine services study all factors affecting the person in flight. This may include pre-flight preparation and checks as well as inflight care to minimise the potentially harmful effects of their abnormal environment. For further information, see: Royal College of Physicians - Aviation and Space Medicine |
| 300 | General Internal Medicine Service | Pre 28 th December 1995 | Formerly known as General Medicine. Services include adults admitted as emergencies with acute medical problems, including multiple disorders. Patients with problems that are not clearly within the remit of a particular medical specialty are referred for the opinion of a general physician. For further information, see: Joint Royal Colleges of Physicians Training Board - General Internal Medicine (GIM) |
| 301 | Gastroenterology Service | Pre 28 th December 1995 | Screening, diagnostic, and therapeutic endoscopy services including upper and lower gastrointestinal (GI) endoscopy and hepatobiliary endoscopy. Excludes Hepatology Service - see Treatment Function Code 306. |
| 302 | Endocrinology Service | Pre 28 th December 1995 | The treatment of disorders of the endocrine system, excluding specific Diabetes Services - see Treatment Function Code 307. For further information, see: Joint Royal Colleges of Physicians Training Board - Endocrinology and Diabetes Mellitus |

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| 303 | Clinical Haematology Service | Pre 28 th December 1995 | Services contributing to the diagnosis and management of diseases of the blood and bone marrow. May be consultative in other specialties including intensive care. Excludes Anticoagulant Service - see Treatment Function Code 324. For further information, see: Joint Royal Colleges of Physicians Training Board - Haematology |
| 304 | Clinical Physiology Service | Pre 28 th December 1995 | Physiological measurement. Excludes Clinical Neurophysiology Service - see Treatment Function Code 401, Audiology Service - see Treatment Function Code 840, Respiratory Physiology Service - see Treatment Function Code 341, Cardiac Physiology Service - see Treatment Function Code 675, Gastrointestinal Physiology Service - see Treatment Function Code 677, Urological Physiology Service - see Treatment Function Code 670, Vascular Physiology Service - see Treatment Function Code 673 and Ophthalmic and Vision Science - see Treatment Function Code 461. For further information, see: The Registration Council for Clinical Physiologists |
| 305 | Clinical Pharmacology Service | Pre 28 th December 1995 | Services undertaking and interpreting clinical investigations including clinical trials; optimising the therapeutic use of drugs; detection and analysis of adverse drug effects; contribution to medicines evaluation and management of poisoning. For further information, see: Joint Royal Colleges of Physicians Training Board - Clinical Pharmacology and Therapeutics (CPT) |
| 306 | Hepatology Service | 1 st April 2016 | Medical services for the diagnosis and treatment of liver disease. Also known as liver medicine. For hepatobiliary endoscopy, use Gastroenterology Service - see Treatment Function Code 301 |
| 307 | Diabetes Service | 1 st April 2016 | Formerly known as Diabetes Medicine. Services to diagnose, treat and support Patients with diabetes. For further information, see: Joint Royal Colleges of Physicians Training Board - Endocrinology and Diabetes Mellitus |
| 308 | Blood and Marrow Transplantation Service | 1 st April 2016 | Services recognised as specialist units and associated outreach services only. Includes pre- and post-operative specialised services for autologous, allogeneic, or syngeneic Blood and Marrow Transplantation. For further information, see: British Society of Blood and Marrow Transplantation |
| 309 | Haemophilia Service | 1 st April 2016 | Specialist services for the diagnosis, treatment, and management of haemophilia. |
| 310 | Audio Vestibular Medicine Service | Pre 28 th December 1995 | Formerly known as Audiological Medicine. Services concerned with the diagnosis and management of hearing and balance disorders, for example tinnitus, dysacusis and communication disorders. Rehabilitative/habilitative care is delivered by Multidisciplinary Teams and is aimed at improving the well-being and quality of life of the patient concerned. Excludes Audiology Service - see Treatment Function Code 840. For further information, see: Joint Royal College of Physicians Training Board - Audio vestibular Medicine |
| 311 | Clinical Genetics Service | Pre 28 th December 1995 | Services for the diagnosis and management of genetic disorders affecting individuals and their families. For further information, see: Clinical Genetics |

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| 313 | Clinical Immunology and Allergy Service | Pre 28 th December 1995 | Services for the diagnosis and management of patients with diseases resulting from disordered immunological mechanisms, and allergic disease (abnormal immune responses to external substances). Should only be used where there are no separate services for Clinical Immunology and Allergy. For separate services - See Clinical Immunology Service – Treatment Function Code 316 and Allergy Service - Treatment Function Code 317. For further information, see: Welcome to the British Society for Allergy & Clinical Immunology (BSACI) |
| 314 | Rehabilitation Medicine Service | Pre 28 th December 1995 | Formerly known as Rehabilitation Service. Services for the prevention, diagnosis, treatment, and rehabilitation management of disabling conditions. Rehabilitation medicine is broadly divided into neurological rehabilitation, spinal cord injury, limb loss and prosthetics and/or musculoskeletal rehabilitation. Excludes Mental Health Recovery and Rehabilitation Service - see Treatment Function Code 725, Cardiac Rehabilitation Service - see Treatment Function Code 327, Pulmonary Rehabilitation Service - see Treatment Function Code 342, Orthotics Service - See Treatment Function Code 658 or Prosthetics Service - see Treatment Function Code 657. For further information, see: Joint Royal Colleges of Physicians Training Board - Rehabilitation medicine |
| 315 | Palliative Medicine Service | Pre 28 th December 1995 | Services improving the quality of life of patients and their families facing the problems associated with life-limiting illness and end of life care. Prevention and relief of suffering by means of early identification, assessment and treatment of pain and other physical, psychosocial, and spiritual problems. For further information, see: Joint Royal College of Physicians - Specialty spotlight - palliative medicine |
| 316 | Clinical Immunology Service | 1 st April 2016 | Services for the diagnosis and management of patients with diseases resulting from disordered immunological mechanisms, and conditions in which immunological manipulations form an important part of therapy. Allergy services should be recorded against Allergy Service - see Treatment Function Code 317. For further information, see: Joint Royal College of Physicians Training Board - Immunology |
| 317 | Allergy Service | 1 st April 2016 | Services for the diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions. For further information, see: Joint Royal College of Physicians Training Board - Allergy |
| 318 | Intermediate Care Service | 1 st April 2016 | Services encompassing a range of multidisciplinary approaches, designed to safeguard independence by maximising rehabilitation and recovery after illness or injury. For further information, see: National Institute for Health and Care Excellence - Understanding intermediate care, including reablement |
| 319 | Respite Care Service | 1 st April 2016 | Services providing temporary care of a dependant person, providing relief for their usual caregivers |
| 320 | Cardiology Service | Pre 28 th December 1995 | Services for patients with heart disease covering a wide range of clinical activities. Management can involve interventional treatment, cardiac imaging, preventative, and therapeutic options. This includes both diagnostic and interventional procedures in the cardiac catheterisation laboratory. For further information, see: Royal College of Physicians - Cardiology |

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| 322 | Clinical Microbiology Service | 1 st April 2016 | Services for the diagnosis, management, and treatment of patients with diseases caused by bacteria, viruses, fungi, and parasites. |
| 323 | Spinal Injuries Service | 1 st April 2016 | Services for non-surgical management of issues of the back and spine. To be used by recognised specialist units and associated outreach services only. Excludes Spinal Surgery Service - see Treatment Function Code 108 |
| 324 | Anticoagulant Service | 1 st April 2016 | Services providing the monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in outpatients only. |
| 325 | Sport and Exercise Medicine Service | 1 st April 2016 | Specific services providing diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment. Excludes Trauma and Orthopaedic Service - see Treatment Function Code 110, Orthopaedic Surgery Service - see Treatment Function Code 111, and Trauma Surgery Service - see Treatment Function Code 115. For further information, see: Joint Royal Colleges of Physicians Training Board - Sport and Exercise Medicine |
| 326 | Acute Internal Medicine Service | 24 th January 2022 | Services concerned with the assessment, diagnosis and management of adults presenting to secondary care with acute medical illness. For further information, see: Acute Internal Medicine |
| 327 | Cardiac Rehabilitation Service | 1 st April 2016 | Services for patients recovering from heart-related conditions such as heart attacks or procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health |
| 328 | Stroke Medicine Service | 1 st April 2016 | Services for diagnosis, investigation, treatment, and care of stroke patients. Excludes outpatients for Transient Ischaemic Attack Service - see Treatment Function Code 329. For further information, see: Joint Royal Colleges of Physicians Training Board - Stroke Medicine (sub-specialty) |
| 329 | Transient Ischaemic Attack Service | 1 st April 2016 | A multidisciplinary outpatient service for rapid diagnosis and treatment of patients presenting with suspected Transient Ischaemic Attack and mini strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke. For further information, see: National Institute for Health and Care Excellence - Stroke and transient ischaemic attack |
| 330 | Dermatology Service | Pre 28 th December 1995 | Services for the treatment of diseases of the skin. For further information, see: Joint Royal Colleges of Physicians Training Board - Dermatology |
| 331 | Congenital Heart Disease Service | 1 st April 2016 | The management and treatment of congenital heart disease, this includes the ongoing care of children into adulthood. For further information, see: Joint Royal Colleges of Physicians Training Board - Paediatric cardiology |
| 333 | Rare Disease Service | 24 th January 2022 | Services for rare diseases, many of which are present at birth and are either caused by a genetic problem or deficiencies or exposures to substances around the time of conception or during pregnancy. This Treatment Function Code should be used by designated specialist centres only. For further information, see: National Congenital Anomaly and Rare Disease Registration Service |

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| 335 | Inherited Metabolic Medicine Service | 24 th January 2022 | Services for the diagnosis and management of inherited metabolic conditions utilising biochemistry and metabolic characteristics requiring the expertise of both the physician and chemical pathologist. For further information, see: Joint Royal Colleges of Physicians Training Board - Metabolic Medicine |
| 340 | Respiratory Medicine Service | Pre 28 th December 1995 | Respiratory Medicine is also known as Thoracic Medicine and Pulmonary Medicine. Services for the investigation, diagnosis, management, and treatment of patients with respiratory complaints. Excludes acute respiratory failure and adult respiratory distress syndrome (ARDS) - see Intensive Care Medicine Service Treatment Function Code 192 and Respiratory Physiology Service - see Treatment Function Code 341. For further information, see: Joint Royal Colleges of Physicians Training Board - Respiratory Medicine |
| 341 | Respiratory Physiology Service | 1 st April 2016 | Services for the physiological measurement of the function of the respiratory system. Excludes Sleep Medicine Service - see Treatment Function Code 347. For further information, see: Association for Respiratory Technology & Physiology |
| 342 | Pulmonary Rehabilitation Service | 1 st April 2016 | Formerly known as Programmed Pulmonary Rehabilitation. A multidisciplinary programme of care for patients with chronic respiratory impairment. |
| 343 | Adult Cystic Fibrosis Service | 1 st April 2016 | Multidisciplinary service concerned with the diagnosis, assessment, and management of patients with cystic fibrosis. This Treatment Function Code should be used by designated specialist centres only. |
| 347 | Sleep Medicine Service | 24 th January 2022 | Services providing diagnosis and management of sleep disorders including parasomnias, excessive daytime sleepiness, and sleep apnoea. For further information, see: Royal Society of Medicine - Sleep Medicine Section |
| 348 | Post-COVID-19 Syndrome Service | 24 th January 2022 | Multidisciplinary services for patients experiencing long-term health effects following COVID-19 infection, whether or not this was diagnosed at the time of acute illness or the patient was initially asymptomatic. Post-COVID-19 syndrome has also been known as 'long COVID'. For further information, see: National Institute for Health and Care Excellence - COVID-19 guideline: management of the long-term effects of COVID-19. |
| 350 | Infectious Diseases Service | Pre 28 th December 1995 | Services for the diagnosis, management, and treatment of infectious diseases. Excludes Tropical Medicine Service - see Treatment Function Code 352. For further information, see: Joint Royal Colleges of Physicians Training Board - Infectious Diseases |
| 352 | Tropical Medicine Service | 1 st April 2016 | Services for the diagnosis, management and treatment of diseases that are found most often in tropical or sub-tropical regions. This Treatment Function Code should be used by designated specialist centres only. Excludes Infectious Diseases Service - see Treatment Function Code 350. For further information, see: Joint Royal Colleges of Physicians Training Board - Infectious Diseases and Tropical Medicine |
| 360 | Genitourinary Medicine Service | Pre 28 th December 1995 | Services for the investigation and management of sexually transmitted infections and HIV. For further information, see: Joint Royal Colleges of Physicians Training Board - Genitourinary Medicine (GUM) |

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| 361 | Renal Medicine Service | Pre 28 th December 1995 | Formerly known as Nephrology. Services for patients with acute renal failure and chronic kidney disease requiring long term care with the help of a Multidisciplinary Team. Most general medical problems in patients with kidney disease are managed by the Renal Medicine Service. Excludes acute renal replacement therapy in the critical care setting, see Intensive Care Medicine Service – Treatment Function Code 192. For further information, see: Joint Royal Colleges of Physicians Training Board – Renal Medicine |
| 370 | Medical Oncology Service | Pre 28 th December 1995 | Services for the specialised assessment and management of patients with cancer using chemotherapy. Includes treatment option discussions with patients, supervision of therapy and management of any complications of disease and/or treatment that may arise. For further information, see: Joint Royal Colleges of Physicians Training Board – Medical Oncology |
| 371 | Nuclear Medicine Service | Pre 28 th December 1995 | Services responsible for administration of unsealed radioactive substances to patients for the purposes of diagnosis, therapy, or research. For further information, see: Joint Royal Colleges of Physicians Training Board – Nuclear Medicine |
| 400 | Neurology Service | Pre 28 th December 1995 | Services for the diagnosis, management, and medical treatment of neurological conditions. Excludes Stroke Medicine Service – Treatment Function Code 328, outpatients for Transient Ischaemic Attack Service – see Treatment Function Code 329. For further information, see: Joint Royal Colleges of Physicians Training Board – Neurology |
| 401 | Clinical Neurophysiology Service | Pre 28 th December 1995 | Primarily diagnostic service concerned with recording electrical activity from the nervous system to aid diagnosis, classification, and management of neurological disease. Includes Electroencephalogram (EEG) and Electromyography (EMG). For further information, see: Joint Royal College of Physicians – Clinical Neurophysiology |
| 410 | Rheumatology Service | Pre 28 th December 1995 | Services incorporating the investigation, holistic management, and rehabilitation of patients with a wide spectrum of disorders of the musculoskeletal system encompassing the locomotor apparatus, bone and connective tissues and blood vessels. For further information, see: Joint Royal College of Physicians – Rheumatology |
| 420 | Paediatric Service | Pre 28 th December 1995 | Dedicated children's services for the treatment of patients typically aged 0 to 18 for medical conditions, however the environments and other members of the multidisciplinary service are likely to care for surgical patients too. For further information, see: Royal College of Paediatrics and Child Health – General paediatrics – level 3 training |
| 422 | Neonatal Critical Care Service | 1 st April 2016 | Formerly known as Neonatology. Services providing care for all babies that require on-going, enhanced medical care following birth. Neonatal critical care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units. Use when Neonatal Level of Care = 1, 2 or 3. Includes Special Care Baby Units (SCBU), Local Neonatal Units (LNU) and Neonatal Intensive Care Units (NICU). Any readmission would be to Paediatric Service - see Treatment Function Code 420, or Paediatric Intensive Care Service - see Treatment Function Code 242. For further information, see: Royal College of Paediatrics and Child Health – Neonatal medicine – sub-specialty. |

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| 424 | Well Baby Service | 1 st April 2016 | Services for healthy infants born and referenced by the Maternity record who do not require any intervention other than health screening and prophylactic healthcare. General care given by the mother/substitute with healthcare education if needed. Use when Neonatal Level of Care = 0 - Normal Care: Care given by the mother/substitute with medical and neonatal nursing advice if needed. Excludes Neonatal Critical Care Service - see Treatment Function Code 422 |
| 430 | Elderly Medicine Service | Pre 28 th December 1995 | Formerly known as Geriatric Medicine. Services to treat diseases and disabilities in older adults, particularly those with multiple morbidities. There is no set age at which patients may be under the care of Geriatric Medicine, this decision should be determined by the individual patient's needs. For further information, see: Joint Royal Colleges of Physicians Training Board - Geriatric Medicine |
| 431 | Orthogeriatric Medicine Service | 24 th January 2022 | Multidisciplinary services addressing clinical and social needs in the management of patients with fragility fractures, including hip fractures. The care provided aims to be holistic and to include secondary prevention of fractures as well as acute care. For further information, see: GM - Orthogeriatrics |
| 450 | Dental Medicine Service | Pre 28 th December 1995 | Services for dental treatment carried out in a hospital setting. Includes Oral Medicine. For further information, see: British Dental Association. |
| 451 | Special Care Dentistry Service | 24 th January 2022 | Services concerned with the improvement of the oral health of patients and groups in society who have a physical, sensory, intellectual, mental, medical, emotional, or social impairment or disability or, more often, a combination of these factors. The specialty focuses on adolescents and adults only and includes the important period of transition as the adolescent moves into adulthood. For further information, see: Special Care Dentistry Association (SCDA) |
| 460 | Medical Ophthalmology Service | Pre 28 th December 1995 | Medically-led services including assessment, investigation, diagnosis, and management of inflammatory, vascular, and neurological disorders affecting vision. May include public health screening, for example diabetic retinopathy screening. For further information, see: Joint Royal Colleges of Physicians Training Board - Medical Ophthalmology |
| 461 | Ophthalmic and Vision Science Service | 24 th January 2022 | Services providing physiological measurement of the function of the eye and vision. Includes diagnostic electrophysiology of vision, imaging, and biometry. |
| 501 | Obstetrics Service | Pre 28 th December 1995 | Services managing high risk pregnancy including miscarriages and still births but specifically excluding planned terminations. Excludes Midwifery Service - see Treatment Function Code 560. For further information, see: Royal College of Obstetricians & Gynaecologists - Obstetrics and Gynaecology |
| 502 | Gynaecology Service | Pre 28 th December 1995 | Services for the diagnosis, management, and treatment of disorders of the female reproductive system. Includes planned terminations of pregnancy. For further information, see: Royal College of Obstetricians & Gynaecologists - Obstetrics and Gynaecology |
| 503 | Gynaecological Oncology Service | 1 st April 2016 | Services to treat cancers of the female reproductive system, principally involving surgical members of the Multidisciplinary Team. For further information, see: British Gynaecological Cancer Society |

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| 504 | Community Sexual and Reproductive Health Service | 24 th January 2022 | Services supporting people to have a positive and respectful approach to sexuality and sexual relationships and to have pleasurable and safe sexual experiences, free of infection, coercion, discrimination, and violence. The service also provides access to contraception and signposts Maternity Services to support pregnancy and childbirth. Excludes Genitourinary Medicine Service - see Treatment Function Code 360 and Midwifery Service - see Treatment Function Code 560. For further information, see: Faculty of Sexual and Reproductive Healthcare (FSRH) |
| 505 | Fetal Medicine Service | 24 th January 2022 | Services providing specialist care at a designated centre for the fetus or fetuses and mother. This includes assessment of fetal growth and wellbeing; the diagnosis and management of identified fetal disorders (including fetal abnormalities); prenatal fetal intervention and surgery; and counselling and support for parents. Excludes routine maternity screening activities - see Midwifery Service Treatment Function Code 560. |
| 834 ¹ | Medical Virology Service | 1 st April 2016 | Clinical services for the diagnosis and management and prevention of blood-borne and/or airborne viral infections. For further information, see: Royal College of Pathologists - Medical Virology |

Mental Health Services

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| 656 ¹ | Clinical Psychology Service | 1 st April 2016 | Mental Health Services for the assessment, management and treatment of problems including addiction, anxiety, depression, behavioural difficulties, and relationship issues. Methods of assessment include psychometric tests, interviews, and direct observation of behaviour. Assessment may lead to advice, counselling, or therapy. For further information, see: The British Psychological Society |
| 700 | Learning Disability Service | Pre 28th December 1995 | Also known as Intellectual Disability Service. Mental Health Services provided to patients with a Learning Disability. For further information, see: Royal College of Psychiatrists - Faculty of the Psychiatry of Intellectual Disability and British Institute of Learning Disabilities |
| 710 | Adult Mental Illness Service | Pre 28th December 1995 | Mental Health Services provided to adult patients for the assessment, diagnosis and treatment of mental illness and maintenance of mental health. For further information, see: Royal College of Psychiatrists - Faculty of General Adult Psychiatry |
| 711 | Child and Adolescent Psychiatry Service | Pre 28th December 1995 | Mental Health Services for children and young people with somatisation and complex presentations, behavioural challenges, eating disorders, mood disorders, anxiety, and other mental health presentations. Excludes Paediatric Neurodisability Service - see Treatment Function Code 291 and specialist Eating Disorders Service - see Treatment Function Code 720. For further information, see: Royal College of Psychiatrists - Faculty of Child and Adolescent Psychiatry |
| 712 | Forensic Psychiatry Service | Pre 28th December 1995 | Mental Health Services for the assessment, management and treatment of patients who are being held in high, medium, and low secure units or prisons. This includes prevention of further harm in the community or to the individual themselves. For further information, see: Royal College of Psychiatrists - Faculty of Forensic Psychiatry |
| 713 | Medical Psychotherapy Service | Pre 28th December 1995 | Formerly known as Psychotherapy. Multidisciplinary Mental Health Services to assess, manage and treat children and adults with mental health problems using talking therapies and other psychotherapeutic techniques. For further information, see: Faculty of Medical Psychotherapy |

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| 715 | Old Age Psychiatry Service | Pre 28th December 1995 | Mental Health Services providing the specialised assessment, treatment and continuing care for older adults suffering a range of mental illnesses, including dementia, depression, or schizophrenia. Excludes specific Dementia Assessment Service - see Treatment Function Code 727. For further information, see: Royal College of Psychiatrists - Faculty of Old Age Psychiatry |
| 720 | Eating Disorders Service | 1 st April 2016 | A specialist service for the diagnosis and treatment of eating disorders including anorexia, bulimia, and compulsive overeating. This is usually a multidisciplinary service which needs to consider both physical and mental health aspects of the patient's care. For further information, see: Royal College of Psychiatrists - Faculty of Eating Disorders Psychiatry |
| 721 | Addiction Service | 1 st April 2016 | Mental Health Services for the treatment of addictive behaviour, including substance misuse, drugs, alcohol, tobacco, and gambling. Excludes patients with both severe mental illness and problematic substance misuse, see Mental Health Dual Diagnosis Service - Treatment Function Code 726. For further information, see: Royal College of Psychiatrists - Faculty of Addictions Psychiatry |
| 722 | Liaison Psychiatry Service | 1 st April 2016 | Mental Health Services for the provision of psychiatric treatment to patients attending acute hospitals including outpatient clinics, emergency care departments and admission to wards. Deals with the interface between physical and psychological health. For further information, see: Royal College of Psychiatrists - Faculty of Liaison Psychiatry |
| 723 | Psychiatric Intensive Care Service | 1 st April 2016 | Mental Health Services provided to vulnerable individuals with severe disturbances who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings. For further information, see: Royal College of Psychiatrists - Quality Network for Psychiatric Intensive Care Units |
| 724 | Perinatal Mental Health Service | 1 st April 2016 | Formerly known as Perinatal Psychiatry. Specialist Mental Health Services for the assessment, management, and treatment of pre-existing or new mental health issues during pregnancy or after delivery. For further information, see: Royal College of Psychiatrists - Faculty of Perinatal Psychiatry |
| 725 | Mental Health Recovery and Rehabilitation Service | 1 st April 2016 | Mental Health Services provided to support recovery from mental illness that maximises the patient's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy. For further information, see: Faculty of Rehabilitation and Social Psychiatry |
| 726 | Mental Health Dual Diagnosis Service | 1 st April 2016 | Mental Health Services to provide support to patients with both severe mental illness and substance misuse problems. For further information, see: Mind: Recreational drugs and alcohol |
| 727 | Dementia Assessment Service | 1 st April 2016 | Designated Mental Health Services for the assessment of patients who have or are suspected to have dementia. Dementia complicates care giving and can occur at any stage of the illness and at any age. In addition to memory impairment, dementia may include behavioural and psychological problems. For non-specific Old Age Psychiatry Service - see Treatment Function Code 715. For further information, see: Royal College of Psychiatrists - Dementia pathway |

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| 730 | Neuropsychiatry Service | 24 th January 2022 | Mental Health Services for brain disorders and integration of psychiatry within clinical neurosciences. For further information, see: Royal College of Psychiatrists - Faculty of Neuropsychiatry |
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Other Services

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| 560 ¹ | Midwifery Service | Pre 28 th December 1995 | Services for managing for managing antenatal and perinatal care during pregnancy, and postnatal care following delivery, provided under the direct care of a Midwife. Excludes Obstetrics Service - see Treatment Function Code 501. For further information, see: Royal College of Midwives |
| 650 ¹ | Physiotherapy Service | 1 st April 2016 | Services helping patients affected by injury, illness or disability through movement and exercise, manual therapy, education, and advice to manage pain and prevent disease. To encourage development and facilitate recovery, enabling maintenance of work and independence for as long as possible. For further information, see: Chartered Society of Physiotherapy (CSP) - Physiotherapy |
| 651 ¹ | Occupational Therapy Service | 1 st April 2016 | Services using specific activities to limit the effects of disability and promote independence in all aspects of daily life |
| 652 ¹ | Speech and Language Therapy Service | 1 st April 2016 | Services providing assessment management and treatment of speech, language, communication, and swallowing issues in patients of all ages. For further information, see: Royal College of Speech & Language Therapists - Speech and language therapy |
| 653 ¹ | Podiatry Service | 1 st April 2016 | Also known as Chiropody. Services for the diagnosis and treatment of disorders, diseases, and deformities of the feet. Excludes Podiatric Surgery - see Treatment Function Code 663. For further information, see: The College of Podiatry |
| 654 ¹ | Dietetics Service | 1 st April 2016 | Services applying the science of nutrition to improve health and treat diseases/conditions by educating and giving practical, personalised advice to patients, patient proxies and other members of the Multidisciplinary Team. They advise on and help to maintain nutritional status during dietary interventions such as exclusion diets and to recommend nutritional supplements. For further information, see: British Dietetic Association |
| 655 ¹ | Orthoptics Service | 1 st April 2016 | Services providing the diagnosis and treatment of visual problems involving eye movement and alignment. For further information, see: British and Irish Orthoptic Society |
| 657 ¹ | Prosthetics Service | 1 st April 2016 | Services providing gait analysis and engineering solutions to patients with limb loss. They design and provide prostheses that replicate the structural or functional characteristics of the patients absent limb. They often work autonomously or part of Multidisciplinary Teams working closely with Physiotherapists and Occupational Therapists as part of multidisciplinary amputee rehabilitation teams. For further information, see: British Association of Prosthetists and Orthotists (BAPO) - Prosthetists |

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| 658 ¹ | Orthotics Service | 1 st April 2016 | Services providing gait analysis and engineering solutions to patients with needs of the neuro, muscular and skeletal systems. They design and provide orthoses that modify the structural or functional characteristics of the patient's neuro-muscular and skeletal systems enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent, and facilitate healing of ulcers. They often work autonomously or part of Multidisciplinary Teams such as within the diabetic foot team or neuro-rehabilitation team. For further information, see: The British Association of Prosthetists and Orthotists (BAPO) - Orthotists |
| 659 ¹ | Dramatherapy Service | 1 st April 2016 | Services providing dramatherapy which is a form of psychological therapy focussing on the use of performance arts within the therapeutic relationship. For further information, see: British Association of Dramatherapists |
| 660 ¹ | Art Therapy Service | 1 st April 2016 | Services delivering a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing. For further information, see: British Association of Art Therapists |
| 661 ¹ | Music Therapy Service | 1 st April 2016 | Services delivering a form of psychotherapy that uses music to support psychological, emotional, cognitive, physical, communicative and/or social needs. For further information, see: British Association for Music Therapy |
| 662 ¹ | Optometry Service | 1 st April 2016 | Services providing the diagnosis and non-surgical treatment of disorders of the eye and vision care |
| 663 ¹ | Podiatric Surgery Service | 1 st April 2016 | Services involved in the complex management of the foot and ankle involving surgery under both local and general anaesthetic. Excludes Podiatry Service - see Treatment Function Code 653. For further information, see: The College of Podiatry |
| 670 | Urological Physiology Service | 24 th January 2022 | Diagnostic services for the study of erectile, upper, and lower urinary tract function, including urodynamics. For further information, see: The British Association of Urological Surgeons |
| 673 | Vascular Physiology Service | 24 th January 2022 | Diagnostic services for the study of arterial and venous circulation primarily using Doppler ultrasound but including tests such as pressure measurement and plethysmography. Excludes Cardiac Physiology Service - see Treatment Function Code 675. For further information, see: The Society for Vascular Technology |
| 675 | Cardiac Physiology Service | 24 th January 2022 | Services providing physiological measurements of the heart structure/function and response to therapeutic/surgical intervention through the means of a wide spectrum of non-invasive and invasive cardiac diagnostic testing. Examples include echocardiography, cardiac device management. For further information, see: Society for Cardiological Science and Technology (SCST) |

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| 677 | Gastrointestinal Physiology Service | 24 th January 2022 | Services providing physiological measurement of the gastrointestinal tract. This includes standard catheter based oesophageal pH studies, oesophageal pH impedance, oesophageal manometry, ano-rectal manometry, wireless capsule studies. Excludes Gastroenterology Service - see Treatment Function Code 301. For further information, see: AGIP - Association of GI Physiologists |
| 800 ¹ | Clinical Oncology Service | Pre 28th December 1995 | Formerly known as Radiotherapy. The diagnosis and treatment, typically with Radiotherapy, of patients with cancer. For further information, see: Royal College of Radiologists - Clinical oncology |
| 811 ¹ | Interventional Radiology Service | 1 st April 2016 | Services delivering a range of techniques using radiological image guidance including X-ray fluoroscopy, ultrasound, Computerised Tomography Scan (CT), or Magnetic Resonance Imaging Scan (MRI) to precisely target therapy. Excludes Interventional Cardiology - see Cardiology Service Treatment Function Code 320, and Diagnostic Imaging Service - see Treatment Function Code 812. For further information, see: British Society of Interventional Radiology - What is Interventional Radiology |
| 812 ¹ | Diagnostic Imaging Service | 1 st April 2016 | Services providing medical imaging, especially X-ray based examinations, Ultrasound scan, MRI Scan, PET Scan or CT Scan. Diagnostic imaging is used to confirm, assess, and document diseases, as well as to assess responses to treatment. For further information, see: WHO: Diagnostic imaging |
| 822 ¹ | Chemical Pathology Service | Pre 28th December 1995 | Services interpreting biochemical investigation results to assess, diagnose and treat diseases. To be used for the clinical management of patients by chemical pathology only. For further information, see: Royal College of Pathologists – Chemical Pathology |
| 840 ¹ | Audiology Service | 1 st April 2016 | Services providing physiological measurement and diagnosis of hearing disorders, and the rehabilitation of patients with hearing loss. Include hearing services activity, such as hearing tests and the fitting of hearing aids. For further information, see: British Society of Audiology |
| 920 | Diabetic Education Service | 1 st April 2016 | Services providing dedicated small group education courses regarding self-management for diabetic patients |
| 998 | Diagnostic* | 14th September 2011 | |
| 999 | Allied Health Professional (AHP) Services* | 14th September 2011 | |

Format: 3 digit numeric

Notes:

* '998' and '999' are not Treatment Function Codes. They are 'pseudo' Treatment Function Codes and are only to be used for the reporting of RTT (Combined) data for diagnostic and Allied Health Professional (AHP) services.

¹ Treatment Function Codes which have changed sections within the Treatment Function Code table

Retired

| Code | Treatment Function Title | Valid From | Valid To | Comments |
|------|---|----------------------------|-----------------|--|
| 199 | Non-UK provider: specialty function not known, treatment mainly surgical (only applicable for overseas providers) | Pre 28th December 1995 | 31st March 2016 | |
| 312 | Clinical Cytogenetics and Molecular Genetics | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 344 | Complex Specialised Rehabilitation Service | 1 st April 2016 | April 2022 | This Treatment Function Code will be removed from use from April 2022. No new services should use this code in submissions. However, the previous definition has been retained below for reference: Complex specialised rehabilitation service which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 1 service |
| 345 | Specialist Rehabilitation Service | 1 st April 2016 | April 2022 | This Treatment Function Code will be removed from use from April 2022. No new services should use this code in submissions. However, the previous definition has been retained below for reference: Specialist rehabilitation Service which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2a service. |
| 346 | Local Specialist Rehabilitation Service | 1 st April 2016 | April 2022 | This Treatment Function Code will be removed from use from April 2022. No new services should use this code in submissions. However, the previous definition has been retained below for reference: Local Specialist rehabilitation service which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2b service. |
| 499 | Non-UK provider; specialty function not known, treatment mainly medical (only applicable for overseas providers) | Pre 28th December 1995 | 31st March 2016 | |
| 510 | Obstetrics – AN (outpatients) | Pre 28th December 1995 | 31st March 2016 | Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required |

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|-----|-------------------------------|---------------------------|-----------------|---|
| 520 | Obstetrics - PN (outpatients) | Pre 28th December 1995 | 31st March 2016 | Record as Obstetrics, postnatal clinic can be used as a local subspecialty if required |
| 610 | GP Maternity | Pre 28th December 1995 | 31st March 2016 | Record as Obstetrics |
| 620 | GP Other | Pre 28th December 1995 | 31st March 2016 | Use the appropriate function under which the patient is treated |
| 810 | Radiology | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 820 | General Pathology | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 821 | Blood Transfusion | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 823 | Haematology (non-clinical) | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function See Clinical Haematology (303) |
| 824 | Histopathology | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 830 | Immunopathology | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function See Clinical Immunology (316) |
| 831 | Medical Microbiology | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function See Clinical Microbiology (322) |
| 832 | Neuropathology | Pre 28th December 1995 | 31st March 2016 | |
| 900 | Community Medicine | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 901 | Occupational Medicine | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |
| 950 | Nursing | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function Use the appropriate function under which the patient is treated |
| 990 | Joint Consultant Clinics | Pre 28th December 1995 | 31st March 2016 | Not a Treatment Function |

Local Sub Specialty

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| PP01W | | |
| RTT (Combined) | 1 st September 2011 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This is a locally or nationally defined division of clinical work which may cross specialty boundaries.

Format: 3 character alpha-numeric

| Treatment Function Code | Local Sub Specialty Code | Valid From | Valid To |
|----------------------------|---|----------------------------|---------------------------|
| NNN Any | 000 No appropriate sub-specialty | 1 st May 1998 | |
| | 666 Assessment Unit | 1 st April 2009 | |
| 160 Plastic Surgery | 100 Plastic Surgery (non burns) | 1 st May 1998 | |
| | 166 Plastic Surgery (non burns) ASSESSMENT | 1 st April 2009 | |
| | 200 Burns Surgery | 1 st May 1998 | |
| | 266 Burns Surgery ASSESSMENT | 1 st April 2009 | |
| 170 Cardiothoracic Surgery | 100 Cardiac Surgery | 1 st May 1998 | |
| | 166 Cardiac Surgery ASSESSMENT | 1 st April 2009 | |
| | 200 Thoracic Surgery | 1 st May 1998 | |
| | 266 Thoracic Surgery ASSESSMENT | 1 st April 2009 | |
| | 300 Paediatric Cardiac Surgery | 1 st May 1998 | |
| 320 Cardiology | 366 Paediatric Cardiac Surgery ASSESSMENT | 1 st April 2009 | |
| | 100 Paediatric Cardiology | 1 st May 1998 | |
| 341 Respiratory Physiology | 166 Paediatric Cardiology ASSESSMENT | 1 st April 2009 | |
| | 100 Sleep Disordered Breathing ¹ | 1 st June 2019 | 31 st May 2020 |
| 400 Neurology | 100 Spinal Injuries | 1 st May 1998 | |
| | 166 Spinal Injuries ASSESSMENT | 1 st April 2009 | |
| | 900 Other Neurology | 1 st May 1998 | |
| | 966 Other Neurology ASSESSMENT | 1 st April 2009 | |

¹ Specifically defined as APAP, CPAP, NIV or Mandibular advancement devices in the treatment of Obstructive Sleep Apnoea, Obstructive Sleep Apnoea Hypopnoea Syndrome, Upper Airway Resistance Syndrome, Obesity Hypoventilation Syndrome or Other Sleep Disordered Breathing Disorders . For additional guidance on scope, see the Information Specification within this DSCN.

This local sub specialty code is a separate field, rather than an extension.

For RTT PTL data set: This refers to the local sub specialty for the current stage of the patient's pathway at the time of reporting. If unknown, the local sub specialty on referral should be used.

For Referral to Treatment Times (Combined):-

- Local Sub Specialty must always be submitted, noting that '000' means no appropriate Local Sub Specialty;
- Codes for "Assessment" activity (i.e. 666, 166, 266, 366, and 966) are not permissible in the RTT (Combined) return.

Stage of Pathway

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|--------------------------------|----------|
| RTT (Combined) | 1 st September 2011 | |
| RTT weekly PTL ds | 1 st April 2025 | |

Along an entire patient pathway, 'Stage of Pathway' is used to identify the point at which a patient is currently waiting in respect of their overall diagnosis and treatment.

Whilst in the majority of patient pathways patients move from one stage to the next in sequence, there is no expectation that this must always be the case. Changes in clinical practice may introduce more variation over time. Therefore, these stages are not intended to be seen in chronological order only, as patients may commence their pathway at any one of the stages listed below.

Format: 1 digit numeric

| Stage of the Pathway | Stage of the Pathway |
|----------------------|---|
| 1 | Waiting for a new outpatient appointment. A new Outpatient Appointment may come from any referral source. A patient will be at Stage 1 only once. |
| 2 | Waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result. For relevant diagnostic and AHP services, see Treatment Function Code . |
| 3 | Waiting for a follow-up outpatient appointment or waiting for a decision following: 1) An outpatient appointment. 2) A diagnostic or AHP intervention result. 3) Or where the patient is waiting and the stage is uncertain/unknown. |
| 4 | Waiting for an admitted diagnostic or therapeutic intervention (i.e. treatment) only. |
| 9 | Not applicable – e.g. closed pathway. |

See [Diagnostic Intervention](#)

See [Therapeutic Intervention](#)

See [Treatment Function Code](#)

Clinical Referral Date

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|--------------------------------|
| OP ds | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |

| | | |
|-------------------|----------------------------|--|
| OPR ds | 1 st July 2008 | |
| RTT weekly PTL ds | 1 st April 2025 | |

(OP ds: up to the 31st March 2006, this data item was known as 'Referral Request Received Date')

The Clinical Referral Date (CRD) is the clinically significant date marking the start of a period of waiting either for an initial outpatient consultation or for an episode of treatment such as elective surgery. The CRD is used to order pick lists used for booking patients, and it does not change under any circumstances. It is not used to calculate performance waiting times statistics.

Outpatients

The Clinical Referral Date (CRD) is the date that the referral of an outpatient appointment is received in the Local Health Board/Trust. All referrals should be date stamped on opening – this date stamp is the CRD. In addition, this CRD must be entered into PAS on the same day.

If the referral request takes the form of a phone call followed by a letter, record the date when the letter arrives. If there is no following letter, the date of the verbal request should be recorded.

Inpatient and Day case events

The Clinical Referral Date (CRD) is the date that a decision was made by the clinician within the Local Health Board/Trust (or GP outside the Local Health Board/Trust in cases of direct access referrals) to list the patient for treatment. The CRD is used to order the waiting list selection of patients.

Format: 8 digit numeric, CCYYMMDD

Note: The Clinical Referral Date (CRD) never changes.

Active Wait

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|----------|
| AUD WT ds | 1 st April 2025 | |
| RTT weekly PTL ds | 1 st April 2025 | |

Active Wait is the number of days a pathway is currently waiting, which takes into account any clock resets due to Could Not Attends (CNAs), Did Not Attends (DNAs) and any suspensions e.g social suspensions as per the Referral to Treatment (RTT) guidelines. This will allow us to capture/calculate when adjustments to a pathway have been made (i.e. short-term medical condition & social reasons)

Format: Max 5 digit numeric

(For example, if the value is only 1 day, it will be formatted as 1)

Priority Type (New Patients)

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|--------------------------------|
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| OP ds | 1 st April 1999 | |
| RTT weekly PTL ds | 1 st April 2025 | |

This describes the priority and response time of the referral of either clinical demand or service.

For Outpatient data set:

This is the priority of a request for services and is to be recorded for new attendances only, that is, where 'Attendance Category' = 1. In the case of services to be provided by a Consultant, it is as assessed by or on behalf of the Consultant.

For a Follow Up Attendance or a Pre-Operative Assessment Attendance, Priority Type must be blank.

For RTT PTL data set:

Where Stage of Pathway = 1 - 'Priority Type' is the priority given following initial triage upon receipt of referral.

Where Stage of Pathway = 2, 3, or 4 - 'Priority Type' is the priority given at each subsequent stage of the pathway. Where this is unknown, the 'Priority Type' allocated at stage 1 should be carried forward.

Note: Priority Type can be defined more precisely if this is needed for local purposes, as long as the classifications can be mapped back to the national ones. Appointments which have been classified as 'soon' locally must be defined as 'Urgent' in the datasets. This excludes Ophthalmology speciality (where the new clinical prioritisation process has been applied.)

Format: 1 digit numeric

| Value | Meaning | Valid From | Valid To |
|---|---------------------|--------------------------------|----------|
| 1 | Routine | 1 st April 1999 | |
| 2 | Urgent | 1 st April 1999 | |
| Ophthalmology speciality (where the new clinical prioritisation process has been applied) | | | |
| 4 | Personalised Target | 1 st September 2018 | |

Intended Management

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|--------------------------------|
| APC ds99 | 1 st April 1999 | |
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| RTT weekly PTL ds | 1 st April 2025 | |

The intended pattern of bed use for a patient, decided when the decision is made to admit, and only applies to patients on the Elective Admission List. This categorization describes what is intended to happen to the patient. Occasionally the patient's treatment does not go exactly to plan. For example, a patient admitted as a day case may develop complications and have to be kept in overnight. Therefore another data item, patient classification, is used to describe what actually happens to the patient.

For RTT PTL data set: This is only applicable where the stage of pathway = 4. In cases where the pathway is in stages 1, 2, or 3, the field should remain blank.

Format: 1 digit numeric

| Value | Meaning | Valid To | Valid From |
|-------|--|------------------------------------|-------------------------------|
| 1 | Patient to stay in hospital for at least one night | Pre 28 th December 1995 | |
| 2 | Patient not to stay in hospital overnight | Pre 28 th December 1995 | |
| 3 | Patient to be admitted for a planned sequence of admissions each involving at least one overnight stay. | Pre 28 th December 1995 | |
| 4 | Patient to be admitted for a planned sequence of admissions which do not involve an overnight stay | Pre 28 th December 1995 | |
| 5 | Patient to be admitted regularly for a planned sequence of nights who returns home for the remainder of the 24-hour period | Pre 28 th December 1995 | |
| 8 | Not applicable – emergency admission | Pre 28 th December 1995 | |
| 9 | <i>Not known</i> | 1 st May 1998 | 20 th January 2002 |

Intended Procedure (OPCS or READ)

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------|----------------------------|--------------------------------|
| EAL ds | 1 st April 1999 | 21 st November 2012 |
| RTT weekly PTL ds | 1 st April 2025 | |

This is the intended patient procedure. A procedure intended to be performed on a patient, recorded for an Elective Admission List Entry, and classified by an Operative Procedure or a Read classification. Up to three Intended Procedures may be included in the ds to give commissioners an indication of the procedures for which a resident is waiting so that they can be costed and linked to other events.

For RTT PTL data set: If OPCS or READ codes are unable to be submitted, data item 'Intended Procedure Description' should be used to enter free text to provide additional information to identify the Intended Procedure.

This is only applicable where the stage of pathway = 4. In cases where the pathway is in stages 1, 2, or 3, the field should remain blank.

OPCS Format: 4 character alpha-numeric

Read Format: 7 character alpha-numeric

Pathway Identifier

| Change History | |
|--------------------------------|--|
| DDCN 2014 / 05 | Cancelled Admitted Procedures (Postponed Admitted Procedures) Data Set |
| DSCN 2013 / 03 | Cancelled Admitted Procedures Data Set |

This data item is / was included in the following data sets / collections between the dates shown:

| Data Set / Collection | Valid From | Valid To |
|-----------------------------------|---|----------|
| PAP ds | 1 st April 2013 | |
| RTT weekly PTL ds | 1st April 2025 | |

An identifier which together with the Organisation Code (Code of Provider), uniquely identifies a Patient Pathway.

20 character alpha numeric