

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2026 / 05
<b>Date of Issue:</b>	19 <sup>th</sup> February 2026

<p><b>Welsh Health Circular/Official Letter:</b> WHC/2026/002</p> <p><b>Sponsor:</b> Lesley Law, Delivery &amp; Performance Division, Welsh Government</p> <p><b>Standard Type:</b> Secondary Use</p> <p><b>Implementation Date:</b> 1<sup>st</sup> July 2026</p>	<p><b>Subject:</b> Planned Care Outpatient Activity Data Set</p>
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### DATA STANDARDS CHANGE NOTICE

A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on Thursday 22<sup>nd</sup> January 2026.

**WISB Reference:** ISRN 2025 / 002

**Summary:**

The revision of the Outpatient data set to capture the national data requirements outlined as part of the modernisation of the Outpatient work programme.

**Data sets / returns affected:**

Admitted Patient Care Data Set, Outpatient Data Set, Planned Care Referral Data Set, Critical Care Data Set, Emergency Department Data Set, Postponed Admitted Procedures Data Set, Radiotherapy Data Set, Maternity Indicators Data Set, Suspected Cancer Pathway – Core Data Set, Audiology Wait Times Data Set, Referral to Treatment (RTT) Weekly Patient Target List (PTL) Data Set, Diagnostic and Therapy Services Waiting Times Data Set, Referral to Treatment Times (Combined) Data Set, Welsh Emergency Care Data Set, Radiology Data Set, National Cancer Data Set – Core, National Cancer Data Set - SACT

Please address enquiries about this Data Standards Change Notice to the Data Standards Team in Digital Health and Care Wales

E-mail: [data.standards@wales.nhs.uk](mailto:data.standards@wales.nhs.uk)

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:

[https://nhswales365.sharepoint.com/sites/DHC\\_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx](https://nhswales365.sharepoint.com/sites/DHC_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx)

# DATA STANDARDS CHANGE NOTICE

## Introduction

The existing Outpatient and Outpatient Referral data sets were introduced in 1999 and 2008 respectively. These are no longer fit for purpose and require transformation to record and collect outpatient information that accurately represents new ways of working and outcomes identified in the [Outpatient strategy 2023-26](#). In recent years there has also been an increase in the collection of aggregate data through electronic pro-forma directly from health boards/trusts to Welsh Government. Richer patient level outpatient information would enable Digital Health & Care Wales (DHCW) to apply national methodology to generate this aggregate data thereby ensuring consistency of approach. Consequently, this plan covers elements relating to the development of the data set, reporting requirements, analysis methodologies and data quality.

Since the creation of the Modernising the Outpatient data set (MODS) Working Group in June 2023, it was recommended within these meetings that this work be split into the following datasets to allow for manageable and effective monthly submissions:

- Phase 1: Referrals
- Phase 2: Outpatient Activity
- Phase 3: New Outpatient Waiting List
- Phase 4: Follow Up Outpatient Waiting List

These data sets will allow the information standards development to be split into 4 phases which have been outlined above and will allow for the agreed data requirements to be captured.

This DSCN reflects the changes required for phase 2 of the modernisation work and requires changes to the existing Outpatient data set.

## Description of Change

The existing Outpatient data set will be revised to support the national data requirements defined within the Outpatient Modernisation Programme.

This revision includes the following changes:

- Renaming the data set from *Outpatients data set* to *Planned Care Outpatient Activity data set*.
- Removing selected data items following a review to ensure alignment with a minimum required data set.
- Adding a new data item to capture required information that is not currently included in national submissions.
- Amending specific existing data items to enable the capture of required information not presently collected through national submissions.

## Data Dictionary Version

The current release: version 4.25 of the NHS Wales Data Dictionary will be the final version published on the existing platform.

The NHS Wales Data Dictionary will be moved to a new and improved platform.

In the interim, please visit [DHCW Data Standards](#) to access notice publications or contact [data.standards@wales.nhs.uk](mailto:data.standards@wales.nhs.uk)

### Actions Required

#### Local Health Boards / Trust:

- Update local processes and systems to comply with this DSCN.
- To collaborate with DHCW Data Acquisition team to agree and establish processes for data submission in preparation for collection.

#### Digital Health and Care Wales:

- Ensure that all national systems have been updated to comply with the standard set out in this DSCN.
- Data Acquisition team to coordinate with each Health Board/Trusts individually to discuss the details of data submission and offer any necessary support.
- Data Quality team to co-ordinate with the Data Acquisition team to produce the logic and associated documentation for data set validation checks.

## **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.

Key:

- **New:** The creation of a new data item not already in the NHS Wales Data Dictionary
- **Retired:** The entire data item is no longer in use in the NHS Wales Data Dictionary.
- **Changed:** An existing data item on the NHS Wales Data Dictionary has been modified this includes a change to the definition or its value set.
- **Existing:** The inclusion of a data item in a standard that is already on the NHS Wales Data Dictionary, but no changes have been made to its definition or value set.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/Changed/Existing</b>	<b>Page Number</b>
Data Item	Appointment Type	New	13
Data Item	Commissioning Serial Number	Retired	15
Data Item	Health Care Contract Line Number	Retired	15
Data Item	Commissioner's Reference Number	Retired	15
Data Item	NHS Number Status Indicator	Retired	16
Data Item	Name Format Code	Retired	18
Data Item	Carer Support Indicator	Retired	18
Data Item	Birth Date Status	Retired	18
Data Item	Referrer Code	Retired	19
Data Item	Referring Organisation Code	Retired	20
Data Item	Service Type Requested	Retired	20
Data Item	Date of Patient Referral	Retired	21
Data Item	Patient Referral Date Status	Retired	21
Data Item	Clinical Referral Date	Retired	22
Data Item	Clinical Referral Date Status	Retired	22
Data Item	Location Type Code	Retired	23
Data Item	Attendance Date Status	Retired	24
Data Item	Last DNA or Patient Cancelled Date	Retired	24
Data Item	Last DNA or Patient Cancelled Date Status	Retired	25
Data Item	Waiting List Date (WLD)	Retired	25
Data Item	Waiting List Date Status	Retired	26
Data Item	Self-Management Pathway Type	Retired	26
Data Set Name	Planned Care Outpatient Activity Data Set	Changed	1
Data Set Return Submission Details	Planned Care Outpatient Activity Data Set	Changed	7

Data Set Scope	Planned Care Outpatient Activity Data Set	Changed	7
Data Item	Record Id	Changed	26
Data Item	Organisation Code (Code of Provider)	Changed	27
Data Item	Organisation Code (LHB Area of Residence)	Changed	29
Data Item	Priority Type	Changed	30
Data Item	Main Specialty (Clinician)	Changed	31
Data Item	Consultant Code	Changed	42
Data Item	Site Code (of Treatment)	Changed	44
Data Item	Clinical Staff Type Seeing Patient	Changed	45
Data Item	Attended or Did not Attend	Changed	46
Data Item	Outcome of Attendance	Changed	47
Data Item	Reason for Cancellation	Changed	51
Data Item	Procedure Undertaken	Changed	57
Data Item	Primary OPCS Code	Changed	58
Data Item	Organisation Code (Code of Commissioner)	Existing	59
Data Item	NHS Number	Existing	60
Data Item	Patient's Name	Existing	62
Data Item	Patient's Usual Address	Existing	63
Data Item	Postcode of Usual Address	Existing	64
Data Item	Sex	Existing	65
Data Item	Birth Date	Existing	66
Data Item	Code of Registered GP Practice	Existing	67
Data Item	Local Patient Identifier	Existing	68
Data Item	Referral Identifier	Existing	69
Data Item	Source of Referral: Outpatients	Existing	69
Data Item	Treatment Function Code	Existing	71
Data Item	Local Sub Specialty	Existing	94
Data Item	Clinic Purpose	Existing	95
Data Item	Attendance Identifier	Existing	95
Data Item	Administrative Category	Existing	95
Data Item	Attendance Date	Existing	98
Data Item	Attendance Category	Existing	99
Data Item	Consultation Method	Existing	101
Data Item	Primary ICD Diagnostic Code	Existing	101
Data Item	Secondary ICD Diagnostic Code	Existing	102

## **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.

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### **Return Submission Details**

All extracts are to be sent in the form of a fixed format file, in the sequence set out below.

The file should be submitted via the secure upload mechanism located on the NHS Wales Data Switching Service (NWDSS) — <https://nwdss.wales.nhs.uk>. Further technical information relating to the submission of the data set can be found on the <https://nwdss.wales.nhs.uk> (~~NHS Wales users only~~).

Returns should be submitted monthly and signed off in the NWDSS by Local Health Boards (LHBs) / Trusts on the 20<sup>th</sup> calendar day of the month. If the 20<sup>th</sup> falls on a weekend, the deadline for submissions is the next available working day.

Files can be uploaded to Validation at Source Service (VASS) before the 20<sup>th</sup> to enable LHBs / Trusts to validate and correct their data. VASS Checks can be accessed via <https://nwdss.wales.nhs.uk/CheckLogic/chkstart.aspx?service=out> (~~NHS Wales users only~~).

DHCW Data Acquisition will work with all relevant organisations to establish and agree on processes for data submission ahead of collection.

Returns should be submitted monthly on the 20th calendar day of the month. If the 20th falls on a weekend, the deadline for submissions is the next available working day.

The first return is required to be submitted on 20th August 2026.

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### **Scope**

The Outpatient (OP) Data Set captures data for all consultant or nurse led clinic activity where that meets the criteria outlined in [Terms Clinic Appointment — Consultant Led \(Outpatients\)](#) or [Terms Clinic Appointment — Nurse Led \(Outpatients\)](#). This includes Face to face appointments, Virtual clinic appointments (patient contact) Phone, Virtual clinic appointments (patient contact) Video and Virtual clinical reviews (non-patient contact).

Any activity which is not consultant or nurse should be excluded. Also excluded are:

Community nurse led activity

[Ward Attenders](#)

Both attendances and non-attendances are within scope, including DNAs, CNAs and hospital cancellations [Welsh Government — NHS Performance — Home \(sharepoint.com\)](#)

All NHS activity regardless of the care provider is included. Private patients seen at an NHS organisation are also included.

NHS Digital provide data on Welsh resident or registered patients treated in English NHS organisations.

The Planned Care Outpatient Activity Data Set (PCOA ds) captures all activity for any registered professional who can make clinical decisions as part of the patient's secondary care pathway (i.e. Consultant, Nurse, AHPs, etc)<sup>1</sup>. This includes Face to Face appointments, Virtual clinic appointments (patient contact) and Virtual clinical reviews (non-patient contact), for example Multidisciplinary Teams (MDTs) and desk top reviews, **regardless of where this clinical activity is conducted, where the activity is owned by secondary/planned care.**

The activity included will relate to any non-admitted Outpatient planned care of a patient such as consultations, interventions, and treatment.

All outpatient activity, new, follow-up and pre-operative assessment should be recorded and pathway discharge of all types included (i.e. including See on Symptom, Patient Initiated Follow-Up, Self-Management, etc).

This data set is applicable only to patients on an NHS pathway.

<sup>1</sup> This includes any registered independent practitioner who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and can make prescribing decisions without supervision to manage the clinical condition of the patient.


## **Inclusion/exclusion activity list**

### **In Scope**

- NHS activity related to a secondary care pathway.
- Nurse led activity.
- Allied Health Professionals (AHP) activity.
- Prehabilitation/Pre-optimisation: A process by which patients are supported to prepare for treatment to ensure they are as fit as they can be in preparation for surgery and recovery.
- Joint Schools: Joint schools within in NHS Wales are educational sessions, undertaken in a group, either face-to-face or virtually, to support patients prepare for surgery. They focus on patient education, providing information about the surgical process, recovery, and post-operative care. Pain Management activity on the pathway.
- Secondary Care Podiatry pathway.
- Specialty and Specialist (SAS) doctor activity: SAS grade doctors in NHS Wales are senior clinicians with specialised skills and experience. They were previously known as NCCG (non-consultant career grade) doctors. They are encouraged to work independently and take on broader roles such as clinical and educational supervisors. SAS doctors are part of a diverse group with a wide range of skills and specialties, and they play a vital role in the medical workforce. They can focus predominantly on providing direct patient care while also being involved in teaching, service development, research, or management and leadership.
- One/Two Stop Clinics: a clinic which aims to provide its patients with their initial consultation, a diagnosis and treatment plan within one visit to the clinic. In a one-stop clinic, there is a variety of staff (multiple specialists, nurses, imaging technicians' etc) to meet all the potential needs of the patient during their visit.
- Patient activity in a Tertiary Care or Regional Centre environment.
- Mental Health.
- Maternity.

### **Out of Scope**

- District Nursing, Community Nursing and Community Therapies where Clinical responsibility does not sit within Secondary Care.
- Community Care: The Clinical responsibility for the patient is under the Primary Care Clinician, for example this could be a General Practitioner, Optometrist,

- Dentist, Psychologist etc. Services are delivered in people's homes (this includes care homes) community hospitals, intermediate care facilities, clinics and schools.
- Primary and Community Care Mental Health Services: The Clinical responsibility for the patient is under the Primary Care Clinician. for example, this could be a General Practitioner, Optometrist, Dentist, Psychologist etc.
  - Clinical Musculoskeletal Assessment and Treatment Service (CMATS) – this will be reconsidered once the CMAT national data set is agreed.
  - Administrative functions e.g. appointment booking.
  - Diagnostic activity both NHS and private.
  - Primary Care Commissioned services.
  - Urgent and emergency pathways e.g. Hot Clinics, elderly/frailty units, urgent eye care clinics: Rapid urgent access in an outpatient setting, main purpose to prevent an emergency admission and for a rapid diagnosis and treatment plan e.g., Same Day Emergency Care and Acute Assessment Units.
  - Unscheduled care where a planned care pathway is not started.
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## Data Set Structure

### ~~FIRST INTRODUCED APRIL 1999~~

The Planned Care Outpatient Activity Data Set is effective from 1<sup>st</sup> July 2026.

Please note the Planned Care Outpatient Activity Data Set will be replacing the Outpatient Data Set which was introduced in April 1999.

Rating*		Format/length
1= Mandatory 2= Optional 3= Required 4= Derived		
1	<a href="#">Record Id</a>	an1
	<b>CONTRACT DETAILS</b>	
1	<a href="#">Organisation Code (Code of Provider)</a>	an5
1	<a href="#">Organisation Code (Code of Commissioner)</a>	an5
±	<a href="#">Commissioning Serial Number</a>	an6
2	<a href="#">Health Care Contract Line Number</a>	an10
±	<a href="#">Commissioners Reference Number</a>	an17
	<b>PATIENT DETAILS</b>	
1	<a href="#">NHS Number</a>	n10
±	<a href="#">NHS Number Status Indicator</a>	n2 – from April 1999
1	<a href="#">Patient's Name</a>	an70 or structured name with 2 an35 elements
±	<a href="#">Name Format Code</a>	n±
1	<a href="#">Patient's Usual Address</a>	an175 (5 lines each an35)
1	<a href="#">Postcode of Usual Address</a>	an8
1	<a href="#">Organisation Code (LHB Area of Residence)</a>	an3
1	<a href="#">Sex</a>	n1
2	<a href="#">Carer Support Indicator</a>	an2
1	<a href="#">Birth Date</a>	ccyyymmdd
±	<a href="#">Birth Date Status</a>	n±

2	‡ (see below)	an8
1	<a href="#">Code of Registered GP Practice</a>	an6
1	<a href="#">Local Patient Identifier</a>	an10
	<b>REFERRAL DETAILS</b>	
1	<a href="#">Referral Identifier</a>	an12
‡	<a href="#">Referrer Code</a>	an8
‡	<a href="#">Referring Organisation Code</a>	an6
‡	<a href="#">Service Type Requested</a>	n‡
‡	<a href="#">Date of Patient Referral</a>	ccyymmdd
‡	<a href="#">Patient Referral Date Status</a>	n‡
‡	<a href="#">Clinical Referral Date</a>	ccyymmdd
‡	<a href="#">Clinical Referral Date Status</a>	n‡
1	<a href="#">Priority Type</a>	n1
	<b>EPISODE DETAILS</b>	
1	<a href="#">Source of Referral: Outpatients</a>	an2
1	<a href="#">Main Specialty (Consultant Clinician)</a>	n3
1	<a href="#">Treatment Function Code</a>	n3
2	<a href="#">Local Sub Specialty</a>	an3
1	<a href="#">Clinic Purpose</a>	an15
1	<a href="#">Consultant Code</a>	an8
	<b>APPOINTMENT, AND ATTENDANCE AND CANCELLATION DETAILS</b>	
1	<a href="#">Appointment Type</a>	n2
1	<a href="#">Attendance Identifier</a>	an12
1	<a href="#">Administrative Category</a>	n2
‡	<a href="#">Location Type Code</a>	n‡
1	<a href="#">Site Code (of Treatment)</a>	an5

1	<a href="#">Medical Clinical Staff Type Seeing Patient</a>	an2
1	<a href="#">Attendance Date</a>	ccyymmdd
±	<a href="#">Attendance Date Status</a>	n±
1	<a href="#">Attendance Category</a>	n1
1	<a href="#">Attended or Did Not Attend</a>	n±2
±3	<a href="#">Outcome of Attendance</a>	n2
±3	<a href="#">Reason for Cancellation</a>	n3
1	<a href="#">Consultation Method</a>	n1
±	<a href="#">Last DNA or Patient Cancelled Date</a>	ccyymmdd
±	<a href="#">Last DNA or Patient Cancelled Date Status</a>	n±
	<b>Patient Diagnostic Codes (optional)</b>	
±3	<a href="#">Primary ICD Diagnostic Code</a>	an6
±3	<a href="#">Secondary ICD Diagnostic Code</a>	an6
2	2nd Secondary (ICD)	an6
	<b>Patient Procedure Codes</b>	
±2	<a href="#">Operation Status Procedure Undertaken</a>	n1
	<b>OPCS procedure coding</b>	
±3	<a href="#">Primary OPCS Code</a>	an4
±3	Procedure Code 2 (OPCS)	an4
±3	Procedure Code 3 (OPCS)	an4
±3	Procedure Code 4 (OPCS)	an4
±3	Procedure Code 5 (OPCS)	an4
±3	Procedure Code 6 (OPCS)	an4
±3	Procedure Code 7 (OPCS)	an4
±3	Procedure Code 8 (OPCS)	an4
±3	Procedure Code 9 (OPCS)	an4

±3	Procedure Code 10 (OPCS)	an4
±3	Procedure Code 11 (OPCS)	an4
±3	Procedure Code 12 (OPCS)	an4
-	<b>Waiting-List-Details</b>	-
±	<a href="#">Waiting-List-Date</a>	ccyyymmdd
±	<a href="#">Waiting-List-Date-Status</a>	n±
-	<b>Cancellation-Details</b>	-
±	<a href="#">Self-Management-Pathway-Type</a>	n2

± Where no data is present, the field must be populated with spaces due to the fixed field length format of the submitted file. However, if necessary 'General Medical Practitioner (Code of Registered GMP)' may still be included in the submitted file.

\* Mandatory - Must be reported; failure to report causes record rejection.

Optional - May be reported at submitter's discretion.

Required - Must be reported when applicable; failure to report won't reject record but affects national analysis.

Derived - Calculated during processing; not submitted in the file.

## Data Items

### A) New Data Items

#### Appointment Type

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

Data Set / Collection	Valid From	Valid To
PCOA ds	1 <sup>st</sup> July 2026	

An appointment is an administrative arrangement enabling patient's pathway to be reviewed. This can either be in person or virtually, with the patient being present. This relates to activity undertaken by a professional at a Consultant Clinic, Nurse Clinic, Allied Health Professional clinic or diarised appointment/contact.

For Planned Care Outpatient Activity Data Set: The appointment should always relate to an identified Planned Care service where Clinical responsibility sits with a Secondary Care Clinician.

This data item applies only to Consultation Method values where the patient is present, either virtually or face to face

Format: 2 digit numeric

Value	Meaning	Description	Valid From	Valid To
01	Single Professional/diarised appointment	Where a patient attends an appointment where <b>one patient</b> is reviewed/assessed by <b>one health care professional</b> during their appointment.	1 <sup>st</sup> February 2026	
02	Group Clinic appointment (single professional)	Where a patient attends an appointment where <b>more than one patient</b> is reviewed/assessed by <b>one health care professional</b> , during their appointment.	1 <sup>st</sup> February 2026	
03	Group Clinic appointment (multi-professional)	Where a patient attends an appointment where <b>more than one patient</b> is reviewed/assessed by more than <b>one health care professional</b> during their appointment.  For example: a patient with Diabetes may require input from a Specialist Diabetic Nurse, a pharmacist and a Dietician to manage their condition.  This value differs from value '04 - Multidisciplinary appointment', as it relates to <b>multiple patients</b> being seen by <b>multiple professionals</b> .	1 <sup>st</sup> February 2026	
04	Multidisciplinary appointment	Where a patient attends an appointment where <b>one patient</b> is reviewed/assessed by <b>more than one health care professional</b> during their appointment.  For example: Renal and Cardiovascular.  This value differs from value '03 - Group Clinic appointment (multi-professional)', as it relates to a <b>single patient</b> that has been reviewed by <b>multiple professionals</b> .	1 <sup>st</sup> February 2026	
05	One/Two Stop Clinic appointment	Where a patient attends an appointment where <b>one patient</b> is reviewed/assessed by <b>one or more health care professional</b> during their appointment.  The difference of a one/two stop clinic appointment is that the patient is likely to receive a diagnostic test and/or treatment or treatment plan on the same day (other than the routine	1 <sup>st</sup> February 2026	

		urine, blood pressure and weight assessment).		
06	Rapid Diagnostic Cancer Clinic appointment	<p>Where a patient attends a Rapid Diagnostic Cancer Clinic appointment where <b>one patient</b> is reviewed/assessed by <b>one or more health care professional</b> during their appointment.</p> <p>A Rapid Diagnostic Clinic is a one/two stop clinic to assess patients with non-specific symptoms which could potentially be cancer related.</p>	1 <sup>st</sup> February 2026	

## B) Retired Data Items

### Commissioning Serial 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	1 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

This is the health care commissioning serial number. The number is agreed mutually by the Commissioner and Provider.

Format: 6 character alpha-numeric

See [Serial Number](#)

### Health Care Contract Line 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	1 <sup>st</sup> April 1999	
EAL ds	01/04/1999	21 <sup>st</sup> November 2012
OP ds	01/04/1999	30 <sup>th</sup> June 2026

This is a number (alphanumeric) to provide a unique identifier for a sub-division of a Health Care Contract. The health care contract line number may be used to identify a specific contract reference where the main contract identifier refers to a general omnibus (block) contract.

Format: 10 character alpha-numeric

### Commissioner's Reference 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	1 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

A number (alphanumeric) allocated by the Commissioner to a referral request. Its purpose is to record any reference number generated by a commissioner, including ECRs and GPFH Referral Numbers.

**Default codes:**

Format: 17 character alpha-numeric

Value	Meaning	Valid From	Valid To
8	(left justified padded with spaces) Not applicable	21 <sup>st</sup> January 2002	

**NHS Number Status Indicator**

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
PCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	
National Cancer Ds - Core		
National Cancer Ds - SACT		
WECDS	1 <sup>st</sup> August 2024	

The status indicator provides information about the potential accuracy and reliability of the NHS number and hence the use to which the number can be put. The indicator can also be used to indicate the general standard of patient data quality within Trusts. This data item became mandatory in Wales in April 1999.

Format: 2 digit numeric

Value	Meaning	Interpretation	Valid From	Valid To
nn	Number present and traced using Welsh Patient Demographic Service	Welsh LHB's should look for high levels of NHS numbers which have an associated status indicator value of 'nn'.	1 <sup>st</sup> April 1999	
01	Number present & traced	Providers should be striving to submit numbers that have been traced against an authoritative source (currently the Initial Tracing Service) and so are as reliable and accurate as possible. Therefore Local Health Boards should look for high levels of NHS numbers which have an associated status indicator value of "01".	1 <sup>st</sup> April 1999	

02	Number present but not traced	This value reveals that although a number is present, it has not been traced against an authoritative source i.e. it has most likely been manually input but not sent to the Initial Tracing Service for checking. An exception to this could be that the NHS number has entered the provider system electronically from a reliable and safe source other than the authoritative tracing service. Users of NHS numbers with a status indicator value of "02" should be cautious.	1 <sup>st</sup> April 1999	
03	Trace required	The provider should submit patient details for NHS number tracing before DS's are submitted. Therefore the proportion of missing numbers is indicated by the "03" value should be very small.	1 <sup>st</sup> April 1999	
04	Trace attempted - no match or multiple match found	A significant proportion of "04s" could indicate data quality problems at the provider. However, the LHB should take account of whether the provider has a high level of difficulty to trace patient's e.g. ethnic names, mobile population.	1 <sup>st</sup> April 1999	
05	Trace needs to be resolved (NHS number or patient detail conflict)	High levels of "05s" imply that the NHS numbers sent by the provider for check tracking are incorrect for the patient. This indicates poor quality of data which could either be due to a poor original source e.g. wrong number given on a GP referral letter, or poor data input by the provider.	1 <sup>st</sup> April 1999	
06	Trace in progress	This value indicates that the NHS number has been submitted for tracing but a response is awaited. Local Health Boards should expect to see a small proportion of these as the time of DS submission may be before the response from the tracing service is received.	1 <sup>st</sup> April 1999	
07	Number not present and trace not required	Two circumstances are explained by this indicator:	1 <sup>st</sup> April 1999	
	1.	NHS number is not required e.g. overseas visitor. This should be easy to identify from other DS data items		
	2.	There is insufficient patient data to enable a successful trace to be made. Local Health Boards need to be more cautious about this reason although they should take into account the type of population the provider serves e.g. itinerants and mental health patients who may not be willing or able to provide sufficient information.		
		Note: Local Health Boards should expect to see a small proportion of cases where there is no NHS number at all.		
08	Trace postponed (baby under six weeks old)	This indicator should only be used for babies under six weeks old and Local Health Boards should check the date of birth details on the DS.	1 <sup>st</sup> April 1999	

## Name Format 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
OPR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
WECDs	1 <sup>st</sup> August 2024	

This identifies how the name of the patient in the DS is formatted.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Structured – two element name, forename followed by surname, each element an35	1 <sup>st</sup> May 1998	
2	Unstructured – an70	1 <sup>st</sup> May 1998	
9	<i>Not known: a validation error</i>	1 <sup>st</sup> May 1998	20 <sup>th</sup> January 2002

## Carer Support Indicator

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 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

An indication of whether or not care is available to the patient at their normal residence. This does not include any paid support or support from a voluntary organisation, unless the patient is normally resident in a Nursing Home, Group Home or Residential Care Home.

Format: 2 character alpha-numeric

Value	Meaning	Valid From	Valid To
01	Yes	1 <sup>st</sup> April 1999	
02	No	1 <sup>st</sup> April 1999	

## Birth Date Status

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
CC ds	1 <sup>st</sup> April 2007	

OPR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
WECDs	1 <sup>st</sup> August 2024	

This allows the recording of date supplied or date not applicable for the patient's date of birth.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date supplied	1 <sup>st</sup> May 1998	
8	Date not applicable	1 <sup>st</sup> May 1998	
9	<i>Date not known</i>	1 <sup>st</sup> May 1998	20 <sup>th</sup> January 2002

## Referrer 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 <sup>st</sup> April 1999	
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OPR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	

This is the nationally recognized code of the person making the referral. This may be a General Medical Practitioner (GMP), General Dental Practitioner (GDP), Consultant or Independent Nurse.

If the referral is not from a GMP, GDP, Consultant or Independent Nurse use one of the default codes below:

Format: 8 character alpha-numeric

Value	Meaning	Valid From	Valid To
X9999998	<i>Not applicable or no code available (referrer not a GMP, GDP or Consultant)</i>	1 <sup>st</sup> May 1998	20 <sup>th</sup> January 2002
M9999998	Midwife	21 <sup>st</sup> January 2002	
N9999997	111 Services	1 <sup>st</sup> September 2001	
N9999998	Nurse Referral	1 <sup>st</sup> September 2001	31 <sup>st</sup> March 2006
S9999998	Self Referral	21 <sup>st</sup> January 2002	
A9999998	MOD doctor	1 <sup>st</sup> May 1998	
P9999981	Prison doctor	Pre 28 <sup>th</sup> December 1995	
R9999981	Referrer other than above	Pre 28 <sup>th</sup> December 1995	

See [Consultant Code](#)

See [GP Code](#)

See [Independent Nurse](#)

## Referring Organisation 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
OPR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
CRTT	1 <sup>st</sup> April 2009	31 <sup>st</sup> August 2011
RTT (Combined)	1 <sup>st</sup> September 2011	
RAD ds	1 <sup>st</sup> April 2026	

The code of the organisation of the General Medical Practitioner (GMP), General Dental Practitioner (GDP) and Consultant or Independent Nurse making the referral. This information is essential for managing contracts which are based on patterns of referral. Where a five character Organisation Code is used, it should be left justified and padded with a space.

Default codes:

Format: 6 character alpha-numeric

Value	Meaning	Valid From	Valid To
X99998	Organisation code not applicable	1 <sup>st</sup> May 1998	
X99999	Organisation code not known	1 <sup>st</sup> May 1998	20 <sup>th</sup> January 2002

### For Referral to Treatment Times (Combined):-

For the RTT (Combined) return, this data item should only be used to capture the 3 character Organisation Code (Code of Provider) when a tertiary referral takes place from one secondary care organisation to another **for Cardiac patients only** – i.e. Treatment Function Code 170 (Cardiothoracic Surgery) or 320 (Cardiology). In all other cases, 'X98' should be submitted.

The 'receiving' organisation is responsible for submitting RTT (Combined) data for any Cardiac tertiary referrals they have received from another organisation.

See [ORGANISATION CODE](#)

## Service Type Requested

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
PCR ds	1 <sup>st</sup> July 2008	

The terms of reference for the referral request.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Advice/Consultation	1 <sup>st</sup> April 1999	30th September 2024
2	Specific procedure	1 <sup>st</sup> April 1999	30th September 2024

3	Other	1 <sup>st</sup> April 1999	30th September 2024
4	Request for Advice	1st October 2024	
5	Request for Investigation	1st October 2024	
6	Request for Treatment	1st October 2024	

## Date of Patient Referral

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OPR ds	1 <sup>st</sup> July 2008	

This is the date on which the patient was told about the referral. The starting point should be the date of referral given on the referral notification (not the date the letter was received in hospital). In cases where the referrer fails to specify a date of referral, the date the referral notification was received should be used.

Dates to be used;

- Date the patient is told about the referral
- Date on referral notification
- Date of receipt of referral notification (only to be used where no date on document present)
- Date of verbal referral – For verbal referrals, the date of referral is equal to the date on which the verbal request is received. This date must be documented; any follow up written referral documentation will not affect the verbal date of referral.
- Where a patient self refers, the date of referral is equal to the date of attendance.

Format: 8 digit numeric, ccyyymmdd

## Patient Referral Date Status

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
OPR ds	1 <sup>st</sup> July 2008	

This allows the recording of date supplied or date not applicable for the Patient Referral Date.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date Supplied	1 <sup>st</sup> April 1999	
8	Date not applicable	1 <sup>st</sup> April 1999	
9	Date not known	1 <sup>st</sup> April 1999	20 <sup>th</sup> January 2002

## 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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OPR ds	1 <sup>st</sup> July 2008	

(OP ds: up to the 31<sup>st</sup> 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.

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## Clinical Referral Date Status

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OPR ds	1 <sup>st</sup> July 2008	

This allows the recording of date supplied or date not applicable for the Clinical Referral Date.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date Supplied	1 <sup>st</sup> April 2006	
8	Date not applicable	1 <sup>st</sup> April 2006	

## Location Type Code

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

This is a classification of location type.

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

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
01	Clients or patients home	1 <sup>st</sup> April 1999	
02	Health Centre	1 <sup>st</sup> April 1999	
03	Other GMP Premises	1 <sup>st</sup> April 1999	
04	Ward or NHS Hospital Site	1 <sup>st</sup> April 1999	
06	Hospice	1 <sup>st</sup> April 1999	
07	Other Voluntary or Private Hospital or Nursing Home	1 <sup>st</sup> April 1999	
08	Group Home managed by the NHS	1 <sup>st</sup> April 1999	
09	Group Home managed by Local Authority	1 <sup>st</sup> April 1999	
10	Group Home managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
11	Other Residential Care Homes managed by Local Authority	1 <sup>st</sup> April 1999	
12	Other Residential Care Homes managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
13	NHS Day Care Facility on NHS Hospital Sites	1 <sup>st</sup> April 1999	
14	NHS Day Care Facility on Other sites	1 <sup>st</sup> April 1999	
15	Day Centre managed by Local Authority	1 <sup>st</sup> April 1999	
16	Day Centre managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
17	NHS Consultant Clinic Premises on a NHS Hospital Site	1 <sup>st</sup> April 1999	
18	NHS Consultant Clinic Premises off a NHS Hospital Site	1 <sup>st</sup> April 1999	
19	Health Clinic managed by the NHS	1 <sup>st</sup> April 1999	
20	Health Clinic managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
21	Resource Centre on NHS Hospital Site	1 <sup>st</sup> April 1999	
22	Resource Centre managed by the NHS off NHS Hospital Site	1 <sup>st</sup> April 1999	
23	Resource Centre managed by Local Authority	1 <sup>st</sup> April 1999	
24	Resource Centre managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
25	Professional Staff Group Department on NHS Hospital Site	1 <sup>st</sup> April 1999	

26	Professional Staff Group Department managed by the NHS off NHS Hospital Site	1 <sup>st</sup> April 1999	
27	Professional Staff Group Department managed by Local Authority	1 <sup>st</sup> April 1999	
28	Professional Staff Group Department managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
29	School Premises managed by Local Authority or Grant Maintained	1 <sup>st</sup> April 1999	
30	School Premises managed by Voluntary or Private Agents	1 <sup>st</sup> April 1999	
31	Other Health or Local Authority Facility on NHS Hospital Site	1 <sup>st</sup> April 1999	
32	Other Health or Local Authority Site managed by the NHS off NHS Hospital Site	1 <sup>st</sup> April 1999	
33	Other Health or Local Authority Site managed by Local Authority	1 <sup>st</sup> April 1999	
34	Other Health or Local Authority Site managed by Voluntary or private Agents	1 <sup>st</sup> April 1999	
35	Prison Department Establishments	1 <sup>st</sup> April 1999	
36	Public Place or Street, or Police Station	1 <sup>st</sup> April 1999	
37	Other locations not classified elsewhere	1 <sup>st</sup> April 1999	
38	NHS Nursing Home	1 <sup>st</sup> April 1999	
39	Other Residential Care Homes managed by the NHS	1 <sup>st</sup> April 1999	

## Attendance Date Status

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 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

This allows the recording of date supplied or date not applicable for the attendance date.  
Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date Supplied	1 <sup>st</sup> April 2004	
8	Date not applicable	1 <sup>st</sup> April 2004	

## Last DNA or Patient Cancelled Date

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 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

This derived item should only be recorded for the first attendance for outpatient treatment

Format: 8 digit numeric, CCYYMMDD

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## Last DNA or Patient Cancelled Date Status

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 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026

This allows the recording of date supplied or date not applicable for the last DNA or patient cancelled date.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date Supplied	1 <sup>st</sup> April 1999	
8	Date not applicable	1 <sup>st</sup> April 1999	
9	Date not known	1 <sup>st</sup> April 1999	20 <sup>th</sup> January 2002

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## Waiting List Date (WLD)

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 <sup>st</sup> April 1999	
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012

### For APC:-

For elective admissions the Waiting List Date (WLD) is initially set to the same date as the Decision to Admit Date. For all other admissions (Emergency, Maternity and Other admissions) the WLD should be blank.

The Decision to Admit Date can never change. In contrast, there are a number of situations where the WLD can be changed. These include reinstatement to a waiting list following removal, or where a patient has chosen to remain with a consultant when offered an earlier appointment with a different consultant.

The circumstances where the WLD can be changed along with the rules for calculating the WLD can be found in the 'Guide to Good Practice – Elective Services' (September 2005) Chapter 2.

### For OP:-

The Waiting List Date (WLD) is initially set to the same date as the Clinical Referral Date, but for emergency OP appointments and for follow up appointments the WLD should be blank.

The Clinical Referral Date (CRD) date can never change. In contrast, there are a number of situations where the WLD can be changed. These include rescheduling an appointment at the patient's request, reinstatement to a waiting list following removal, or where a patient has chosen to remain with a consultant when offered an earlier appointment with a different consultant.

The circumstances where the WLD can be changed along with the rules for calculating the WLD can be found in the 'Guide to Good Practice – Elective Services' (September 2005) Chapter 2.

Format: 8 digit numeric, CCYYMMDD

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## Waiting List Date Status

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 <sup>st</sup> April 1999	
OP ds	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012

This allows the recording of date supplied or date not applicable for the Waiting List Date.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Date Supplied	1 <sup>st</sup> April 2006	
8	Date not applicable	1 <sup>st</sup> April 2006	

## Self-Management Pathway Type

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 <sup>st</sup> January 2024	30 <sup>th</sup> June 2026

For patients who have not been added to a Self-Management pathway, record value must be 04.

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
01	See on Symptom	1 <sup>st</sup> January 2024	
02	Patient Initiated Follow-Up	1 <sup>st</sup> January 2024	
03	Remote Monitoring	1 <sup>st</sup> January 2024	
04	Not Applicable	1 <sup>st</sup> January 2024	

### C) Changes to existing Data Items

## Record Id

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 <sup>st</sup> April 1999	
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OP CR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
PAP ds	1 <sup>st</sup> May 2013	

This is the field to identify the type of record being submitted.

Format: 1 alpha

DS	Value	Meaning	Valid From	Valid To
APC	L	New record	1 <sup>st</sup> July 1997	
	A	Amendment record	1 <sup>st</sup> July 1997	
	C	Deletion record	1 <sup>st</sup> July 1997	
OPPCOA/ CC/ OPRPCR/ EDDS/ PAP	N	New record	31 <sup>st</sup> May 2005 for OPPCOA 31 <sup>st</sup> December 2006 for CC 1 <sup>st</sup> October 2008 for OPR 1 <sup>st</sup> April 2009 for EDDS 1 <sup>st</sup> May 2013 for PAP ds	
	A	Amendment record	31 <sup>st</sup> May 2005 for OPPCOA 31 <sup>st</sup> December 2006 for CC 1 <sup>st</sup> October 2008 for OPR 1 <sup>st</sup> April 2009 for EDDS 1 <sup>st</sup> May 2013 for PAP ds	
	D	Deletion record*	31 <sup>st</sup> May 2005 for OPPCOA 31 <sup>st</sup> December 2006 for CC 1 <sup>st</sup> October 2008 for OPR 1 <sup>st</sup> October 2009 for EDDS 1 <sup>st</sup> May 2013 for PAP ds	

Note: there is no record id in the layout of the Elective Admission List (EAL) mandatory dataset as this is a periodic census, providing a 'snapshot' on a specific date.

The values of the Record Id in the Admitted Patient Care (APC) layout were originally used for the Hospital Activity Analysis reporting. With the commencement of PEDW (early 1990's) these same values were carried forward into the APC development. At the time of the Outpatient mandated dataset it was agreed that these values should adopt a more logical standard.

\* Bulk Delete Headers were introduced to enable organisations to delete a time series of data in one transaction instead of individual delete records.

Depending on the data provided as part of the bulk delete header record, individual deletion ('D') records are automatically created by the NHS Wales Data Switching Service, deleting the related records from the national databases.

A detailed description of the format and processing of bulk delete header records can be found on the NHS Wales Data Switching Service website, along with additional technical information relation to the submission of the data set:

<http://nwdss.hsw.wales.nhs.uk>

## Organisation Code (Code of Provider)

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012

ØP ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
ØPCR ds	1 <sup>st</sup> July 2008	
DATS		
RTT	1 <sup>st</sup> April 2007	31 <sup>st</sup> August 2011
RTT-PTR	1 <sup>st</sup> September 2008	30 <sup>th</sup> September 2009
PP01W		8 <sup>th</sup> February 2021
EDDS	1 <sup>st</sup> April 2009	
RTT (Combined)	1 <sup>st</sup> September 2011	
PAP ds	1 <sup>st</sup> April 2013	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	
SCPA ds	1 <sup>st</sup> January 2021	3 <sup>rd</sup> February 2021
WECDS	1 <sup>st</sup> August 2024	
AUT WT ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

This is the organisation code of the health care provider. The provider code identifies the health care provider who is responsible for managing the treatment of the patient.

**Notes:**

1. Healthcare providers may also act as commissioners when sub-contracting patient care services to other providers of health care.
2. Although the healthcare provider identified in this data item is responsible for managing the patient's treatment, it may not necessarily be where the treatment is actually conducted. For example, where the treatment has been sub-contracted to another healthcare provider.
3. For PCRØPR ds, the Organisation Code (Code of Provider) is that of the organisation receiving the referral. If the provider is a Local Health Board/Trust, use the 3 character Local Health Board/Trust code with 2 zeros placed in the 4th and 5th character position.
4. For Referral to Treatment Times (Combined), use the 3 character Local Health Board/Trust code.

**Format:**

For Patient Level Data Sets (APC, ØPPCOA, CC, ØPRPCR, PAP, RTDS):-  
5 character alpha-numeric Local Health Board/Trust Code with 2 zeros placed in the 4<sup>th</sup> and 5<sup>th</sup> character position.

For Aggregate Data Collections (DATS and RTT (Combined)):-  
3 character alpha numeric Local Health Board/Trust Code

Value	Meaning
XAABB	The organisation code for the provider

**Default codes:**

Value	Meaning	Valid From	Valid To
89997	Non-UK provider where no organisation code has been issued	1 <sup>st</sup> April 2004	

89999	Non-NHS UK provider where no organisation code has been requested and issued	1 <sup>st</sup> April 2002	
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See [ORGANISATION CODE](#)

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#) for Organisation Code.

### 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
ØP ds <b>PCOA ds</b>	1 <sup>st</sup> April 1999	
RTT	1 <sup>st</sup> April 2007	31 <sup>st</sup> August 2011
PP01W		8 <sup>th</sup> February 2021
ØPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 1999	
CRTT	1 <sup>st</sup> June 2009	31 <sup>st</sup> August 2011
Angiogram	1 <sup>st</sup> December 2008	1 <sup>st</sup> April 2010
RTT (Combined)	1 <sup>st</sup> September 2011	
MI ds	1 <sup>st</sup> April 2016	
WECDs	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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.	N/A	N/A

	Codes for Welsh LHBs can be accessed via the Welsh Reference Data & Terminology Service – <a href="http://WRDTS(wales.nhs.uk)">WRDTS (wales.nhs.uk)</a> ( <b>NHS Wales Users Only</b> )		
X98	Not applicable e.g. for overseas visitors	1 <sup>st</sup> 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 31<sup>st</sup> 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](#)

**FOR RADIOLOGY DATA SET:**

See [Core Reference Data Standards](#) for Organisation Code.

## Priority Type

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 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds <a href="#">PCOA ds</a>	1 <sup>st</sup> April 1999	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	

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

For [Planned Care Outpatient Activity](#) [Data sSet](#):

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 [secondary care clinician Consultant](#), it is as assessed by or on behalf of the [secondary care clinician 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 specialty (where the new clinical prioritisation process has been applied.)

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Routine	1 <sup>st</sup> April 1999	
2	Urgent	1 <sup>st</sup> April 1999	
Ophthalmology specialty (where the new clinical prioritisation process has been applied)			
4	Personalised Target	1 <sup>st</sup> September 2018	

## Main Specialty (~~Consultant~~ Clinician)

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

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
<del>OP ds</del> PCOA ds	1 <sup>st</sup> April 1999	
RTT	1 <sup>st</sup> April 2007	31 <sup>st</sup> August 2011
PP01W		8 <sup>th</sup> February 2021
<del>OP</del> CR ds	1 <sup>st</sup> July 2008	
RTT-PTR	1 <sup>st</sup> September 2008	30 <sup>th</sup> September 2009
National Cancer Ds - Core		
National Cancer Ds - SACT		
RAD ds	1 <sup>st</sup> April 2026	

A unique code identifying each Main Specialty designated by Royal Colleges.

Specialties are divisions of clinical work which may be defined by body systems (dermatology), age (paediatrics), clinical technology (nuclear medicine), clinical function (rheumatology), group of diseases (oncology) or combinations of these factors. Only Specialty titles recognised by the Royal Colleges and Faculties should be used. This list is maintained by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and European Primary and Specialist Dental Qualifications Regulations 1998.

Each consultant clinician should be assigned a Main Specialty by the organisation to which the consultant clinician is contracted. For physicians and surgeons with a generalist component to their work, the Main Specialty should be general medicine or general surgery. The hallmark of a general physician or general surgeon is the continued care of unselected emergency referrals. The Main Specialty is specific to a Health Care Provider. If, for example, a consultant clinician physician working in two Health Care Providers has a generalist component to the work in one and not the other, general medicine is only assigned as the Main Specialty in the former case. Consultants Clinicians in general medicine or general surgery may also have specialist interests and these should be recorded as well as the Main Specialty.

The initial source of the information should be the designation on the consultant's clinician's contract. This should be checked periodically against the work a consultant clinician is actually doing so that the statistics can relate to a consultant's clinician's current type of work.

The Main Specialty only should be used for the purpose of producing Specialty costing statistics and for Workforce statistics where links with activity and finance are required. Other specialist interests of consultants clinicians may be recorded for workforce planning purposes.

The Main Specialty code for general practitioners is General Medical Practice or General Dental Practice.

Joint Consultant Clinician Clinic activity should be recorded against the Main Specialty code of the consultant clinician managing the clinic.

Where the response for data item (Consultation method) is

- Virtual Clinical Review (Non-Patient Contact), record the main specialty of the lead consultant clinician

Format: 3 digit numeric

Code	Main Specialty Title	Valid From	Valid To	Comments
<b>Surgical Specialties</b>				
100	General Surgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - General Surgery</a>
101	Urology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Urology</a>
107	Vascular Surgery	24 <sup>th</sup> January 2022		For further information, see: <a href="#">Royal</a>

				<a href="#">College of Surgeons - Vascular Surgery</a>
110	Trauma and Orthopaedics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Orthopaedic Surgery</a>
120	Ear Nose and Throat	Pre 28 <sup>th</sup> December 1995		Formerly known as ENT. For further information, see: <a href="#">Royal College of Surgeons - Ear, Nose and Throat (ENT)</a>
130	Ophthalmology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Ophthalmologists</a>
140	Oral Surgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Oral and Maxillofacial Surgery</a>
141	Restorative Dentistry	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The British Society for Restorative Dentistry (BSRD)</a>
142	Paediatric Dentistry	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The British Society of Paediatric Dentistry</a>
143	Orthodontics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">British Orthodontic Society</a>
145	Oral and Maxillofacial Surgery	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Royal College of Surgeons - Oral and Maxillofacial Surgery</a>
146	Endodontics	1 <sup>st</sup> April 2015		For further information, see: <a href="#">British Endodontic Society</a>
147	Periodontics	1 <sup>st</sup> April 2015		For further information, see: <a href="#">British Society of Periodontology</a>
148	Prosthodontics	1 <sup>st</sup> April 2015		For further information, see: <a href="#">The British Society of Prosthodontics (BSSPD)</a>
149	Surgical Dentistry	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Royal</a>

				<a href="#">College of Surgeons - Faculty of Dental Surgery (FDS)</a>
150	Neurosurgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Neurosurgery</a>
160	Plastic Surgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Plastic and Reconstructive</a>
170	Cardiothoracic Surgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Cardiothoracic Surgery</a>
171	Paediatric Surgery	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Surgeons - Paediatric Surgery</a>
<b>Medical Specialties</b>				
180 <sup>1</sup>	Emergency Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as Accident and Emergency. For further information, see: <a href="#">The Royal College of Emergency Medicine</a>
190	Anaesthetics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Anaesthetists</a>
192	Intensive Care Medicine	1 <sup>st</sup> April 2015		Formerly known as Critical Care Medicine. For further information, see: <a href="#">The Faculty of Intensive Care Medicine</a>
200	Aviation and Space Medicine	24 <sup>th</sup> January 2022		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Aviation and Space Medicine</a>
300	General Internal Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as General Medicine. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - General Internal Medicine (GIM)</a>
301	Gastroenterology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training</a>

				<a href="#">Board - Gastroenterology</a>
302	Endocrinology and Diabetes	Pre 28 <sup>th</sup> December 1995		Formerly known as Endocrinology. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Endocrinology and Diabetes Mellitus</a>
303	Clinical Haematology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Haematology</a>
304	Clinical Physiology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Registration Council for Clinical Physiologists</a>
305	Clinical Pharmacology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Clinical Pharmacology and Therapeutics (CPT)</a>
310	Audio Vestibular Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as Audiological Medicine. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Audio vestibular Medicine</a>
311	Clinical Genetics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Clinical Genetics</a>
313	Clinical Immunology	Pre 28 <sup>th</sup> December 1995		Formerly known as Clinical Immunology and Allergy. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Immunology</a>
314	Rehabilitation Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as Rehabilitation. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Rehabilitation Medicine</a>
315	Palliative Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of</a>

				<a href="#">Physicians Training Board - Palliative Medicine</a>
317	Allergy	24 <sup>th</sup> January 2022		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Allergy</a>
320	Cardiology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Cardiology</a>
321	Paediatric Cardiology	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Paediatric Cardiology</a>
325	Sport and Exercise Medicine	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Faculty of Sport and Exercise Medicine</a>
326	Acute Internal Medicine	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Acute Internal Medicine</a>
330	Dermatology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Dermatology</a>
340	Respiratory Medicine	Pre 28 <sup>th</sup> December 1995		Also known as Thoracic Medicine. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Respiratory Medicine</a>
350	Infectious Diseases	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Infectious Diseases and Tropical Medicine</a>
352	Tropical Medicine	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Infectious Diseases and tropical Medicine</a>

360	Genitourinary Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Genitourinary Medicine</a>
361	Renal Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as Nephrology. For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Renal Medicine</a>
370	Medical Oncology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Medical Oncology</a>
371	Nuclear Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Nuclear Medicine</a>
400	Neurology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Neurology</a>
401	Clinical Neurophysiology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Clinical Neurophysiology</a>
410	Rheumatology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">British Society for Rheumatology</a>
420	Paediatrics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Paediatrics and Child Health - General Paediatrics</a>
421	Paediatric Neurology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Paediatrics and Child Health - Neurology</a>
430	Geriatric Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Geriatric Medicine</a>

450	Dental Medicine	Pre 28 <sup>th</sup> December 1995		Formerly known as Dental Medicine Specialties. For further information, see: <a href="#">Royal College of Surgeons - Faculty of Dental Surgery (FDS)</a>
451	Special Care Dentistry	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Special Care Dentistry Association (SCDA)</a>
460	Medical Ophthalmology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Joint Royal Colleges of Physicians Training Board - Medical Ophthalmology</a>
500	Obstetrics and Gynaecology	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Royal College of Obstetricians and Gynaecologists</a>
501	Obstetrics	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Obstetricians and Gynaecologists</a>
502	Gynaecology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Obstetricians and Gynaecologists</a>
504	Community Sexual and Reproductive Health	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Faculty of Sexual &amp; Reproductive Healthcare of the Royal College of Obstetricians &amp; Gynaecologists</a>
600	General Medical Practice	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Royal College of General Practitioners</a>
601	General Dental Practice	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Royal College of Surgeons - Faculty of Dental Surgery (FDS)</a>
831 <sup>1</sup>	Medical Microbiology and Virology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists - Medical Microbiology and The Royal College of Pathologists - Virology</a>

833 <sup>1</sup>	Medical Microbiology	1 <sup>st</sup> April 2015		Also known as Microbiology and Bacteriology. For further information, see: <a href="#">The Royal College of Pathologists - Medical Microbiology</a>
834 <sup>1</sup>	Medical Virology	1 <sup>st</sup> April 2015		For further information, see: <a href="#">The Royal College of Pathologists - Medical Virology</a>
<b>Mental Health</b>				
700	Learning Disability	Pre 28 <sup>th</sup> December 1995		Also known as Intellectual Disability. For further information, see: <a href="#">Royal College of Psychiatrists - Faculty of the Psychiatry of Intellectual Disability</a> and <a href="#">British Institute of Learning Disabilities</a>
710	Adult Mental Illness	Pre 28 <sup>th</sup> December 1995		
711	Child and Adolescent Psychiatry	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Psychiatrists - Faculty of Child and Adolescent Psychiatry</a>
712	Forensic Psychiatry	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Psychiatrists - Faculty of Forensic Psychiatry</a>
713	Medical Psychotherapy	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Psychiatrists - Faculty of Medical Psychotherapy</a>
715	Old Age Psychiatry	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Psychiatrists - Faculty of Old Age Psychiatry</a>
<b>Other</b>				
560 <sup>1</sup>	Midwifery	Pre 28 <sup>th</sup> December 1995		Formerly known as Midwife Episode. For further information, see: <a href="#">Royal College of Midwives</a>

800 <sup>1</sup>	Clinical Oncology	Pre 28 <sup>th</sup> December 1995		Formerly known as Radiotherapy. For further information, see: <a href="#">The Royal College of Radiologists - Clinical Oncology</a>
810 <sup>1</sup>	Radiology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Radiologists (RCR)</a>
820 <sup>1</sup>	General Pathology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists</a>
821 <sup>1</sup>	Blood Transfusion	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists - Blood Transfusion</a>
822 <sup>1</sup>	Chemical Pathology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists</a>
823 <sup>1</sup>	Haematology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists - Haematology</a>
824 <sup>1</sup>	Histopathology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists - Histopathology</a>
830 <sup>1</sup>	Immunopathology	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">The Royal College of Pathologists - Immunology</a>
900	Community Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Faculty of Public Health</a>
901	Occupational Medicine	Pre 28 <sup>th</sup> December 1995		For further information, see: <a href="#">Royal College of Physicians - Faculty of Occupational Medicine</a>
902	Community Health Services Dental	1 <sup>st</sup> April 2015		For further information, see: <a href="#">Faculty of Public Health</a>
903	Public Health Medicine	1 <sup>st</sup> April 2015		For further information,

				see: <a href="#">Faculty of Public Health</a>
904	Public Health Dental	1 <sup>st</sup> April 2015		For further information, see: <a href="#">GOV.uk - Oral Health</a>
950	Nursing	Pre 28 <sup>th</sup> December 1995		Formerly known as Nursing Episode. For further information, see: <a href="#">Nursing &amp; Midwifery Council</a>
960	Allied Health Professional	1 <sup>st</sup> April 2015		Formerly known as Allied Health Professional Episode. For further information, see: <a href="#">Health and Care Professions Council</a>

Specialty Codes can be viewed through the following link to the Welsh Reference Data Service (WRDS Website): [WRDTS \(wales.nhs.uk\)](http://WRDTS.wales.nhs.uk)

#### Notes:

<sup>1</sup> Main Specialty codes which have changed sections within the Main Specialty table.

#### Retired

Code	Main Specialty Title	Valid From	Valid To
191	Pain Management	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
199	Non-UK provider; specialty function not know, treatment mainly surgical ( <i>only applicable for overseas providers</i> )	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
312	Clinical Cytogenetics and Molecular Genetics	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
499	Non-UK provider: specialty function not known, treatment mainly medical ( <i>only applicable for overseas providers</i> )	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
510	Obstetrics – AN (outpatients)	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
520	Obstetrics - PN (outpatients)	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
610	GP Maternity	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015

620	GP Other	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
832	Neuropathology	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015
990	Joint Consultant Clinics	Pre 28 <sup>th</sup> December 1995	31 <sup>st</sup> March 2015

FOR RADIOLOGY DATA SET:  
See [Core Reference Data Standards](#).

## Consultant 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	Pre 28 <sup>th</sup> December 1995	
EAL	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds PCOA ds	1 <sup>st</sup> April 1999	
EDDS	1 <sup>st</sup> April 2009	31 <sup>st</sup> March 2010
RTDS	1 <sup>st</sup> April 2014	
National Cancer Ds - Core		
National Cancer Ds - SACT		
National Cancer Ds - Brain & CNS		

Nationally agreed form for consultant code or Independent Nurse. It is the General Medical Council (GMC) code for the Consultant or the GP acting as a Consultant or locum Consultant, which is the unique identifier. The nurse's Registration Number will be used to identify the Independent Nurse.

Where the response for data item (Consultation method) is

- Virtual Clinical Review (Non-Patient Contact), record the consultant code of the lead consultant within the Virtual Clinical Review

Format: 8 character alpha-numeric

Value	Meaning	Valid From	Valid To
XXXXXXXX	Consultant code based upon General Medical Council registration number. The first character of the code is usually a 'C'. The 2nd to 8th characters are the GMC registration number.	Pre 28 <sup>th</sup> December 1995	
LNNNNNNN	<i>Code for Limited Registered doctor. (Note: the first two digits will normally be the year in which limited registration was granted)</i>	Pre 28 <sup>th</sup> December 1995	28 <sup>th</sup> February 2007
DDNNNNNN DD/NNNNN	For Dental Consultants who have not been registered with the GMC the General Dental Council (GDC) number has to be used. (The slash character represents a space. The slash must not be used in data for central returns)	1 <sup>st</sup> March 2007	
DD//NNNN	<i>For Dental Consultants who have not been registered with the GMC the General Dental Council (GDC) number has to be used. (The slash character represents a space. The slash must not be used in data for central returns)</i>	Pre 28 <sup>th</sup> December 1995	28 <sup>th</sup> February 2007
C9999998	Consultant code not known	1 <sup>st</sup> May 1998	20 <sup>th</sup> February 2002
C9999998	For NHS patients treated overseas, if the overseas doctor does not have a GMC code.	21 <sup>st</sup> June 2004	
D9999998	Dentist Code not known	1 <sup>st</sup> May 1998	20 <sup>th</sup> February 2002
M9999998	Midwife-led Activity If the patient episode is under the direct care of a Midwife the default Consultant Code must be M9999998 and the Treatment Function Code must be '560'.	1 <sup>st</sup> April 2000 Amended 1 <sup>st</sup> April 2006	
	For OP and APC ds only:		
YYYYYYYY	Independent Nurse The Nurse's Registration Number is used to record nurse-led activity in an Outpatients environment by an <a href="#">Independent Nurse</a>	1 <sup>st</sup> April 2006	31 <sup>st</sup> March 2018
NNANNNA	Nurse-led Activity or Midwife-led Activity Registration Number for any nurse (including midwife) meeting the definition of <a href="#">Clinic Appointment Nurse Led (Outpatients)</a> .	1 <sup>st</sup> April 2018	
N9999998	Nurse-led Activity - code not known For any nurse (excluding midwife) meeting the definition of <a href="#">Clinic Appointment Nurse Led (Outpatients)</a> , where the Registration Number is not known, or is not registered with the Welsh Reference Data & Terminology Service ( <a href="#">WRDTS</a> ).	1 <sup>st</sup> April 2018	
M9999998	Midwife-led Activity - code not known For any midwife meeting the definition of <a href="#">Clinic Appointment Nurse Led (Outpatients)</a> , where the	1 <sup>st</sup> April 2018	

Registration Number is not known, or is not registered with the Welsh Reference Data & Terminology Service (WRDTS).

See [GDC Registration Number](#)

See [GMC Registration Number](#)

## 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 <sup>st</sup> April 1999	
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
EDDS	1 <sup>st</sup> April 2009	
PAP ds	1 <sup>st</sup> April 2013	
MI ds	1 <sup>st</sup> April 2016	
WECDs	1 <sup>st</sup> August 2024	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	

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

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 **Planned Care Outpatients Activity**: -

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.

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#).

## **Medical-Clinical Staff Type Seeing Patient**

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

Data Set / Collection	Valid From	Valid To
OP-dsPCOA ds	1st April 1999	

A classification of the type of clinical staff reviewing the patient and making a clinical decision on the next stage of their pathway (this does not include those supporting staff for example, weight and blood pressure).

~~A classification of the type of medical staff seeing the patient during an Outpatient attendance: Consultant.~~

**For Planned Care Outpatient Activity:**

Where the response for data item (Consultation method) is

- Virtual Clinical Review (Non-Patient Contact), record the most relevant value for the ~~medical~~ clinical staff type taking the lead in the Virtual Clinical Review

Format: 2 character-alpha digit numeric

Value	Meaning	Valid From	Valid To
01	Consultant	1st April 1999	30th June 2026
02	Member of Consultant firm	1st April 1999	30th June 2026
08	Not applicable (e.g. for Ward Attenders)	1st April 1999	30th June 2026

03	Medical and Dental Staff	1 <sup>st</sup> February 2026	
04	Nursing, Midwifery and Health Visiting Staff	1 <sup>st</sup> February 2026	
05	Allied Health Professionals	1 <sup>st</sup> February 2026	

A list of Allied Health Professions that should be included under value '05 – Allied Health Professionals':

- Scientific
- Therapeutic
- Technical Staff

## Attended or Did not Attend

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 PCOA ds	1 <sup>st</sup> April 1999	

This indicates whether a person or patient attended for an appointment. If the patient did not attend, it also indicates whether or not advanced warning was given.

Where the response for data item Consultation Method is Virtual Clinical Appointment (Patient Contact) - Video or Virtual Clinical Appointment (Patient Contact) – Phone the recording of data item Attended or Did Not Attend may differ according to the individual scenario. Please refer to the guidance document for further information.

Format: ±2 digit numeric

Value	Meaning	Valid From	Valid To
<b>Attended</b>			
5	<del>Patient arrived on time or, if late, before the relevant health care professional was ready to see them and was seen.</del>		
01	Patient arrived or virtually attended an appointment on time or was late and was seen.	1 <sup>st</sup> April 1999	
6	Patient arrived late, after the relevant health care professional was first ready to see them, but was seen	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
<b>Could Not Attend (Patient)</b>			
7	Patient arrived late and could not be seen	1 <sup>st</sup> April 1999	30 <sup>th</sup> June 2026
02	Appointment was cancelled by, or on behalf of the patient	1 <sup>st</sup> April 1999	

Did Not Attend (Patient)			
8	Did not Phone	1 <sup>st</sup> April 2006	30 <sup>th</sup> June 2026
03	Did not attend - no advanced warning given	1 <sup>st</sup> April 1999	
Hospital Initiated Cancellation			
04	Appointment cancelled or postponed by the health care provider	1 <sup>st</sup> April 1999	

Note: The classification has been listed in logical sequence rather than in numeric order.

## Outcome of Attendance

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

Data Set / Collection	Valid From	Valid To
OP-dsPCOA ds	1 <sup>st</sup> April 1999	
EDDS	1 <sup>st</sup> April 2009	

This records the outcome of attendance.

~~FOR OUTPATIENTS DATA SET:~~

For Planned Care Outpatient Activity Data Set:

This should only be provided for patients who have attended an appointment, i.e. when the **Attended or Did not Attend** data item is submitted with the value **"01 - Patient arrived or virtually attended an appointment on time or was late and was seen"**.

This records the outcome of the Outpatient Attendance:

Format: ±2 digit numeric

Value	Meaning	Description	Valid From	Valid To
1	Discharged from Consultant care (last attendance) or Independent Nurse		1 <sup>st</sup> April 1999	31 <sup>st</sup> March 2007
2	Another appointment given		1 <sup>st</sup> April 1999	31 <sup>st</sup> March 2007
3	Appointment to be made at a later date		1 <sup>st</sup> April 1999	31 <sup>st</sup> March 2007
4	Referral to Treatment Period Start Point		1 <sup>st</sup> April 2007	30 <sup>th</sup> June 2026

5	Referral to Treatment Period Stop Point		1 <sup>st</sup> April 2007	30 <sup>th</sup> June 2026
6	Referral to Treatment Continuation of Status		1 <sup>st</sup> April 2007	30 <sup>th</sup> June 2026
9	Specialty Not Subject to Referral to Treatment Times Measurement		1 <sup>st</sup> April 2012	30 <sup>th</sup> June 2026
<b>List</b>				
01	Added to Follow up List	Added to Follow up List	1 <sup>st</sup> February 2026	
02	Added to Day Case List	Added to Day Case List	1 <sup>st</sup> February 2026	
03	Added to Inpatient List	Added to Inpatient List	1 <sup>st</sup> February 2026	
04	No decision made - Clinical Review needed	No outcome indicated at appointment as a clinical review is needed to determine the patient's next steps. The review must be completed within 10 working days.	1 <sup>st</sup> February 2026	
05	Patient Initiated Follow-Up (PIFU)	A PIFU pathway should be used as an alternative to routine follow-up in cases where the next appointment does not need to be booked at that point in time as the condition is being managed well by the patient. Therefore, the patient and clinician agree that the Patient initiates the next Follow Up when required, based on their understanding of their condition and when support is needed to maintain their health and wellbeing. This approach is usually used with patients with long-term conditions.  Or a patient is on multiple pathways, and one pathway takes priority and the other pathway is stopped whilst clinical focus is on the other pathway.	1 <sup>st</sup> February 2026	
06	See on Symptom (SOS)	A patient-centred approach that is used as an alternative to routine follow-up which results in patients being discharged when clinically safe to do so and then relies on the patient to self-refer if there are any issues with their condition within an agreed timeframe. See on symptom pathways should be utilised for short-term conditions.	1 <sup>st</sup> February 2026	

07	Remote Monitoring (Self-Management)	Remote Monitoring is a term to identify patients who are monitoring their condition via a third-party medical system such Patient Knows Best, My Medical Record, etc, in collaboration with their clinical team.	1 <sup>st</sup> February 2026	
08	Pre-optimisation Follow-Up	If a patient is assessed as being unfit to undergo their procedure/surgery, they can be added onto a Pre-Optimisation Follow-Up pathway for a maximum of 6 months.	1 <sup>st</sup> February 2026	
<b>Admission</b>				
20	Emergency Admission	Emergency Admission	1 <sup>st</sup> February 2026	
<b>Referral</b>				
30	Referred to Diagnostics (within the same or different health board)	Referred to Diagnostics (within the same or different health board)	1 <sup>st</sup> February 2026	
31	Referred to Therapies (Allied Health Professional) (within the same or different health board)	Referred to Therapies (Allied Health Professional) (within the same or different health board)	1 <sup>st</sup> February 2026	
32	Referred to another Consultant (within the same or different health board)	Referred to another Consultant (within the same or different health board)	1 <sup>st</sup> February 2026	
33	Referred to Regional Centre/Provision	Regional centres/provision are dedicated hospital sites which carry out planned operations as well as related outpatient appointments and in some cases diagnostics. They may involve collaboration with other health boards or provide regional provision internally across health board areas.	1 <sup>st</sup> February 2026	
34	Referred to Tertiary Centre	Specialised NHS care in services designated to provide the service in a specialist centre and delivered as a result of a referral from within secondary care.	1 <sup>st</sup> February 2026	
<b>Discharged</b>				
50	Discharged – Medication only	Discharged back to WG with medication only	1 <sup>st</sup> February 2026	

51	Discharged – Procedure or therapy completed	Discharged back to GP with Procedure undertaken or Therapy completed, this may or may not have included medication given	1 <sup>st</sup> February 2026	
52	Discharged – With advice only	Discharged back to GP with advice only	1 <sup>st</sup> February 2026	
53	Discharged – to Community/Primary Care Led Services	Discharged back to GP and where the clinical responsibility moves from secondary to community/primary care led services for continuation of treatment e.g. WGOS5	1 <sup>st</sup> February 2026	

The full definitions and implementation guidance for these new codes are the responsibility of the Access 2009 Project. Implementation guidelines can be found in WHC (2006) 081, with further guidance being issued under subsequent WHCs.

#### FOR EMERGENCY DEPARTMENT DATA SET:

This records the outcome of the Accident and Emergency Department Attendance.

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
01	Admitted to same Hospital within Local Health Board	1 <sup>st</sup> April 2009	
02	Admitted to other Hospital within Local Health Board	1 <sup>st</sup> April 2009	
03	Transferred to different Local Health Board	1 <sup>st</sup> April 2009	
04	Referred to Outpatient Department	1 <sup>st</sup> April 2009	
05	Referred to GP	1 <sup>st</sup> April 2009	
06	Referred to Other Healthcare Professional	1 <sup>st</sup> April 2009	
07	No Planned Follow-up	1 <sup>st</sup> April 2009	
08	Planned Follow-up at Accident and Emergency Department	1 <sup>st</sup> April 2009	
09	Patient Self Discharged without Clinical Consent	1 <sup>st</sup> April 2009	
10	Died in Department	1 <sup>st</sup> April 2009	
11	Patient Dead on Arrival	1 <sup>st</sup> February 2010	

**Note:** '11 – Dead on Arrival' should only be recorded for patients who have been certified as dead on arrival by a clinician in the Accident and Emergency Department

#### ***Patient Diagnostic Codes (optional)***

## Reason for Cancellation

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 <sup>st</sup> April 2013	
OP ds PCOA ds	1 <sup>st</sup> January 2020	
RAD ds	1 <sup>st</sup> April 2026	

The reason for the cancellation of an appointment/procedure.

Format: 3 digit numeric

Value	Meaning	Description	Valid From	Valid To	Data Set
<b>Cancellation - Clinical</b>					
101	Pre-existing Medical condition	The patient has a pre-existing medical condition, such as high blood pressure and the clinician has indicated that it needs to be resolved before the procedure can take place.	1 <sup>st</sup> April 2013		PAP ds
102	Unfit with Acute Illness	The clinician has decided that a patient is unfit due to a newly presented acute illness.	1 <sup>st</sup> April 2013		PAP ds
103	Procedure No Longer Necessary	The clinician has decided that the procedure is no longer necessary. For example, this could be due to the condition resolving itself.	1 <sup>st</sup> April 2013		PAP ds
104	Unsuitable for Day Case Procedure	The patient was originally listed to have their procedure as a day case. However, the clinician has decided that they need to be treated as an inpatient.	1 <sup>st</sup> April 2013		PAP ds
105	Other - Clinical	All other clinical cancellation reasons.	1 <sup>st</sup> April 2013		PAP ds
<b>Cancellation - Hospital</b>					

Value	Meaning	Description	Valid From	Valid To	Data Set
151	Administrative error	Appointment booked in error and therefore cancelled to remove the erroneous record. Includes additional appointments booked due to duplicate referrals.	1st January 2020		<del>OP ds</del> PCOA ds RAD ds
152	Adverse weather	Appointment cancelled due to adverse weather conditions affecting the clinician's ability to attend the clinic appointment. (Patient's inability to attend would be categorised as CNA). Will also include damage to property where the appointment is taking place, affecting safety. To include issues with Non-emergency Patient Transport (NEPTS) non-collection due to weather.	1st January 2020		<del>OP ds</del> PCOA ds RAD ds
152	Adverse weather	<del>Appointment cancelled due to adverse weather conditions affecting the clinician's ability to attend the clinic appointment. (Patient's inability to attend would be categorised as CNA). Will also include damage to property where the appointment is taking place, affecting safety. To include issues with Non-emergency Patient Transport (NEPTS) non-collection due to weather.</del>	<del>1st January 2020</del>		<del>OP ds</del> <del>RAD ds</del>
153	Appointment already taken place	The appointment is no longer necessary as the patient has already been seen. E.g. seen by other HB, privately etc	1st January 2020		<del>OP ds</del> PCOA ds RAD ds

Value	Meaning	Description	Valid From	Valid To	Data Set
154	Appointment brought forward	The appointment has been cancelled and rebooked.	1st January 2020		OP ds PCOA ds RAD ds
155	Awaiting diagnostics	Appointment cancelled due to essential test results not being available impacting on the ability to hold a meaningful consultation. Will also include instances where the case is yet to be reviewed via MDT etc.	1st January 2020		OP ds PCOA ds RAD ds
156	Change to clinic template	Changes to a template requiring cancellation of an appointment. These include clinic redesign with associated changes to the New to Follow up ratio or change to the location of the clinic. Will also include cancellations resulting from changes to job plans.	1st January 2020		OP ds PCOA ds RAD ds
157	Clinic validation	Appointment cancelled following direct instruction from the clinician. To include changes to original clinic plan following clinical reassessment.	1st January 2020		OP ds PCOA ds RAD ds
158	Clinician unavailable - annual leave / study leave / planned leave	Clinician assigned to undertake the appointment unavailable due to annual leave, study leave including mandatory training or requirement to attend examination, planned or professional leave, etc.	1st January 2020		OP ds PCOA ds RAD ds
159	Clinician unavailable - meeting	Clinician assigned to undertake the appointment unavailable due to a meeting or audit.	1st January 2020		OP ds PCOA ds RAD ds
160	Clinician unavailable - on call	Clinician assigned to undertake the appointment unavailable due to on call commitments or post take ward round commitments.	1st January 2020		OP ds PCOA ds RAD ds
161	Clinician unavailable - sickness / special leave	Clinician assigned to undertake the appointment unavailable due to sickness absence, special leave, bereavement leave,	1st January 2020		OP ds PCOA ds RAD ds

Value	Meaning	Description	Valid From	Valid To	Data Set
		requirement to attend court, Jury Service, paternity leave, etc.			
162	Current inpatient	The patient is unable to attend the appointment due to being an inpatient either at the same or another hospital.	1st January 2020		OP-ds PCOA ds RAD ds
163†	Equipment failure	Appointment cancelled due to the failure of essential equipment. Will also include general power failure and or connectivity issues.	1st January 2020		OP-ds PCOA ds RAD ds
164	List overbooked	Over-filled clinic reduced to maintain safe clinic numbers proportionate to the number of clinicians available. An over-filled may be due to extra patients being booked without appropriate authorisation.	1st January 2020		OP-ds PCOA ds RAD ds
165	Clinic overrun	The patient attended but the appointment was cancelled due to a significant overrun in the clinic. This excludes patient cancellation e.g. where the appointment is not cancelled but the patient is unable to wait	1st January 2020		OP-ds PCOA ds RAD ds
166	No notes available	Cancellation of appointment due to lack of vital information with which to conduct a safe consultation due to patient notes not being available for the clinic.	1st January 2020		OP-ds PCOA ds RAD ds
167	Industrial action	Cancellation of appointment due to lack of essential staffing numbers because of industrial action.	1st January 2020		OP-ds PCOA ds RAD ds
168	Operational workforce issues – other reason	Cancellation of appointment due to lack of essential staffing numbers. Reasons to include clinician covering for annual / study leave, clinician leaving with unfilled vacant posts	1st January 2020		OP-ds PCOA ds RAD ds

Value	Meaning	Description	Valid From	Valid To	Data Set
		or a lack of junior doctors.			
169	Short notice due to emergency / trauma – clinic cancelled	Clinic cancelled at short notice due to unforeseen emergency such as trauma or major incident.	1st January 2020		OP ds PCOA ds RAD ds
170	Short notice due to higher priority patients	Appointment cancelled at short notice due to service need prioritisation of more urgent or complex cases. Includes cancellation to ensure coverage of essential services i.e. USC, wards and theatre.	1st January 2020		OP ds PCOA ds RAD ds
171	Pre-existing medical condition	The patient has a pre-existing medical condition, such as high blood pressure and the clinician has indicated that it needs to be resolved before the procedure can take place.	1st April 2024		OP ds PCOA ds RAD ds
172	Unfit with acute illness	The clinician has decided that a patient is unfit due to a newly presented acute illness.	1st April 2024		OP ds PCOA ds RAD ds
173	Infectious disease	To record cancellations related to Infectious diseases such as COVID. This information could them be cross-referenced with data item 'Attend or Did Not Attend' to identify if this was cancelled by the patient or hospital.	1st April 2024		OP ds PCOA ds RAD ds
198	Hospital initiated cancellation – reason unknown	Cancellation initiated by the hospital for unspecified or unknown reason.	1st January 2020	31st March 2024	OP ds PCOA ds
199	N/A – Not a hospital cancellation <sup>1</sup>	For use in all cases where the appointment cancellation is not initiated by the hospital, or where the appointment is attended or DNAd by the patient. This code is not intended for selection in operational systems but is included for reporting purposes.	1st January 2020		OP ds PCOA ds RAD ds
<b>Cancellation – Non Clinical</b>					

Value	Meaning	Description	Valid From	Valid To	Data Set
201	Intensive Care Unit / High Dependency Unit Beds Unavailable	No Intensive Care Unit /High Dependency Unit beds are available for patient recovery	1 <sup>st</sup> April 2013		PAP ds
202	Ward Beds Unavailable	No ward beds are available for the patient admission.	1 <sup>st</sup> April 2013		PAP ds
203	Emergency Admission	An emergency admission takes priority over the patient's elective procedure.	1 <sup>st</sup> April 2013		PAP ds
204	List Overrun	The previous procedure(s) takes longer than originally planned, meaning the procedure is cancelled due to insufficient session time.	1 <sup>st</sup> April 2013		PAP ds
205	Clinical Staff Unavailable	A key member of clinical staff is unavailable.	1 <sup>st</sup> April 2013		PAP ds
206	Equipment Unavailable	A key piece of equipment is unavailable.	1 <sup>st</sup> April 2013		PAP ds
207	Administrative Error	An administrative error has occurred. For example, the patient has received the wrong date / time for their admission.	1 <sup>st</sup> April 2013		PAP ds
208	Other – Non Clinical	All other non clinical cancellation reasons. For example, cancellations due to inclement weather.	1 <sup>st</sup> April 2013		PAP ds
209	NHS Transport	NHS transport did not arrive/arrived late.	1 <sup>st</sup> February 2026		PCOA ds
210	Patient not brought	Non-attendance where a child or vulnerable adult was not brought to the appointment. For example, this may be identified by safeguarding teams, in accordance with the RTT guidance outlines in the <a href="#">planned-care-waiting-times-guidance-april-2025.pdf</a> .	1 <sup>st</sup> February 2026		PCOA ds
<b>Patient Cancellation</b>					
301	Pre-op Guidance Not Followed	Patient has not followed guidance given at pre-operative assessment.	1 <sup>st</sup> April 2013		PAP ds RAD ds

Value	Meaning	Description	Valid From	Valid To	Data Set
302	Appointment Inconvenient	The patient had a planned admission date but has notified the Local Health Board that it is inconvenient.	1 <sup>st</sup> April 2013		PAP ds RAD ds
303	Unfit for procedure	The patient declares themselves unfit for their procedure.	1 <sup>st</sup> April 2013		PAP ds RAD ds
304	Procedure Not Wanted	The patient decides they no longer want the procedure.	1 <sup>st</sup> April 2013		PAP ds RAD ds
305	Did Not Attend	The patient has not attended	1 <sup>st</sup> April 2013		PAP ds RAD ds
306	Other – Patient	All other patient cancellation reasons.	1 <sup>st</sup> April 2013		PAP ds RAD ds

† If a virtual consultation is unable to be completed due to a technical fault this is to be recorded as value 163 Equipment failure. For further information please refer to the guidance document.

<sup>1</sup> - Use value 199 for all completed appointments or cancellations not initiated by the hospital.

FOR POSTPONED ADMITTED PROCEDURE DATA SET: The reason for cancellation of an appointment/procedure.

FOR PLANNED CARE OUTPATIENT ACTIVITY DATA SET:  
The primary reason why an outpatient appointment was cancelled.

## **Operation Status Procedure Undertaken**

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 <sup>st</sup> April 1999	
OP ds PCOA ds	1 <sup>st</sup> April 1999	

Operation status Procedure Undertaken should be used once for each record to record states of knowledge regarding the operative procedure.

Where the response for data item (Consultation method) is

- Virtual Clinical Appointment (Patient Contact) – Video, N/A - Record a value of 8 - Not applicable i.e. no operative procedures performed or intended or leave blank.

•Virtual Clinical Appointment (Patient Contact) – Phone, N/A - Record a value of 8 - Not applicable i.e. no operative procedures performed or intended or leave blank.

•Virtual Clinical Review (Non-Patient Contact), N/A - Record a value of 8 - Not applicable i.e. no operative procedures performed or intended or leave blank.

#### For Planned Care Outpatient Activity Data Set:

An outpatient procedure is a medical procedure or surgery undertaken in an outpatient setting that allows you to go home on the same day as your procedure and does not require a bed or admission.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	One or more operative procedure carried out	1 <sup>st</sup> May 1998	
8	Not applicable i.e. no operative procedures performed or intended	1 <sup>st</sup> May 1998	
9	<i>Not known i.e. finished episode / outpatient attendance but no data entered or the episode is unfinished and no data needs to be present. This would be a validation error only for a finished episode</i>	1 <sup>st</sup> May 1998	20 <sup>th</sup> January 2002

### Primary OPCS 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 <sup>st</sup> April 1999	
OP dsPCOA ds	1 <sup>st</sup> April 1999	
RTDS	1 <sup>st</sup> April 2014	
National Cancer Ds - Core		

The primary intervention / procedure performed on a patient at a particular time, during the relevant episode, as determined by the responsible Consultant or Independent Nurse.

Different versions of OPCS-4 apply dependant on the episode end date (Admitted Patient Care data set) or attendance date (planned care outpatient activity data set) of the submitted record. The valid versions of OPCS-4 allowable in Wales are as follows:

OPCS Version	Valid From	Valid To
OPCS 4.2		31 <sup>st</sup> March 2006
OPCS 4.3	1 <sup>st</sup> April 2006	30 <sup>th</sup> September 2007
OPCS 4.4	1 <sup>st</sup> October 2007	31 <sup>st</sup> March 2009
OPCS 4.5	1 <sup>st</sup> April 2009	31 <sup>st</sup> March 2011
OPCS 4.6	1 <sup>st</sup> April 2011	31 <sup>st</sup> March 2012
OPCS 4.7	1 <sup>st</sup> April 2014	31 <sup>st</sup> March 2017
OPCS 4.8	1 <sup>st</sup> April 2017	31 <sup>st</sup> March 2020
OPCS 4.9	1 <sup>st</sup> April 2020	31 <sup>st</sup> March 2023
OPCS 4.10	1 <sup>st</sup> April 2023	

Format: 4 character alpha-numeric

Value	Meaning
ANNN	See OPCS Classification of Interventions and Procedures, Fourth Revision (Version 4).
Spaces	No procedure performed or episode not coded.

Listing of all current OPCS codes and descriptions can be found from the Reference Data site via the following link: [WRDTS \(wales.nhs.uk\)](http://WRDTS.wales.nhs.uk) (**NHS Wales Users Only**)

#### D) Existing Data Items

### Organisation Code (Code of Commissioner)

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP dsPCOA ds	1 <sup>st</sup> April 1999	
RAD ds	1 <sup>st</sup> April 2026	

*(This data item was formerly known as 'Organisation Code (Code of Purchaser)' with the new title and updated definition taking effect from the 21<sup>st</sup> January 2002. This data item was renamed form 'Code of Commissioner' on the 1<sup>st</sup> October 2009)*

This is the Organisation code of the health care commissioner. The commissioner code identifies the health care organisation which secures or purchases a patient's treatment during an episode of care.

Format: 5 character alpha-numeric

If the commissioner is a Local Health Board/Trust, use the 3 character Local Health Board/ Trust code with two zeros placed in the 4<sup>th</sup> and 5<sup>th</sup> character positions.

Default Codes:

Value	Meaning	Valid From	Valid To
VPP00	Private patient or overseas visitor who is not exempt from charges and has to pay his/her own bill	Pre 28 <sup>th</sup> December 1995	
TDH00	The Commissioner code for treatment provided by a special health authority (Department of Health)	Pre 28 <sup>th</sup> December 1995	

WOF00	The Commissioner code for eligible overseas visitors (exempt from NHS Charges) (National Assembly for Wales)	Pre 28 <sup>th</sup> December 1995	
4WANN	Local Health Group	21 <sup>st</sup> January 2002	31 <sup>st</sup> March 2003

See [ORGANISATION CODE](#)

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#) for Organisation Code.

## 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	1 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
PAP ds	1 <sup>st</sup> April 2013	
SM ds	1 <sup>st</sup> April 2014	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	
SCPA ds	1 <sup>st</sup> January 2021	3 <sup>rd</sup> February 2021
National Cancer Ds - Core		
National Cancer Ds - SACT		
WECDs	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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
- (in every other data set) for each patient registered with a GP practice in England and Wales.

The NHS number is allocated to an individual, to enable unique identification for NHS health care purposes.

The MI ds captures data relating to the woman at initial assessment and to mother and baby for all births. Each Health Board makes data available in relation to the events which they managed, and initial assessment and birth data will be linked nationally regardless of whether both events took place in the same or at different health boards. The NHS number is needed on each record to enable this data to be linked.

This NHS Number format was mandated for use effective 1<sup>st</sup> November 1997. Prior to this, the NHS Number was an alphanumeric code which ranged in size from 10 – 17 characters.

If known, the patient's Health and Care Number should be used to populate this field for patients resident in Northern Ireland.

If known, the patient's Community Health Index (CHI) Number should be used to populate this field for patients resident in Scotland.

Format: 10 digit numeric

See [Health and Care Number](#)

See [Community Health Index \(CHI\) Number](#)

Check Digit Algorithm

*(This algorithm applies to the Welsh and English NHS Number and the Northern Ireland Health & Care Number. The check digit algorithm for the Scottish CHI Number is available on request from the NHS Wales Informatics Service.)*

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position (starting from the left)	Factor
1	10
2	9
3	8
4	7
5	6
6	5
7	4

8	3
9	2

Step 2 Add the results of each multiplication together

Step 3 Divide the total by 11 and establish the remainder

Step 4 Subtract the remainder from 11 to give the check digit

Step 5 Check the remainder matches the check digit. If it does not, the number is invalid.

If the result of Step 4 is 11 then a check digit of 0 is used

If the result of Step 4 is 10 then the number is invalid and not used

## 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OP CR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
National Cancer Ds - Core		
WECDs	1 <sup>st</sup> August 2024	
AUT WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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.

## 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	
National Cancer Ds - Core		
WECDS	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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.

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
PCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	
National Cancer Ds – Core		
National Cancer Ds - SACT		
WECDS	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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

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 5<sup>th</sup> position is always blank (Δ) and possibly the 3<sup>rd</sup> and 4<sup>th</sup> characters may be blank also.

See [Postcode](#)

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#) for Postcode.

## **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 <sup>st</sup> April 2009	
OP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
RTDS	1 <sup>st</sup> April 2014	
SCPC ds	1 <sup>st</sup> January 2021	
National Cancer Ds - Core		
National Cancer Ds - SACT		

RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

This is the sex of person, employee or patient.

Format: 1 digit numeric

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

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#) for list of sex values.

## 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
ØP dsPCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
ØPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
SBH50-59a	-	2 <sup>nd</sup> January 2013
Non - Medical Staffing	-	2 <sup>nd</sup> January 2013
PAP ds	1 <sup>st</sup> April 2013	
SM ds	1 <sup>st</sup> April 2014	
RTDS	1 <sup>st</sup> April 2014	
MI ds	1 <sup>st</sup> April 2016	
SCPC ds	1 <sup>st</sup> January 2021	

National Cancer Ds - Core		
National Cancer Ds - SACT		
WECDS	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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 <sup>st</sup> March 2006	31 <sup>st</sup> January 2007
18111111	Date of Birth Unknown	1 <sup>st</sup> February 2007	

### (Psychiatric Census)

Date of birth of patient.

Format: 8 digit numeric, DDMCCYY

### 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 <sup>st</sup> September 2012	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
General		
GP ds PCOA ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	

ΘPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
RTDS	1 <sup>st</sup> April 2014	
SCPC ds	1 <sup>st</sup> January 2021	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

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.

Format: 6 character alpha-numeric

See [Organisation Code](#)

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#) for GP Practice Code.

## 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
ΘP dsPCOA ds	1 <sup>st</sup> April 1999	
ΘPCR ds	1 <sup>st</sup> July 2008	
EDDS	1 <sup>st</sup> April 2009	
PAP ds	1 <sup>st</sup> April 2013	
RTDS	1 <sup>st</sup> April 2014	
SCPC ds	1 <sup>st</sup> January 2021	
SCPA ds	1 <sup>st</sup> January 2021	3 <sup>rd</sup> February 2021
National Cancer Ds – Core		
National Cancer Ds - SACT		
WECDs	1 <sup>st</sup> August 2024	

AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> 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.

## Referral Identifier

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

Data Set / Collection	Valid From	Valid To
⊕PCR ds	1 <sup>st</sup> July 2008	
PCOA ds	1 <sup>st</sup> July 2026	

This locally produced code, in combination with the [Organisation Code \(Code of Provider\)](#), is used to uniquely identify a [referral](#).

Format: 12 character alpha-numeric

## Source of Referral: Outpatients

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

Data Set / Collection	Valid From	Valid To
⊕P-dsPCOA ds	1 <sup>st</sup> April 1999	
⊕PCR ds	1 <sup>st</sup> July 2008	

This is a classification which is used to identify the source of referral of each Outpatient Episode or Outpatient Referral.

Format: 2 character alpha-numeric

Value	Meaning	Valid From	Valid To
	Initiated by the Consultant or Independent Nurse responsible for the Outpatient episode		

01	Following an emergency admission	1 <sup>st</sup> April 1999	
02	Following a domiciliary visit	1 <sup>st</sup> April 1999	
10	Following an A&E attendance	1 <sup>st</sup> April 1999	
11	Other	1 <sup>st</sup> April 1999	
Not initiated by the Consultant or Independent Nurse responsible for the Outpatient episode			
03	Referral from General Medical Practitioner	1 <sup>st</sup> April 1999	
04	Referral from an A&E department	1 <sup>st</sup> April 1999	
05	Referral from a Consultant or Independent Nurse, other than in an A&E department	1 <sup>st</sup> April 1999	
06	Self-referral	1 <sup>st</sup> April 1999	
07	Referral from Prosthetist	1 <sup>st</sup> April 1999	30th September 2024
08	Other source of referral	1 <sup>st</sup> April 1999	
12	Referral from an Allied Health Professional	1st October 2024	
13	Referral from a national screening programme	1st October 2024	
14	Referral from a Health Care Scientist	1st October 2024	
15	Referral from an Optometrist	1 <sup>st</sup> October 2014	
92	General Dental Practitioner	1 <sup>st</sup> April 1999	
93	Community Dental Service	1 <sup>st</sup> April 1999	

Note: The classification has been listed in logical sequence rather than numeric order. Please refer to the table below for the complete list of Health Professionals to be included under values 12 and 14.

A list of Health Professionals that should be included under Source of Referral value, separated into Allied Health Professionals and Health Care Scientists:

Professional Type	Valid From	Valid To
<b>Allied Health Professionals:</b>		
Arts Therapists	1 <sup>st</sup> April 2025	
Dietitians	1 <sup>st</sup> April 2025	
Drama Therapists	1 <sup>st</sup> April 2025	
Music Therapists	1 <sup>st</sup> April 2025	
Occupational Therapists	1 <sup>st</sup> April 2025	
Orthoptists	1 <sup>st</sup> April 2025	

Orthotists	1 <sup>st</sup> April 2025	
Paramedics	1 <sup>st</sup> April 2025	
Physiotherapists	1 <sup>st</sup> April 2025	
Podiatrists	1 <sup>st</sup> April 2025	
Prosthetists	1 <sup>st</sup> April 2025	
Psychologists	1 <sup>st</sup> April 2025	
Speech and Language Therapists	1 <sup>st</sup> April 2025	
<b>Health Care Scientist:</b>		
Audiologist	1 <sup>st</sup> April 2025	
Biomedical Scientist	1 <sup>st</sup> April 2025	
Biomedical Scientist Specialist	1 <sup>st</sup> April 2025	
Chiropodist	1 <sup>st</sup> April 2025	
Clinical Scientists	1 <sup>st</sup> April 2025	
Hearing Dispenser	1 <sup>st</sup> April 2025	
Operating Department Practitioner	1 <sup>st</sup> April 2025	
Pharmacist	1 <sup>st</sup> April 2025	
Pharmacist Specialist	1 <sup>st</sup> April 2025	

## 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 <sup>st</sup> April 1999	
ØP ds PCOA ds	1 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
CC ds	1 <sup>st</sup> April 2007	
ØPCR ds	1 <sup>st</sup> July 2008	
RTT (Combined)	1 <sup>st</sup> September 2011	
PAP ds	1 <sup>st</sup> April 2013	
WECDS	1 <sup>st</sup> August 2024	
AUD WT ds	1 <sup>st</sup> April 2025	
RTT weekly PTL ds	1 <sup>st</sup> April 2025	
RAD ds	1 <sup>st</sup> April 2026	

(This data item was formerly known as 'Consultant Specialty Function Code' with the new title being implemented from 15<sup>th</sup> 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 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**

- o 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.
- o 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**

o 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.

o 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**

- o For consultant referrals, a 'pseudo' Treatment Function Code should not be used.
- o 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	Diagnostic Service

	Nerve conduction studies	
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
<b>Surgical Specialties</b>			
100	General Surgery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
101	Urology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
102	Transplant Surgery Service	1 <sup>st</sup> April 2015	<a href="#">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</a>
103	Breast Surgery Service	1 <sup>st</sup> April 2015	<a href="#">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</a>
104	Colorectal Surgery Service	1 <sup>st</sup> April 2015	Services for the surgical treatment of disorders of the lower intestine (colon, anus, and rectum)
105	Hepatobiliary and Pancreatic Surgery Service	1 <sup>st</sup> 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 <sup>st</sup> April 2015	<a href="#">Services for surgical treatment of disorders of the upper parts of the gastrointestinal tract. For further information, see: Royal College of Surgeons - General Surgery</a>
107	Vascular Surgery Service	1 <sup>st</sup> April 2015	<a href="#">Services for surgical treatment of diseases of the vascular system. For further information, see Royal College of Surgeons - Vascular Surgery</a>
108	Spinal Surgery Service	1 <sup>st</sup> April 2015	<a href="#">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</a>
109	Bariatric Surgery Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
110	Trauma and Orthopaedic Service	Pre 28 <sup>th</sup> 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: <a href="#">Royal College of Surgeons - Major Trauma Surgery</a> and <a href="#">Royal College of Surgeons - Orthopaedic Surgery</a>
111	Orthopaedic Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
113	Endocrine Surgery Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
115	Trauma Surgery Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
120	Ear Nose and Throat Service	Pre 28 <sup>th</sup> 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: <a href="#">Royal College of Surgeons - Ear, Nose &amp; Throat (ENT)</a> .

130	Ophthalmology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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.</a>
140	Oral Surgery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
141	Restorative Dentistry Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
143	Orthodontic Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
144	Maxillofacial Surgery Service	1 <sup>st</sup> 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 <sup>th</sup> January 2022	<a href="#">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 &amp; Maxillofacial Surgeons</a>
150	Neurosurgical Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
160	Plastic Surgery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
161	Burns Care Service	1 <sup>st</sup> April 2016	

			<a href="#">Services for the surgical and non-surgical treatment of burns within recognised specialist burns units and associated outreach services only. For further information, see: <a href="#">British Burn Association</a></a>
170	Cardiothoracic Surgery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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: <a href="#">Royal College of Surgeons - Cardiothoracic Surgery</a></a>
172	Cardiac Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">Royal College of Surgeons - Cardiothoracic Surgery</a></a>
173	Thoracic Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">Royal College of Surgeons - Cardiothoracic Surgery</a></a>
174	Cardiothoracic Transplantation Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">Royal College of Surgeons - Cardiothoracic Surgery</a></a>

**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.**

142 <sup>1</sup>	Paediatric Dentistry Service	Pre 28 <sup>th</sup> December 1995	<a href="#">Dedicated children's services for dentistry with appropriate facilities and support staff. For further information, see: <a href="#">The British Society of Paediatric Dentistry</a></a>
171 <sup>1</sup>	Paediatric Surgery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">Dedicated children's services for general surgery. For further information, see: <a href="#">Royal College of Surgeons - Paediatric Surgery</a></a>
211	Paediatric Urology Service	1 <sup>st</sup> April 2016	<a href="#">Dedicated children's services for surgical treatment of disorders of the urinary system and male reproductive system. For further information, see: <a href="#">British Association of Paediatric Surgeons - Urology</a></a>
212	Paediatric Transplantation Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">Royal College of Surgeons - General Surgery</a></a>
213	Paediatric Gastrointestinal Surgery Service	1 <sup>st</sup> April 2016	<a href="#">Dedicated children's services for surgical treatment of disorders of the gastrointestinal tract. For further information, see: <a href="#">British Association of Paediatric Surgeons - Gastrointestinal</a></a>

214	Paediatric Trauma and Orthopaedic Service	1 <sup>st</sup> April 2016	<a href="#">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)</a>
215	Paediatric Ear Nose and Throat Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
216	Paediatric Ophthalmology Service	1 <sup>st</sup> April 2016	<a href="#">Dedicated children's services for the surgical treatment of disorders and diseases of the eye. For further information, see: British &amp; Irish Paediatric Ophthalmology and Strabismus Association</a>
217	Paediatric Oral and Maxillofacial Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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 &amp; Maxillofacial Surgeons</a>
218	Paediatric Neurosurgery Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
219	Paediatric Plastic Surgery Service	1 <sup>st</sup> 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 <sup>st</sup> April 2016	<a href="#">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</a>
221	Paediatric Cardiac Surgery Service	1 <sup>st</sup> April 2016	Dedicated children's services for the surgical treatment of the heart or great vessels.
222	Paediatric Thoracic Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
223	Paediatric Epilepsy Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
230	Paediatric Clinical Pharmacology Service	24 <sup>th</sup> January 2022	<a href="#">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</a>

240	Paediatric Palliative Medicine Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
241	Paediatric Pain Management Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
242	Paediatric Intensive Care Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
250	Paediatric Hepatology Service	24 <sup>th</sup> January 2022	<a href="#">Dedicated children's services for the treatment of disease of the liver. For further information, see: Royal College of Paediatrics and Child Health - Hepatology</a>
251	Paediatric Gastroenterology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
252	Paediatric Endocrinology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
253	Paediatric Clinical Haematology Service	1 <sup>st</sup> 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 <sup>st</sup> April 2016	<a href="#">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</a>
255	Paediatric Clinical Immunology and Allergy Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
256	Paediatric Infectious Diseases Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
257	Paediatric Dermatology Service	1 <sup>st</sup> April 2016	<a href="#">Dedicated children's services for the treatment of diseases of the skin. For further information, see: The British Society for Paediatric Dermatology (BSPD)</a>
258	Paediatric Respiratory Medicine Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

259	Paediatric Nephrology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
260	Paediatric Medical Oncology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
261	Paediatric Inherited Metabolic Medicine Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
262	Paediatric Rheumatology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
263	Paediatric Diabetes Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
264	Paediatric Cystic Fibrosis Service	1 <sup>st</sup> 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 <sup>th</sup> January 2022	Dedicated children's services to care for patients with urgent problems delivered as part of an <a href="#">Accident and Emergency Attendance</a> . Excludes Trauma Surgery Service - see Treatment Function Code 115. For further information, see: <a href="#">Royal College of Paediatrics and Child Health - Emergency Medicine</a>
280	Paediatric Interventional Radiology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
290	Community Paediatric Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
291	Paediatric Neurodisability Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

321 <sup>1</sup>	Paediatric Cardiology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
421 <sup>1</sup>	Paediatric Neurology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>

### Medical Specialties

180 <sup>1</sup>	Emergency Medicine Service	Pre 28 <sup>th</sup> December 1995	Formerly known as Accident & Emergency. Services to care for patients with urgent problems delivered as part of an <a href="#">Accident and Emergency Attendance</a> or admission at an Accident and Emergency Department. Excludes Trauma Surgery Service - see Treatment Function Code 115. For further information, see: <a href="#">The Royal College of Emergency Medicine</a>
190	Anaesthetic Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
191 <sup>1</sup>	Pain Management Service	Pre 28 <sup>th</sup> December 1995	Services for complex pain disorders requiring diagnosis and treatment by a specialist Multi-disciplinary Team.
192	Intensive Care Medicine Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
200	Aviation and Space Medicine Service	24 <sup>th</sup> January 2022	Also known as Aerospace Medicine Services.  <a href="#">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</a>
300	General Internal Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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)</a>
301	Gastroenterology Service	Pre 28 <sup>th</sup> 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 <sup>th</sup> December 1995	<a href="#">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</a>
303	Clinical Haematology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
304	Clinical Physiology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
305	Clinical Pharmacology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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)</a>
306	Hepatology Service	1 <sup>st</sup> 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 <sup>st</sup> April 2016	<a href="#">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</a>
308	Blood and Marrow Transplantation Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
309	Haemophilia Service	1 <sup>st</sup> April 2016	Specialist services for the diagnosis, treatment, and management of haemophilia.
310	Audio Vestibular Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
311	Clinical Genetics Service	Pre 28 <sup>th</sup> December 1995	<a href="#">Services for the diagnosis and management of genetic disorders affecting individuals and their families. For further information, see: Clinical Genetics</a>

313	Clinical Immunology and Allergy Service	Pre 28 <sup>th</sup> 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: <a href="#">Welcome to the British Society for Allergy &amp; Clinical Immunology (BSACI)</a>
314	Rehabilitation Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
315	Palliative Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
316	Clinical Immunology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
317	Allergy Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
318	Intermediate Care Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
319	Respite Care Service	1 <sup>st</sup> April 2016	Services providing temporary care of a dependant person, providing relief for their usual caregivers
320	Cardiology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>

322	Clinical Microbiology Service	1 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> April 2016	<a href="#">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</a>
326	Acute Internal Medicine Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
327	Cardiac Rehabilitation Service	1 <sup>st</sup> 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 <sup>st</sup> April 2016	<a href="#">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)</a>
329	Transient Ischaemic Attack Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
330	Dermatology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">Services for the treatment of diseases of the skin. For further information, see: Joint Royal Colleges of Physicians Training Board - Dermatology</a>
331	Congenital Heart Disease Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
333	Rare Disease Service	24 <sup>th</sup> January 2022	<a href="#">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</a>

335	Inherited Metabolic Medicine Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
340	Respiratory Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
341	Respiratory Physiology Service	1 <sup>st</sup> April 2016	<a href="#">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 &amp; Physiology</a>
342	Pulmonary Rehabilitation Service	1 <sup>st</sup> 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 <sup>st</sup> 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 <sup>th</sup> January 2022	<a href="#">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</a>
348	Post-COVID-19 Syndrome Service	24 <sup>th</sup> January 2022	<a href="#">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.</a>
350	Infectious Diseases Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
352	Tropical Medicine Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
360	Genitourinary Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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)</a>

361	Renal Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
370	Medical Oncology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
371	Nuclear Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
400	Neurology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
401	Clinical Neurophysiology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
410	Rheumatology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
420	Paediatric Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
422	Neonatal Critical Care Service	1 <sup>st</sup> April 2016	<a href="#">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.</a>

424	Well Baby Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
430	Elderly Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
431	Orthogeriatric Medicine Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
450	Dental Medicine Service	Pre 28 <sup>th</sup> December 1995	<a href="#">Services for dental treatment carried out in a hospital setting. Includes Oral Medicine. For further information, see: British Dental Association.</a>
451	Special Care Dentistry Service	24 <sup>th</sup> January 2022	<a href="#">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)</a>
460	Medical Ophthalmology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
461	Ophthalmic and Vision Science Service	24 <sup>th</sup> January 2022	<a href="#">Services providing physiological measurement of the function of the eye and vision. Includes diagnostic electrophysiology of vision, imaging, and biometry.</a>
501	Obstetrics Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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 &amp; Gynaecologists - Obstetrics and Gynaecology</a>
502	Gynaecology Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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 &amp; Gynaecologists - Obstetrics and Gynaecology</a>
503	Gynaecological Oncology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

504	Community Sexual and Reproductive Health Service	24 <sup>th</sup> January 2022	<a href="#">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)</a>
505	Fetal Medicine Service	24 <sup>th</sup> 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 <sup>1</sup>	Medical Virology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

### Mental Health Services

656 <sup>1</sup>	Clinical Psychology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
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: <a href="#">Royal College of Psychiatrists - Faculty of the Psychiatry of Intellectual Disability</a> and <a href="#">British Institute of Learning Disabilities</a>
710	Adult Mental Illness Service	Pre 28th December 1995	<a href="#">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</a>
711	Child and Adolescent Psychiatry Service	Pre 28th December 1995	<a href="#">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</a>
712	Forensic Psychiatry Service	Pre 28th December 1995	<a href="#">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</a>
713	Medical Psychotherapy Service	Pre 28th December 1995	<a href="#">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</a>

715	Old Age Psychiatry Service	Pre 28th December 1995	<a href="#">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</a>
720	Eating Disorders Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
721	Addiction Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
722	Liaison Psychiatry Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
723	Psychiatric Intensive Care Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
724	Perinatal Mental Health Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
725	Mental Health Recovery and Rehabilitation Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
726	Mental Health Dual Diagnosis Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
727	Dementia Assessment Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

730	Neuropsychiatry Service	24 <sup>th</sup> January 2022	<a href="#">Mental Health Services for brain disorders and integration of psychiatry within clinical neurosciences. For further information, see: Royal College of Psychiatrists - Faculty of Neuropsychiatry</a>
<b>Other Services</b>			
560 <sup>1</sup>	Midwifery Service	Pre 28 <sup>th</sup> December 1995	<a href="#">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</a>
650 <sup>1</sup>	Physiotherapy Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
651 <sup>1</sup>	Occupational Therapy Service	1 <sup>st</sup> April 2016	Services using specific activities to limit the effects of disability and promote independence in all aspects of daily life
652 <sup>1</sup>	Speech and Language Therapy Service	1 <sup>st</sup> April 2016	<a href="#">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 &amp; Language Therapists - Speech and language therapy</a>
653 <sup>1</sup>	Podiatry Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
654 <sup>1</sup>	Dietetics Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
655 <sup>1</sup>	Orthoptics Service	1 <sup>st</sup> April 2016	<a href="#">Services providing the diagnosis and treatment of visual problems involving eye movement and alignment. For further information, see: British and Irish Orthoptic Society</a>
657 <sup>1</sup>	Prosthetics Service	1 <sup>st</sup> April 2016	<a href="#">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</a>

658 <sup>1</sup>	Orthotics Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">The British Association of Prosthetists and Orthotists (BAPO) - Orthotists</a></a>
659 <sup>1</sup>	Dramatherapy Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">British Association of Dramatherapists</a></a>
660 <sup>1</sup>	Art Therapy Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">British Association of Art Therapists</a></a>
661 <sup>1</sup>	Music Therapy Service	1 <sup>st</sup> April 2016	<a href="#">Services delivering a form of psychotherapy that uses music to support psychological, emotional, cognitive, physical, communicative and/or social needs. For further information, see: <a href="#">British Association for Music Therapy</a></a>
662 <sup>1</sup>	Optometry Service	1 <sup>st</sup> April 2016	Services providing the diagnosis and non-surgical treatment of disorders of the eye and vision care
663 <sup>1</sup>	Podiatric Surgery Service	1 <sup>st</sup> April 2016	<a href="#">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: <a href="#">The College of Podiatry</a></a>
670	Urological Physiology Service	24 <sup>th</sup> January 2022	<a href="#">Diagnostic services for the study of erectile, upper, and lower urinary tract function, including urodynamics. For further information, see: <a href="#">The British Association of Urological Surgeons</a></a>
673	Vascular Physiology Service	24 <sup>th</sup> January 2022	<a href="#">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: <a href="#">The Society for Vascular Technology</a></a>
675	Cardiac Physiology Service	24 <sup>th</sup> January 2022	<a href="#">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: <a href="#">Society for Cardiological Science and Technology (SCST)</a></a>

677	Gastrointestinal Physiology Service	24 <sup>th</sup> January 2022	<a href="#">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</a>
800 <sup>1</sup>	Clinical Oncology Service	Pre 28th December 1995	<a href="#">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</a>
811 <sup>1</sup>	Interventional Radiology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
812 <sup>1</sup>	Diagnostic Imaging Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
822 <sup>1</sup>	Chemical Pathology Service	Pre 28th December 1995	<a href="#">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</a>
840 <sup>1</sup>	Audiology Service	1 <sup>st</sup> April 2016	<a href="#">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</a>
920	Diabetic Education Service	1 <sup>st</sup> 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	

#### 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.

<sup>1</sup> Treatment Function Codes which have changed sections within the Treatment Function Code table.

#### Retired

Code	Treatment Function Title	Valid From	Valid To	Comments
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199	Non-UK provider: specialty function not know, 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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> 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
520	Obstetrics - PN (outpatients)	Pre 28th December 1995	31st March 2016	Record as Obstetrics, postnatal clinic can be used as a local sub-specialty 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

FOR RADIOLOGY DATA SET:

See [Core Reference Data Standards](#).

## 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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012
OP dsPCOA ds	1 <sup>st</sup> April 1999	
PP01W		
RTT (Combined)	1 <sup>st</sup> September 2011	
RTT weekly PTL ds	1 <sup>st</sup> 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 666 Assessment Unit	1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009	
160 Plastic Surgery	100 Plastic Surgery (non burns) 166 Plastic Surgery (non burns) ASSESSMENT 200 Burns Surgery 266 Burns Surgery ASSESSMENT	1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009 1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009	
170 Cardiothoracic Surgery	100 Cardiac Surgery 166 Cardiac Surgery ASSESSMENT 200 Thoracic Surgery 266 Thoracic Surgery ASSESSMENT 300 Paediatric Cardiac Surgery 366 Paediatric Cardiac Surgery ASSESSMENT	1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009 1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009 1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009	
320 Cardiology	100 Paediatric Cardiology 166 Paediatric Cardiology ASSESSMENT	1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009	
341 Respiratory Physiology	100 Sleep Disordered Breathing <sup>1</sup>	1 <sup>st</sup> June 2019	31 <sup>st</sup> May 2020
400 Neurology	100 Spinal Injuries 166 Spinal Injuries ASSESSMENT 900 Other Neurology 966 Other Neurology ASSESSMENT	1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009 1 <sup>st</sup> May 1998 1 <sup>st</sup> April 2009	

<sup>1</sup> 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 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.

## Clinic Purpose

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

Data Set / Collection	Valid From	Valid To
OP-dsPCOA ds	1 <sup>st</sup> April 1999	

This is the function of an outpatient clinic e.g. psychogeriatric, obstetric. No national classification of functions for outpatient clinics has been developed, so function titles must be decided locally. Certain specialty sub-divisions such as:

- a. Obstetric antenatal
- b. Obstetric postnatal
- c. Gynaecology

Must however be shown

Format: 15 character alpha-numeric

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## Attendance Identifier

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

Data Set / Collection	Valid From	Valid To
OP-dsPCOA ds	1 <sup>st</sup> April 1999	

A sequential number or time of day used to enable an attendance or appointment to be uniquely identified.

Note: If a patient is seen by a doctor, sent elsewhere for a test or X ray and then seen again by a doctor of the same Consultants firm during the same clinic session, it would be recorded as one attendance - not two.

Format: 12 character alpha-numeric

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## Administrative Category

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 <sup>st</sup> April 1999	
EAL ds	1 <sup>st</sup> April 1999	21 <sup>st</sup> November 2012

OP ds	1 <sup>st</sup> April 1999	
CC ds	1 <sup>st</sup> April 2007	
OPCR ds	1 <sup>st</sup> July 2008	
RAD ds	1 <sup>st</sup> April 2026	

This is to indicate whether the patient is treated as an NHS, private or amenity patient etc.

This data item became effective in April 1999 and together with the data item [Legal Status](#), replaced the data item Category of Patient.

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
01	NHS Patient, including overseas visitors charged under Section 121 of the NHS Act 1977 as amended by Section 7(12) and (14) of the Health and Medicine Act 1988	1 <sup>st</sup> April 1999	
02	Private Patient, one who uses accommodation or services authorised under Section 65 and/or 66 of the NHS Act 1977 (Section 7(10) of Health and Medicine Act 1988 refers) as amended by Section 26 of the National Health Service and Community Care Act 1990	1 <sup>st</sup> April 1999	
03	Amenity Patient, one who pays for the use of a single room or small ward in accord with Section 12 of the NHS Act 1977, as amended by Section 7(12) and (14) of the Health and Medicine Act 1988	1 <sup>st</sup> April 1999	
04	Category II patient (for diagnostic requests only)	1 <sup>st</sup> April 1999	

Notes: For Overseas visitors, if a reciprocal agreement is in place they can be classified as an NHS Patient (01). If no reciprocal agreement is in place the patient must pay for treatment and be classified as a Private Patient (02).

**The reciprocal agreement covers the following countries:-**

**A) Country by Country List of the UK's healthcare agreements with the EEA countries and Switzerland. The countries pseudo-postcodes are shown in brackets).**

Austria (ZZ99 4MZ)

Belgium (ZZ99 2DZ)

Bulgaria (ZZ99 4UZ)

Cyprus (ZZ99 6AZ)

Denmark (ZZ99 4FZ)

Estonia (ZZ99 7LZ)

Finland (ZZ99 4BZ)  
France (ZZ99 4GZ)  
Germany (ZZ99 4QZ)  
Greece (ZZ99 4RZ)  
Iceland (ZZ99 4CZ)  
Ireland (ZZ99 3AZ)  
Italy (ZZ99 4LZ)  
Latvia (ZZ99 7RZ)  
Liechtenstein (ZZ99 2PZ)  
Lithuania (ZZ99 7SZ)  
Luxembourg (ZZ99 2EZ)  
The Netherlands (ZZ99 4EZ)  
Norway (ZZ99 2AZ)  
Portugal ZZ99 4JZ)  
Romania (ZZ99 4ZZ)  
Spain (including the Canary and Balearic Islands) (ZZ99 4HZ)  
Sweden (ZZ99 2CZ)  
Switzerland (ZZ99 4PZ)

## **B) Country-by-country guide to entitlements outside the EEA**

Anguilla (ZZ99 6RZ)  
Armenia\* (ZZ99 7JZ)  
Australia (ZZ99 6GZ)  
Azerbaijan\*(ZZ99 7KZ)  
Barbados (ZZ99 6MZ)  
Belarus\* (ZZ99 7MZ)  
Bosnia and Herzegovina\* (ZZ99 5NZ)  
British Virgin Islands (ZZ99 6RZ)  
Channel Islands (ZZ99 3HZ)  
Croatia\* (ZZ99 5VZ)  
Czech Republic\* (ZZ99 5XZ)  
Falkland Islands (ZZ99 6UZ)  
Georgia\* (ZZ99 7NZ)  
Gibraltar\* (ZZ99 5AZ)  
Hungary\* (ZZ99 4XZ)

Iceland (ZZ99 4CZ)  
 Isle of Man (ZZ99 3BZ)  
 Kazakhstan\* (ZZ99 7PZ)  
 Kyrgyzstan\* (ZZ99 7QZ)  
 Macedonia\* (ZZ99 5QZ)  
 Malta\* (ZZ99 5BZ)  
 Moldova\* (ZZ99 9TZ)  
 Montserrat (ZZ99 6RZ)  
 New Zealand (ZZ99 6HZ)  
 Poland\* (ZZ99 4YZ)  
 Russia\* (ZZ99 7UZ)  
 Slovenia\* (ZZ99 5UZ)  
 St. Helena (ZZ99 6UZ)  
 Serbia and Montenegro (ZZ99 9SZ)  
 Tajikistan\* (ZZ99 7VZ)  
 Turkmenistan\* (ZZ99 7XZ)  
 Turks and Caicos Islands (ZZ99 6RZ)  
 Ukraine\* (ZZ99 7YZ)  
 Uzbekistan\* (ZZ99 7ZZ)

Countries with an asterisk (\*) have agreements covering their nationals and UK nationals only. The others cover all residents, irrespective of nationality. It is for non-nationals resident in an "all residents" country to produce evidence of their residential status.

Note: This list is current as at January 2006. Further information can be obtained from the 'Guidance for NHS Trust Hospitals in Wales' (issued 31st May 2004), which refers to 'Implementing the Overseas Visitors Hospital Charging Regulations'. Copies of this guidance can be obtained from the Welsh Assembly Government's web site.

## Attendance 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-dsPCOA ds	1 <sup>st</sup> April 1999	

This is the date of an attendance or appointment to attend.

Format: 8 digit numeric, CCYYMMDD

## Attendance Category

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 PCOA ds	1 <sup>st</sup> April 2009	
EDDS	1 <sup>st</sup> April 2009	
WECDS	1 <sup>st</sup> August 2024	

(This data item was formerly known as 'First Attendance' with the new title and data definition taking effect from 1<sup>st</sup> April 2009)

### FOR WELSH EMERGENCY CARE DATA SET

The category of Urgent and Emergency Care Attendance or Same Day Emergency Care Attendance which provides an indication of whether a patient is making a planned or un-planned attendance at the Urgent and Emergency Care Department.

Code	Category	Valid From	Valid To
01	Unplanned first Urgent and Emergency Care or Same Day Emergency Care Attendance for a new clinical condition (or deterioration of a chronic condition).		
02	Unplanned follow up Urgent and Emergency Care or Same Day Emergency Care Attendance for the same or a related clinical condition and within 7 days of the first Urgent and Emergency Care or Same Day Emergency Care Attendance at this Urgent and Emergency Care service.		
03	Unplanned follow-up Urgent and Emergency Care or Same Day Emergency Care Attendance for the same or a related clinical condition and within 7 days of the First Urgent and Emergency Care or Same Day Emergency Care Attendance at ANOTHER Urgent and Emergency Care service.		
04	Planned follow-up Urgent and Emergency Care or Same Day Emergency Care Attendance within 7 days of the First Urgent and Emergency Care or Same Day Emergency Care Attendance at THIS Urgent and Emergency Care service.		
XX	Not Applicable (Patient dead on arrival to Urgent and Emergency Care service.)		

Format: 2 digit alpha numeric

### FOR OUTPATIENTS

(This data item was formerly known as 'First Attendance' with the new title and data definition taking effect from 1st April 2009)

This categorises the type of attendance.

The first attendance is the start of the Outpatient episode and is the first attendance in a series with the same Consultant or Independent Nurse following a referral.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	New Attendance	1st April 2004	
2	Follow-up Attendance	1st April 2004	
3	Pre-Operative Assessment Attendance	1st April 2009	
4	Patient Initiated Follow Up	1st September 2024	
5	See on Symptom Follow Up	1st September 2024	
6	Remote Monitoring Triggered <sup>1</sup>	1st September 2024	

<sup>1</sup> Please note that Remote Monitoring Triggered appointments refer to patients who are managing their condition via a third-party system such as *My Medical Record* or *Patient Knows best*. For example, a clinician has reviewed the patients recent test results via the system and identifies the patient requires a follow up appointment.

#### **FOR EMERGENCY DEPARTMENT DATA SET:**

Accident and Emergency Attendance Category is an indication of whether a patient is making a first or follow-up attendance at the Accident and Emergency Department.

##### New Attendance

A new attendance is the first visit made by a patient to the Accident and Emergency Department for a particular injury or ailment. A new attendance can be the first in a series or one single attendance in an Accident and Emergency Department.

##### Planned Follow-up Attendance

A follow-up Accident and Emergency Attendance is a subsequent planned attendance at the same department, and for the same incident as the first attendance. A planned follow-up attendance is agreed or requested by a clinician.

##### Unplanned Follow-up Attendance

A patient returning to the Accident and Emergency Department with a conditional previously treated where they have not been asked to return by the clinician will be counted as an unplanned follow-up attendance.

Please note: This definition of an Attendance Category applies to QS1 and EDDS Reporting. For SITREPS Reporting, Unplanned Follow-ups should be counted as 'New Attendances'.

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
01	New Attendance	1 <sup>st</sup> April 2009	
02	Planned Follow-up	1 <sup>st</sup> April 2009	
03	Unplanned Follow-up	1 <sup>st</sup> April 2009	

## Consultation Method

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 PCOA ds	01 <sup>st</sup> October 2020	
OPCR ds	01 <sup>st</sup> October 2020	

For any Virtual Clinical Appointment (Patient Contact), record value must be 2 or 3.

For any Virtual Clinical Review (Non-Patient Contact), record value must be 4.

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Face to Face Appointment	01 <sup>st</sup> October 2020	
2	Virtual Clinical Appointment (Patient Contact) - Video	01 <sup>st</sup> October 2020	
3	Virtual Clinical Appointment (Patient Contact) - Phone	01 <sup>st</sup> October 2020	
4	Virtual Clinical Review (Non-Patient Contact)	01 <sup>st</sup> October 2020	

For definitions of these Values refer to [Defining Outpatient Activity \(Virtual Clinics\) – Phase One \(DSCN 2020 / 01\)](#)

## Primary ICD Diagnostic 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 <sup>st</sup> April 1999	
OP ds PCOA ds	1 <sup>st</sup> April 1999	
RTDS	1 <sup>st</sup> April 2014	
National Cancer Ds - Core		

This is the patient diagnosis for:

- the main condition treated or investigated during the relevant episode of healthcare and
- where there is no definitive diagnosis, the main symptom, abnormal findings or problem.

It is a classification of diseases, injuries and causes of death according to the 10<sup>th</sup> Revision of International Statistical Classification of Diseases and Health Related Problems (ICD10).

ICD Version	Valid From	Valid To
ICD-9		30 <sup>th</sup> September 1994
ICD-10	1 <sup>st</sup> August 1994	30 <sup>th</sup> June 2012
ICD-10 4 <sup>th</sup> Edition	1 <sup>st</sup> July 2012	31 <sup>st</sup> March 2016
ICD-10 5 <sup>th</sup> Edition	1 <sup>st</sup> April 2016	

Format: 6 character alpha-numeric

Value	Meaning
ANNXXX	ICD10 code
Spaces	Not applicable
Character position	Valid Values
1	A-Z
2-3	00-99
4	0-9, or 'X' if absent
5	0-9, or space if absent
6	A, D or space

## Secondary ICD Diagnostic 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 <sup>st</sup> April 1999	
OP ds PCOA ds	1 <sup>st</sup> April 1999	

This is a classification of diseases, injuries and causes of death according to the 10<sup>th</sup> Revision of International Statistical Classification of Diseases and Health Related Problems (ICD10).

Please note that a subsidiary field can be used for the recording of asterisk codes (when linked to the primary dagger code) or for external cause codes when linked to primary diagnosis.

Any other secondary diagnosis is entered into the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> secondary fields.

ICD Version	Valid From	Valid To
ICD-9		30 <sup>th</sup> September 1994
ICD-10	1 <sup>st</sup> August 1994	30 <sup>th</sup> June 2012
ICD-10 4 <sup>th</sup> Edition	1 <sup>st</sup> July 2012	31 <sup>st</sup> March 2016
ICD-10 5 <sup>th</sup> Edition	1 <sup>st</sup> April 2016	

Format: 6 character alpha-numeric

Value	Meaning
ANNXXX	ICD10 code
Spaces	Not applicable